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Short Form  
Return of Organization Exempt From Income Tax

2008

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public  
Inspection

A For the 2008 calendar year, or tax year beginning	7/01	, 2008, and ending	6/30	, 2009
B Check if applicable	C BEAVERTON EDUCATION FOUNDATION 3800 SW CEDAR HILLS BLVD #168 BEAVERTON, OR 97005			D Employer identification number 94-3076723
Address change				E Telephone number (503) 643-7453
Name change				F Group Exemption Number
Initial return				
Termination				
Amended return				
Application pending				

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ► WWW.BEAVERTONEDFOUNDATION.ORG	J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (3) (insert no) 4947(a)(1) or 527	H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return		
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ		► \$ 321,765.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)		
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1 182,488.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 -3,795.
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 143,072.
b Less direct expenses other than fundraising expenses	6b 26,914.	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 116,158.	
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ► _____)	8	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9 294,851.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	SEE STATEMENT 1
	11 Benefits paid to or for members	10 115,986.
	12 Salaries, other compensation, and employee benefits	11
	13 Professional fees and other payments to independent contractors	12 118,382.
	14 Occupancy, rent, utilities, and maintenance	13 1,000.
	15 Printing, publications, postage, and shipping	14 19,152.
	16 Other expenses (describe ► SEE STATEMENT 2)	15 5,640.
	17 Total expenses (add lines 10 through 16) ►	16 33,718.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17 293,878.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	18 973.	
20 Other changes in net assets or fund balances (attach explanation)	19 128,644.	
21 Net assets or fund balances at end of year Combine lines 18 through 20 ►	20 220,337.	
22 Cash, savings, and investments	21 129,617.	
23 Land and buildings		
24 Other assets (describe ► SEE STATEMENT 3)		
25 Total assets		
26 Total liabilities (describe ► SEE STATEMENT 4)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.		
(See the instructions for Part II)		
ASSETS	(A) Beginning of year	(B) End of year
	289,532.	22 201,593.
		23
	3,861.	24 18,744.
	293,393.	25 220,337.
	164,749.	26 90,720.
	128,644.	27 129,617.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

69 19

**Part III Statement of Program Service Accomplishments (See the instructions.)**

## What is the organization's primary exempt purpose? **ENHANCE BSD STUDENT EDUCATION**

Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

## Expenses

(Required for 501(c)(3)  
and (4) organizations and  
4947(a)(1) trusts, optional  
for others )

28	CLASSROOM INNOVATION GRANT PROGRAM: PROVIDES GRANT OPPORTUNITIES TO INSTRUCTORS FOR ENRICHMENT OF LEARNING AND CLASSROOM INNOVATION; GRANTS ARE AWARDED APPLICATIONS ARE SCREENED (Grants \$ 21,302.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	22,509.
29	LARGE GRANT PROGRAM: FUND EXTENDED SCHOOL DAY AND SCHOOL YEAR PROJECTS THAT PROVIDE TUTORING IN READING, WRITING, SCIENCE OR MATH AND/OR ENRICHMENT OPPORTUNITIES IN SCIENCE, MATH, OR THE ARTS (Grants \$ 48,922.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	51,640.
30	COMMUNITY GRANT PROGRAM: MADE TO ORGANIZATIONS THAT HELPED WITH PHONE CALLING DURING 2006/07 PHONE-A-THON SO FUNDS RAISED COULD BE USED IMMEDIATELY IN THE SCHOOL YEAR (Grants \$ 16,974.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	17,912.
31	Other program services (attach schedule) SEE STATEMENT 5 (Grants \$ 35,292.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	37,251.
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	129,312.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 6		65,000.	1,950.	0.

**Part V** Other Information (Note the statement requirement in General Instruction V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity 33  Yes  No

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes 34  Yes  No

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T 35a  Yes  No  
35b  Yes  No

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? 36  Yes  No

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? 37a  Yes  No  
37b  Yes  No

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N 38a  Yes  No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 38b  Yes  No

b Did the organization file **Form 1120-POL** for this year? 39a  Yes  No  
39b  Yes  No

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 40a  Yes  No

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 40b  Yes  No

39 501(c)(7) organizations Enter 40c  Yes  No

a Initiation fees and capital contributions included on line 9 40d  Yes  No

b Gross receipts, included on line 9, for public use of club facilities 40e  Yes  No

40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0. , section 4912 ► 0. , section 4955 ► 0. 40f  Yes  No

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I 40g  Yes  No

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40h  Yes  No

d Enter amount of tax on line 40c reimbursed by the organization 40i  Yes  No

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40j  Yes  No

41 List the states with which a copy of this return is filed ► OR

42a The books are in care of ► BEAVERTON EDUCATION FNDTN Telephone no ► (503) 643-7453  
Located at ► 3800 SW CEDAR HILLS BLVD BEAVERTON OR ZIP + 4 ► 97005

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ► 42b  Yes  No

	Yes	No
42b	<input type="checkbox"/>	<input checked="" type="checkbox"/>

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ► 42c  Yes  No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 43  Yes  No

	Yes	No
44	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44  Yes  No

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45  Yes  No

**Part VI** **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

SEE STATEMENT 7

**46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

**48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

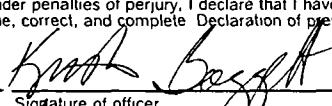
**b** If 'Yes,' was the related organization(s) a section 527 organization?

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<b>NONE</b>				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$100,000 ►				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
-----		
-----		
-----		
-----		
-----		
Total number of other independent contractors receiving over \$100,000 ►		

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
		Date <b>5/17/09</b>
Signature of officer <b>KRISTINE BAGGETT</b>		
Type or print name and title <b>Executive Director</b>		
<b>Paid Preparer's Use Only</b>	Preparer's signature ► <b>NON-PAID PREPARER</b>	Date
	Check if self employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <input type="text"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="text"/> <input type="text"/> <input type="text"/>	
	EIN <input type="text"/>	Phone no <input type="text"/>

May the IRS discuss this return with the preparer shown above? See instructions

**BAA**

►  Yes  No

Form 990-EZ (2008)

**SCHEDULE A**  
 (Form 990 or 990-EZ)
Department of the Treasury  
Internal Revenue Service
**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008****Open to Public  
Inspection**

Name of the organization

**BEAVERTON EDUCATION FOUNDATION**

Employer identification number

**94-3076723****Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only one organization)

1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)  
 3  A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state:  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)  
 9  An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)  
 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  
 f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		X
11 g (ii)		X
11 g (iii)		X

**h Provide the following information about the organizations the organization supports**

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
K-12 SCHOOLS BEAVERTON SCHOOL DISTR	93-6001065	SCHOOL	X		X		X		122,490.
<b>Total</b>									<b>122,490.</b>

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
<b>4 Total.</b> Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc (see instructions)</b>					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	%

**16a 33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶

1 Gifts, grants, contributions and membership fees received (Do not include "unusual grants.")

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose

3 Gross receipts from activities that are not an unrelated trade or business under section 513

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

5 The value of services or facilities furnished by a governmental unit to the organization without charge

6 **Total.** Add lines 1-5

7a Amounts included on lines 1, 2, 3 received from disqualified persons

b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000

c Add lines 7a and 7b

8 **Public support** (Subtract line 7c from line 6.)

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶

9 Amounts from line 6

10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources

b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975

c Add lines 10a and 10b

11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on

12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)

13 **Total support.** (Add lines 9, 10, 11, and 12.)

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9						
10a						
b						
c						
11						
12						
13						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g

15	%
16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h

17	%
18	%

19a **33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ b **33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

## Part IV

**Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545 0047

2008

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

**Employer identification number**

## BEAVERTON EDUCATION FOUNDATION

94-3076723

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

<input type="checkbox"/> Mail solicitations	<input type="checkbox"/> Solicitation of non-government grants
<input type="checkbox"/> Email solicitations	<input type="checkbox"/> Solicitation of government grants
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

**2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 PHONE-A-THON (event type)	(b) Event #2 DIRECT MAIL (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts	89,249.	37,483.	16,340.	143,072.
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	89,249.	37,483.	16,340.	143,072.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	6,353.	11,801.	8,760.	26,914.
	8 Direct expense summary Add lines 4- through 7 in column (d)				26,914.
	9 Net income summary Combine lines 3 and 8 in column (d)				116,158.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
REVENUE	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				►
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				►

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? \_\_\_\_\_

b If 'No,' Explain: \_\_\_\_\_

-----

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_

b If 'Yes,' Explain: \_\_\_\_\_

-----

11 Does the organization operate gaming activities with nonmembers? \_\_\_\_\_

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? \_\_\_\_\_

YES	NO
9a	
10a	
11	
12	

13 Indicate the percentage of gaming activity operated in  
 a The organization's facility  
 b An outside facility

	YES	NO
13a	%	
13b	%	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► -----

Address ► -----

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_.

c If 'Yes,' enter name and address

Name ► -----

Address ► -----

16 Gaming manager information

Name ► -----

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► -----

Director/officer       Employee       Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

15a

17a

**2008****FEDERAL STATEMENTS****PAGE 1****BEAVERTON EDUCATION FOUNDATION****94-3076723****STATEMENT 1  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID**

CASH AMOUNT GIVEN: \$ 115,986.

**STATEMENT 2  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$ 654.
OFFICE EXPENSES	3,230.
INFORMATION TECHNOLOGY	553.
TRAVEL	1,629.
DEPRECIATION	1,266.
INSURANCE	1,819.
WEBSITE	8,645.
PUBLICITY & OUTREACH	6,705.
TELEPHONE	3,117.
BANK CHARGES	2,474.
PROFESSIONAL DEVELOPMENT	1,710.
DUES, LICENSES & FEES	949.
REPAIR & MAINTENANCE	505.
MEALS AND ENTERTAINMENT	275.
BOARD EXPENSES	187.
<b>TOTAL</b>	<b>\$ 33,718.</b>

**STATEMENT 3  
FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
MISCELLANEOUS	\$ 3,861.	\$ 3,444.
PLEDGES AND GRANTS RECEIVABLE	0.	15,000.
DEPOSITS	0.	300.
<b>TOTAL</b>	<b>\$ 3,861.</b>	<b>\$ 18,744.</b>

**STATEMENT 4  
FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 1,629.	\$ 1,233.
GRANTS PAYABLE	113,120.	72,370.
OTHER CURRENT LIABILITY	50,000.	0.
DEFERRED REVENUE	0.	17,117.
<b>TOTAL</b>	<b>\$ 164,749.</b>	<b>\$ 90,720.</b>

## BEAVERTON EDUCATION FOUNDATION

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**STATEMENT 5**  
**FORM 990-EZ, PART III, LINE 31**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	0. GRANTS	PROGRAM SERVICE EXPENSES
AFTER-THE-BELL STUDENT SUCCESS AWARDS: NON-COMPETITIVE GRANTS AWARDED TO SCHOOL TO FOSTER AFTER-SCHOOL PROGRAMS AND ACTIVITIES	35,292.	37,251.
INCLUDES FOREIGN GRANTS: NO		
<b>TOTAL</b>	<b>\$ 35,292.</b>	<b>\$ 37,251.</b>

**STATEMENT 6**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SHARON HANSEN 3800 SW CEDAR HILLS BLVD #168 BEAVERTON, OR 97005	VICE PRESIDENT 0	0. \$ .	0. \$ .	0.
DEBORAH COLBY 3800 SW CEDAR HILLS BLVD #168 BEAVERTON, OR 97005	DIRECTOR 0	0.	0.	0.
JEN MURRAY 3800 SW CEDAR HILLS BLVD #168 BEAVERTON, OR 97005	DIRECTOR 0	0.	0.	0.
HARVEY PLATT 3800 SW CEDAR HILLS BLVD #168 BEAVERTON, OR 97005	DIRECTOR 0	0.	0.	0.
GENE ENG 3800 SW CEDAR HILLS BLVD #168 BEAVERTON, OR 97005	DIRECTOR 0	0.	0.	0.
BRENDA SCHWINDT 3800 SW CEDAR HILLS BLVD #168 BEAVERTON, OR 97005	DIRECTOR 0	0.	0.	0.
CAROLYN HOLLOWELL 3800 SW CEDAR HILLS BLVD #168 BEAVERTON, OR 97005	DIRECTOR 0	0.	0.	0.
KIM SMITH 3800 SW CEDAR HILLS BLVD #168 BEAVERTON, OR 97005	DIRECTOR 0	0.	0.	0.

2008

## FEDERAL STATEMENTS

PAGE 3

BEAVERTON EDUCATION FOUNDATION

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**STATEMENT 6 (CONTINUED)**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
JEFF SAVAGE 3800 SW CEDAR HILLS BLVD #168 BEAVERTON, OR 97005	DIRECTOR 0	0.	0.	0.
GINA ATWOOD 3800 SW CEDAR HILLS BLVD #168 BEAVERTON, OR 97005	PRESIDENT 5.00	0.	0.	0.
ROBIN CASE 3800 SW CEDAR HILLS BLVD #168 BEAVERTON, OR 97005	DIRECTOR 5.00	0.	0.	0.
KRISTINE BAGGETT 3800 SW CEDAR HILLS BLVD #168 BEAVERTON, OR 97005	EXECUTIVE DIREC 40.00	65,000.	1,950.	0.
JEFF WHALEN 3800 SW CEDAR HILLS BLVD #168 BEAVERTON, OR 97005	DIRECTOR 5.00	0.	0.	0.
DAVID KAWASAKI 3800 SW CEDAR HILLS BLVD #168 BEAVERTON, OR 97005	TREASURER 0	0.	0.	0.
BETTY FLAD 3800 SW CEDAR HILLS BLVD #168 BEAVERTON, OR 97005	DIRECTOR 0	0.	0.	0.
<b>TOTAL</b>		<b>\$ 65,000.</b>	<b>\$ 1,950.</b>	<b>\$ 0.</b>

**STATEMENT 7**  
**FORM 990-EZ, PART VI**  
**REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO  
 (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO