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Pa	edu ert l	le G (Form 990 or 990-EZ) 2009 BELLEV Fundraising Events. Complete if the	UE COLLEGE :	FOUNDATION ed "Yes" to Form 990, Part	17. t IV, line 18, or reported	-1051671 Page 2 I more than \$15,000
		on Form 990-EZ, line 6a List events with				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
en			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
	2	Less ⁻ Chantable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 through	3 9 in column (d)		•	1,
		Net income summary Combine line 3, colum		• • •		1
Pa	rt i	Gaming. Complete if the organization		n 990, Part IV, line 19, or r	eported more than	<u> </u>
		\$15,000 on Form 990-EZ, line 6a				
_			(-) D	(b) Pull tabs/instant	() Oth	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
9						
u.	1	Gross revenue				
Ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes			-	
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes%	Yes %	
	6	Volunteer labor	No No	No	No	-
	7	Direct expense summary. Add lines 2 through	ı 5 ın column (d)		. •	()
	8	Net gaming income summary Combine line 1	, column (d), and line 7			Yes No
9	Ent	er the state(s) in which the organization opera	tes gaming activities.			1.55 1.5
		he organization licensed to operate gaming ac	_	states?		9a
		No," explain				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or t	erminated during the tax v	rear?	10a
		Yes," explain	,			.
4-4		on the organization energic and a second	with popments 2			
11 12		es the organization operate gaming activities v he organization a grantor, beneficiary or truste		er of a partnership or other	entity formed to	11
-		minister charitable gaming?			and to	12

Schedule G (Form 990 or 990-EZ) 2009 BELLEVUE COLLEGE FOUNDATION 91-105	167	1 Pa	age 3
		Yes	
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility			
b An outside facility	1.		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	1 .		
	*		
Name			
Address >			
	!		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
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 of the third party:			
			-
Name			
Address >			
16 Gaming manager information:		_	
		ì	
Name ▶		ı	
		1	
Gaming manager compensation > \$			
Description of services provided ▶			
]	
Director/officer Employee Independent contractor		1	
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?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year > \$		1	

932083 02-03-10

Schedule G (Form 990 or 990-EZ) 2009

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Department of the Treasury internal Revenue Service SCHEDULE (Form 990)

Open to Public Inspection

Name of the organization		FOTTHDATTON					Employer identification number 91 - 1051671
Part I General Information on Grants and Assistance		CONDENT TON					7/04/04 47
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	estance, and the selec	
criteria used to award the grants or assistance?	stance?				:		. X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	toring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to Governments and Organization	Governments an	d Organizations in the	e United States. C	omplete if the orga	ınization answered "\	is in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	\$5,000 Check this	s box if no one recipier	t received more th	ian \$5,000. Use Pa	irt IV and Schedule I-	1 (Form 990) if addition	lal space is needed
1 (a) Name and address of organization or government	(p) EiN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							EQUIPMENT AND MINI GRANTS
BELLEVUE COLLEGE							TO BELLEVUE COLLEGE
3000 LANDERHOLM CIRCLE SE BELLEVUE WA 98007	91-0819265	501(C)(3)	235 953.	0			FACULTY AND STAFF FOR FUNDING SPECIAL PROJECTS
2 Enter total number of section 501(c)(3) and covernment organizations	I_ and government or	ganizations					
		gamzanons		•			
ر [Antion Ant Motion		**************************************			***************************************	• 1
SEE PART IV FOR COLUMN (H	IV FOR CC) DESCRIPTIONS	ಬ			Schedule I (Form 990) 2009

932 101 02-02-10

BELLEVUE COLLEGE FOUNDATION

Page 2

91-1051671

Grants and Other Assistance to Individuals In the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009

Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	534	140,350.	0		
-					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I, I	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: RECIPIENTS	i	RANTS FRO	M THE BELLI	OF GRANTS FROM THE BELLEVUE COLLEGE	
FOUNDATION ARE REQUIRED TO FILE REPORTS	PORTS SUN	MARIZING	HOW FUNDS	SUMMARIZING HOW FUNDS WERE USED AND	
EVALUATING THE PROJECT UPON COMPLETEION.		FOR MAJOR GRANTS,	GRANTS, BC	BCF STAFF,	
INCLUDING THE EXECTUTIVE DIRECTOR, VER	VERIFY 1	HE ACTIVI	IFY THE ACTIVITY IN A VARIETY OF	RIETY OF	

SCHOLARSHIP AWARDS ARE NOT ASSISTANCE TO INDIVIDUALS: PART III

932102 02-02-10

THE GRANT MONEY

EXAMINING THE EQUIPMENT OR WITNESSING THE USE OF

FUNDS.

TO THE USE OF

EVENTS RELATED

AND ATTENDING THE

BUT NOT LIMITED TO VISITING THE PROGRAM,

WAYS, INCLUDING,

FACILITY,

TOURING THE

Part IV Supplemental Information 91-1051671 Page 2
PAYABLE DIRECTLY TO THE STUDENT BUT ARE REMITTED TO BELLEVUE COLLEGE
WITH FUNDS DEPOSTED INTO THE RECIPIENT'S ON-CAMPUS ACCOUNT. STUDENT
RECIPIENTS CAN ONLY ACCESS THEIR ACCOUNT TO PAY FOR TUITION, BOOKS AND
COLLEGE FEES. ANY FUNDS NOT EXPENDED FOR THESE PURPOSES ARE RETURNED
TO BCF.
PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: BELLEVUE COLLEGE
(H) PURPOSE OF GRANT OR ASSISTANCE: EQUIPMENT AND MINI GRANTS TO
BELLEVUE COLLEGE FACULTY AND STAFF FOR FUNDING SPECIAL PROJECTS,
PROFESSIONAL DEVELOPMENT, INSTRUCTIONAL ENHANCEMENT, COMMUNITY ENGAGEMENT
& ACHIEVEME
NT AWARDS.

Schedule I (Form 990) 2009

SCHEDULE J-2

(Form 990)

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ➤ See the Instructions for Form 990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service . Name of the Organization

BRILLRVIIR COLLEGE FOINDATION

Employer Identification number 91-1051671

BELLEVUE	_COLLEGI	<u> </u>	<u> </u>	JNI	DA!	ri(<u> MC</u>		91-105	
Part I Continuation of Officers, D	T	ust	ee:	s, K	<u>Cey</u>	Eπ	ple	oyees, and Highes	t Compensated i	Employees
(A) Name and title	(B) Average hours	(cl	heck	Pos			ıly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensaled employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JOLANNE STANTON	1 00								•	
BOARD MEMBER	1.00	X	-			_		0.	0.	0.
RUDIGER (RUDY) WOLF	1 00	-				•	١	0.	0.	•
BOARD MEMBER	1.00	Α.	-	-	-	_	-	Ų •	U •	0.
MARTY BENTROTT	1.00				•			o.	0.	0
BOARD MEMBER	1.00	<u> </u>		<u> </u>		-	├-	<u>U.</u>	U •	0.
GAYNOR HILLS EXECUTIVE DIRECTOR	20.00	_		х			_	0.	98,308.	7,404.
SUSAN KINGSBURY-COMEAU	20.00			x			1	0.	47,025.	4,063.
FOUNDATION BUSINESS MANAGE	20.00			Δ	-		┝		41,025.	4,003.
SARAH LANGTON BOARD MEMBER	1.00							0.	0.	0.
ANGELA LEPLEY BOARD MEMBER	1.00							0.	0.	0.
	L		<u> </u>							

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

Schedule J-2 (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

. Name of the organization

BELLEVUE COLLEGE FOUNDATION

Employer identification number 91-1051671

PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BELLEVUE COLLEGE FOUNDATION ("BCF") WORKS IN TANDEM WITH BELLEVUE COLLEGE TO GENERATE FUNDS FOR THE SCHOOL, SHARING STAFF AND FACILITIES WITH THE COLLEGE. BCF IS IN A MULTI-YEAR FUNDRAISING CAMPAIGN WITH THE COLLEGE WHICH HAS RESULTED IN SIGNIFICANT UPFRONT FUNDRAISING COSTS OF \$153,000 IN 2009, \$105,000 IN 2008 AND \$117,000 IN 2007. DUE TO REGULATORY REQUIREMENTS MUCH OF THIS FUNDING WILL BYPASS BCF AND PAID DIRECTLY TO THE COLLEGE. THE FOUNDATION ADMINISTERS FUNDS FOR THE BENEFIT OF VARIOUS DEPARTMENTS AND PROGRAMS OF BELLEVUE COLLEGE. THROUGH 6/30/09 BCF WAS DEEMED TO BE ACTING AS AGENT FOR THESE FUNDS. DURING 2010, FOLLOWING AN ANALYSIS OF THESE ACCOUNTS THE UNEXPENDED BALANCE AS OF 7/1/09 OF \$1,020,565 (COST BASIS) WAS RECOGNIZED AS A GAIN DUE TO RE-CHARACTERIZATION AND INCLUDED IN CONTRIBUTIONS FROM RELATED PARTIES.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 DRAFT IS REVIEWED BY

THE EXECUTIVE DIRECTOR AND THE BCF BUSINESS MANAGER, AND DEPENDING ON

AVAILABILITY AND SCHEDULING, THE DRAFT RETURN IS REVIEWED AND POTENTIALLY

REDACTED WITH PARTICIPATION OF SELECT LEADERSHIP OF THE BCF BOARD OF

DIRECTORS INCLUDING THE TREASURER AND EXECUTIVE COMMITTEE. FORM 990 IS

DISTRIBUTED FOR INFORMATIONAL PURPOSES TO ALL MEMBERS OF THE BOARD OF

DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: ALL OFFICERS, BOARD MEMBERS AND

BOARD COMMITTEE MEMBERS, EXECUTIVE EMPLOYEES AND ANY OTHER MANAGER OR

SUPERVISOR IDENTIFIED BY THE BOARD OF DIRECTORS ("BOD") OR BOARD PRESIDENT

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

Schedule O (Form 990) 2009

932211

、SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public.
Inspection

Name of the organization

BELLEVUE COLLEGE FOUNDATION

Employer identification number 91-1051671

AS EXERCISING SUBSTANTIAL INFLUENCE OVER THE OPERATIONS OF THE BELLEVUE COLLEGE FOUNDATION ("BCF") ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST OUESTIONAIRE ("COI")ON AN ANNUAL BASIS. NEW BOARD MEMBERS ARE ASKED TO IMMEDIATELY SUBMIT THEIR COI FORMS. BCF REVIEWS AND RETAINS THE COMPLETED COI FORMS AND INVESTIGATES INDENTIFIED CONFLICTS. THE BCF EXECUTIVE DIRECTOR INVESTIGATES AND DISCLOSES TO THE BOD ALL CONFLICTS OF INTEREST REPORTED UNDER THIS POLICY. THE BOD EVALUATES DISCLOSURES AND MATERIAL FACTS RELATING TO THE TRANSACTION OR ARRANGEMENT GIVING RISE TO THE POTENTIAL CONFLICT OF INTEREST TO DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS AND TO DEVELOP ALTERNATIVES TO REMOVE THE CONFLICT FROM THE THE INDIVIDUAL WHO HAS THE ACTUAL OR POTENTIAL TRANSACTION OR ARRANGEMENT. CONFLICT OF INTEREST SHALL NOT BE PRESENT FOR THIS DISCUSSION UNLESS REQUIRED TO MAKE A PRESENTATION, PROVIDE ADDITIONAL FACTS OR ANSWER RESOLUTION TO A DISCLOSED CONFLICT WILL BE BASED ON THE SPECIFIC FACTS AND CIRCUMSTANCES OF THE SITUATION AND MAY INCLUDE SUSPENSION FROM VOTING OR PARTICIPATING IN DECISIONS WITH REGARD TO THE CONFLICT TRANSACTION. EVERY BOARD MEETING AGENDA INCLUDES A WRITTEN STATEMENT ASKING BOARD MEMBERS TO INFORM BCF OF ANY CHANGES WHICH MAY PRESENT A PROTENTIAL CONFLICT OF INTEREST AND TO SUBMIT UPDATED COI FORMS TO DOCUMENT THE CHANGES SO THEY THEY MAY BE EVALUATED.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE EXECUTIVE

DIRECTOR AND OTHER OFFICERS OF BELLEVUE COLLEGE FOUNDATION ("BCF") IS SET

AND REVISED NOT BY BCF BUT BY THE TRUSTEES OF BELLEVUE COLLEGE, A SEPARATE

BUT FINANCIALLY INTERRELATED PUBLIC AGENCY. THE EXECUTIVE DIRECTOR AND

OTHER STAFF OF BCF ARE EMPLOYEES OF BELLEVUE COLLEGE ("THE COLLEGE") AND

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

Schedule O (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury

Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

BELLEVUE COLLEGE FOUNDATION

Employer identification number 91-1051671

PERFORM 50% OR MORE OF THEIR WORK FOR THE COLLEGE. BCF REIMBURSES THE COLLEGE FOR THE PORTION OF THESE EMPLOYEES' TIME SPENT ON BCF WORK BUT DOES NOT SEPARATELY PROVIDE COMPENSATION DIRECTLY TO THE INDIVIDUALS. COLLEGE TRUSTEES BASE THEIR APPROVAL OF COMPENSATION ON SURVEYS OF THE RESPONSIBILITIES, DUTIES AND COMPENSATION OF PERSONS IN COMPARABLE POSITIONS INSIDE AND OUTSIDE THE SYSTEM OF WASHINGTON STATE COMMUNITY AND TECHNICAL COLLEGES, WASHINGTON STATE EMPLOYEES AS A WHOLE, AND THE BROADER SPECTRUM OF SIMILAR POSITIONS IN THE SEATTLE METROPOLITAN AREA. THIS PERIODIC SURVEY IS CONDUCTED BY A PROFESSIONAL FIRM SPECIALIZING IN THE MEETINGS OF THE TRUSTEES ARE OPEN TO THE AREA OF COMPENSATION REVIEWS. PUBLIC AND MINUTES ARE KEPT OF ALL ACTIONS FORM 990, PART VI, SECTION C. LINE 19: ALL APPLICABLE TAX FORMS - FORMS 1023 AND 990 ARE AVAILABLE UPON REQUEST IN OUR OFFICES DURING NORMAL IN ADDITION, THE FOUNDATION'S GOVERNING DOCUMENTS, BUSINESS HOURS. CONFLICT OF INTEREST POLICY AND FINANCIAL STATMENTS ARE ALSO AVAILABLE FOR REVIEW UPON REQUEST IN OUR OFFICE DURING NORMAL BUSINESS HOURS. SOME OR ALL OF THESE DOCUMENTS MAY ALSO BE AVAILABLE AT OUR WEBSITE AT BELLEVUECOLLEGE.EDU/FOUNDATION. FORM 990, PAGE 11, PART XI, LINE 2C AUDIT OVERSIGHT AND SELECTION OF INDEPENDENT ACCOUNTANT: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. THE FINANCE COMMITTEE ANNUALLY APPOINTS THE INDEPENDENT ACCOUNTING FIRM WHO IS TO PERFORM THE THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE AUDITED

FINANCIAL STATEMENTS ANNUALLY.

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

Schedule O (Form 990) 2009

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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.

OMB No 1545-0047 Open to Public inspection

Name of the organization BELLEVUE COLLEGE FOUNDATION	Employer identification number 91-1051671					
SCHEDULE G, PART I, LINE 2B, COLUMN (V): FUNDRAISER WAS E	NGAGED TO					
PROVIDE CONSULTING SERVICES IN SUPPORT OF A MULTI-YEAR CO	OPERATIVE					
FUNDRAISING CAMPAIGN BY BCF AND BELLEVUE COLLEGE. RESULT	ING GIFT					
COMMITMENTS AND PAYMENTS ARE ANTICIPATED OVER SEVERAL YEA	RS. WHILE SOME					
GIFTS WILL COME DIRECTLY TO BCF, OTHER AS REQUIRED BY DON	OR CONSTRAINTS					
WILL BYPASS BCF AND BE MADE DIRECTLY TO BELLEVUE COLLEGE.						
PART VI, SECTION B, QUESTION 13						
ORGANIZATION WRITTEN WHISTLEBLOWER POLICY						
BCF IS STAFFED BY BELLEVUE COLLEGE EMPLOYEES WHO ARE REQUIRED TO COMPLY						
WITH THE WASHINGTON STATE EMPLOYEE WHISTLEBLOWER POLICY A	S DEFINED BY					
RCW 42.40, SO WHILE BCF DOES NOT ITSELF HAVE A SEPARATELY	ADOPTED					
POLICY THERE IS A POLICY WHICH IS REQUIRED TO ADHERED TO	BY ALL OF ITS					
STAFF.						
FORM 990, PAGE 1, PART I, LINE 22						
RECONCILIATION OF NET ASSETS						
RECONCILIATION OF NET ASSETS BETWEEN 2008 AND 2009 IS AS	FOLLOWS:					
NET ASSETS AT 6/30/09 \$2,865,127						
ADD 2009 LINE 19 1,315,018						
CHANGE OF ACCOUNTING, NET 539,576						
NET ASSETS AT 6/30/10 \$4,749,721						

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

. SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

BELLEVUE COLLEGE FOUNDATION	91-1051671
FORM 990, PAGE 12, PART XI, QUESTION 1	
CHANGE IN ACCOUNTING FROM CASH TO ACCRUAL	
BELLEVUE COLLEGE FOUNDATION HAS APPLIED UNDER THE AUTOMAT	CIC CHANGE
REQUEST PROCEDURES AS SET FORTH BY THE INTERNAL REVENUE S	SERVICE TO
CHANGE ITS METHOD OF ACCOUNTING FROM CASH TO ACCURAL EFFE	CTIVE 7/1/09.
THE CHANGE HAS BEEN APPLIED FOR IN ORDER TO MORE PROPERLY	REFLECT THE
FOUNDATION'S OPERATIONS. SEE ATTACHED FORM 3115 AND EXPL	ANATORY
STATEMENTS.	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2009 Open to Public nspection

Schedule R (Form 990) 2009 **Employer Identification number** OMB No 1545-0047 Direct controlling Direct controlling 91-1051671 entity entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets Public charlty status (if section 501(c)(3)) Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Exempt Code section Î 501(C)(3) Ð ▶ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) WASHINGTON LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. UNIVERSITY LEVEL EDUCATION ► Attach to Form 990. Primary activity Primary activity BELLEVUE COLLEGE FOUNDATION Name, address, and EIN Name, address, and EIN of related organization of disregarded entity BELLEVUE COLLEGE - 91-0819265 3000 LANDERSHOLM CIRCLE SE BELLEVUE, WA 98007-6484 Name of the organization Part Part II

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91 - 1051671

Page 2

Schedule R (Form 990) 2009 BELLEVUE COLLEGE FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

General or managing partner? Percentage ownership Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Code V.UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets ate allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets 6 Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income (d)
(d)
(l Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) (d)
| Direct controlling | entity Primary activity 9 Legal domicite (state or foreign country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 932182 07-21-10 Part IV

Schedule R (Form 990) 2009 BELLEVUE COLLEGE FOUNDATION

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140,351 235,953 182,318 (c) Amount involved Yes Ę 무 9 19 욘 4 ပ္ 79 <u>e</u> 19 8 ŧ ¥ ۲ **=** = 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (b) Transaction type (a·r) ф ф z Σ PAYROLL TAXES & BENEFITS FOR SHARED EMPLOYEES TO BELLEVUE COLLEGE During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (1) GRANTS AND FACILITY AND STAFF RECOGNITION AWARDS TO BELLEVUE COLLEGE - BELLEVUE COLLEGE (2) SCHOLARSHIPS TO INDIVIDUALS WHO ATTEND BELLEVUE COLLEGE Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) (4) SHARED FACILITY COSTS OF INDETERMINABLE VALUE (a)
Name of other organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets from other organization(s) Lease of facilities, equipment, or other assets to other organization(s) Sharing of facilities, equipment, mailing lists, or other assets r Other transfer of cash or property from other organization(s) Gift, grant, or capital contribution from other organization(s) Other transfer of cash or property to other organization(s) Gift, grant, or capital contribution to other organization(s) Reimbursement paid by other organization for expenses Reimbursement paid to other organization for expenses d Loans or loan guarantees to or for other organization(s) e Loans or loan guarantees by other organization(s) Purchase of assets from other organization(s) Sale of assets to other organization(s) Sharing of paid employees Exchange of assets (3) SALARIES, Ε ь 9 Schedule R (Form 990) 2009

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Form 31	15 (Rev 12-2009)			_	Page 6		
	dule D—Change in the Treatment of Long-Term Contracts Unde	er Section 460,	Inventories, or	Other			
	on 263A Assets (see instructions) N/A						
Par							
1	To the extent not already provided, attach a description of the applicant's and expenses from long-term contracts. Also, attach a representative act change. If the applicant is a construction contractor, attach a detailed description.	ual contract (with	out any deletion)				
2a b	Are the applicant's contracts long-term contracts as defined in section 460 If "Yes," do all the contracts qualify for the exception under section 460(e)			☐ Yes ☐ Yes	□ No □ No		
	If line 2b is "No," attach an explanation.						
С	If line 2b is "Yes," is the applicant requesting to use the percentage-of-cord cost under Regulations section 1.460-4(b)?	npletion method u 	_	☐ Yes	□ No		
d	If line 2c is "No," is the applicant requesting to use the exempt-continue method under Regulations section 1 460-4(c)(2)?	ract percentage-c		☐ Yes	□No		
	If line 2d is "Yes," attach an explanation of what cost comparison the ap contract's completion factor.						
2-	If line 2d is "No," attach an explanation of what method the applicant is usi Does the applicant have long-term manufacturing contracts as defined in s	-	•	☐ Yes	□No		
3a b	If "Yes," attach an explanation of the applicant's present and proposed meterm manufacturing contracts.			∟ ies	□ NO		
С	Attach a description of the applicant's manufacturing activities, including any	required installat	ion of manufacture	d goods.			
4	To determine a contract's completion factor using the percentage-of-comp			_			
a	Will the applicant use the cost-to-cost method in Regulations section 1.460 If line 4a is "No," is the applicant electing the simplified cost-to-cost method.	- '		☐ Yes	□No		
ь	Regulations section 1.460-5(c))?						
5	contracts or Federal long-term contracts.	are eitner cost-p	us long-term				
Par		anges (Also com	plete Part III on p	ages 7 a	nd 8.) N/.		
1	Attach a description of the inventory goods being changed.						
2 3a	Attach a description of the inventory goods (if any) NOT being changed. Is the applicant subject to section 263A? If "No," go to line 4a			☐ Yes	□No		
b	Is the applicant's present inventory valuation method in compliance with s	ection 263A (see	instructions)?	_	_		
	If "No," attach a detailed explanation	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	☐ Yes	□ No		
4-	Check the appropriate boxes below	eing Changed		tory Not Changed			
4a	Identification methods:	Present method	Proposed method	Presen	t method		
	Specific identification			 			
	FIFO			<u> </u>			
	LIFO						
	Other (attach explanation)						
	Valuation methods:						
	Cost			1			
	Cost or market, whichever is lower						
	Retail cost						
	Retail, lower of cost or market						
	Other (attach explanation)						
b	Enter the value at the end of the tax year preceding the year of change			5.24.20			
5	If the applicant is changing from the LIFO inventory method to a non-instructions).	LIFO method, att	ach the following	informat	ion (see		
а	Copies of Form(s) 970 filed to adopt or expand the use of the method.						
b c	Only for applicants requesting advance consent. A statement describing required by Regulations section 1 472-6(a) or (b), or whether the applicant Only for applicants requesting an automatic change. The statement	l is proposing a di	fferent method	_			
	Proc. 2008-52 (or its successor)						
			F	244E	ev 12.2009		

Part III

Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions))

Section A—Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method)
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

Section B-Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

		Present method	Proposed method
1	Direct material		-
2	Direct labor		
3	Indirect labor		
4	Officers' compensation (not including selling activities)		
5	Pension and other related costs		
6	Employee benefits	-	
7	Indirect materials and supplies		
8	Purchasing costs		
9	Handling, processing, assembly, and repackaging costs		
10	Offsite storage and warehousing costs		
11	Depreciation, amortization, and cost recovery allowance for equipment and facilities		
	placed in service and not temporarily idle		
12	Depletion	 	
13	Rent		
14	Taxes other than state, local, and foreign income taxes	· 	
15	Insurance		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental		
	expenses)		
19	Rework labor, scrap, and spoilage		<u> </u>
20	Tools and equipment		
21	Quality control and inspection		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		
24	Capitalizable service costs (including mixed service costs)	·	
25	Administrative costs (not including any costs of selling or any return on capital)		
26	Research and experimental expenses attributable to long-term contracts .		
27	Interest	· - · · · · · · · · · · · · · · · ·	
28	Other costs (Attach a list of these costs)		

Form 3115 (Rev 12-2009)

	on C-Other Costs Not Required To Be Allocated (Complete Section C only if the app	licant is reques	ting to cl	nange its
metho	od for these costs) N/A			
	 	Present method	Propose	d method
1	Marketing, selling, advertising, and distribution expenses		ļ	
2			ļ	
3			 	
4			<u> </u>	
5			 - 	
6	Cost of strikes		<u> </u>	
7				
8			<u> </u>	
9	On-site storage		ļ	
10	Depreciation, amortization, and cost recovery allowance not included in Section B,			
	line 11		ļ	
	Other costs (Attach a list of these costs)			
Sche	dule E—Change in Depreciation or Amortization (see instructions) N/A			
	N/A	4 1		
	cants requesting approval to change their method of accounting for depreciation or amorants must provide this information for each item or class of property for which a change is requ		ete this :	section
	See the List of Automatic Accounting Method Changes in the instructions for informal sections 56, 167, 168, 197, 1400l, 1400L, or former section 168 Do not file Form 3115 wi			
	lection revocations (see instructions).	iii respect to ce	itain iate	elections
	· · · · · · · · · · · · · · · · · · ·			
1	Is depreciation for the property determined under Regulations section 1 167(a)-11 (CLADR)?	•	∐ Yes	□ No
	If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii).			
2	Is any of the depreciation or amortization required to be capitalized under any Code section (•		_
	263A)?		☐ Yes	☐ No
	If "Yes," enter the applicable section ▶			
3	Has a depreciation, amortization, or expense election been made for the property (e.g., the el		_	_
	sections 168(f)(1), 179, or 179C)?		☐ Yes	□ No
	If "Yes," state the election made ▶			
4a	To the extent not already provided, attach a statement describing the property being change			
	type of property, the year the property was placed in service, and the property's use in the	applicant's trac	le or busi	ness or
	income-producing activity		_	_
ь	If the property is residential rental property, did the applicant live in the property before renting		∐ Yes	□ No
С	Is the property public utility property?	•	☐ Yes	□ No
5	To the extent not already provided in the applicant's description of its present method, attach			
	property is treated under the applicant's present method (e.g., depreciable property, investigation)			s under
	Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as	•		
6	If the property is not currently treated as depreciable or amortizable property, attach a state	ment of the fac	ts suppor	ting the
	proposed change to depreciate or amortize the property.			
7	If the property is currently treated and/or will be treated as depreciable or amortizable	property, provi	de the fo	ollowing
	information for both the present (if applicable) and proposed methods:			
а	The Code section under which the property is or will be depreciated or amortized (e.g., section	າ 168(g)).		
þ	The applicable asset class from Rev. Proc. 87-56, 1987-2 C B. 674, for each asset depreciate	ed under section	168 (MA	CRS) or
	under section 1400L; the applicable asset class from Rev Proc 83-35, 1983-1 CB. 745, f	or each asset of	depreciate	d under
	former section 168 (ACRS); an explanation why no asset class is identified for each asset	for which an as	sset class	has not
	been identified by the applicant.			
С	The facts to support the asset class for the proposed method.			
đ	The depreciation or amortization method of the property, including the applicable Code section	on (e.g., 200% o	declining	balance
	method under section 168(b)(1))	-	•	
е	The useful life, recovery period, or amortization period of the property			
f	The applicable convention of the property			
g	A statement of whether or not the additional first-year special depreciation allowance (for			
	168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property	If not, also prov	ıde an ex	planation
	as to why no special depreciation allowance was or will be claimed.			

Bellevue College Foundation

EIN: 91-1051671

STATEMENT 1

Form 3115, Part I, line 2

SCOPE LIMATIONS

None of the scope limitations described in section 4.02 of Rev. Proc 2008-52 cause the aforementioned automatic consent to be unavailable to Bellevue College Foundation.

STATEMENT 2

Form 3115, Part II, Line 8a

REFERENCE TO AUDIT PROTECTION

There are no circumstances whereby Bellevue College Foundation does not receive audit protection as described in the referenced sections of Form 3115 instructions.

STATEMENT 3

Form 3115, Part II, line 13

PRINCIPAL BUSINESS ACTIVITY

Applicant is an exempt organization under code section 501(c)(3). The organization's principal business activity code is 813000 as its mission is to support Belleuve College to generate funds for the school to provide grants and scholarships to its students, departments and programs.

Bellevue College Foundation

EIN: 91-1051671

STATEMENT 4

Form 3115, Part IV, Line 25

DESCRIPTION OR EXPLANATION

Income accrued but not received at June 30, 2009

Pledges Receivable, net of allowance for	
doubtful accounts of \$66,382	\$ 768,787
Expenses accrued but not paid at June 30,2009	
Accounts payable	
Printing	\$ 4,427
Consulting	4,000
Travel	500
Meals	188
Other various	 237
	 9,352
Section 481(a) Adjustment	\$ 759,435

Bellevue College Foundation Form 3115, Schedule A, Part I, Lines 1 and 3

STATEMENT 5 EIN: 91-1051671 June 30, 2009

Balance Sheet

		Proposed Overall crual Basis	Present Overall Cash Basis (1)		Section 481a adjustment				
Cash - non int bearing	\$	16,528		\$	16,528				
Cash - interest bearing		153,945			153,945				
Pledges recble - net of						Sch A, Part I,			
allowance for doubful accounts		768,787			-	line 1a	\$	768,787	(2)
Investments		3,721,553			3,721,553				` '
TOTAL ASSETS	\$	4,660,813		\$	3,892,026	:			
						Sch A, Part I,			
Accounts payable	\$	9,352		\$	•	line 1c		(9,352)	(3)
Bellevue College program funds									
(investments)		1,026,899			1,026,899				
Fund Balance:									
Unrestricted		464,910			(294,525)				
Temporarily restricted		1,298,518			1,298,518				
Permanently restricted		1,861,134			1,861,134				
		3,624,562			2,865,127	-			
TOTAL LIABILITIES & FUND						Sch A, Part I,			
BALANCE	\$	4,660,813		\$	3,892,026	line 1h	\$	759,435	

⁽¹⁾ Agrees to 2008 Form 990, Part X, Column B, "End of Year" Balance Sheet

⁽²⁾ Pledges from individuals and organizations accrued but not received

⁽³⁾ Expenses accrued but not paid - detail at statement 4

Bellevue College Foundation Form 3115, Schedule A, Part I, Lines 1 and 3

STATEMENT 6 EIN: 91-1051671

Fiscal year ended June 30, 2009

	riscar year chaca fanc 30, 2005			
	Present Cash			
	<u>Basis</u>	Gross receipts		
Revene:				
Contributions and grants	\$ 691,260	\$ 691,260)	
Interest and dividends	104,153	104,153)	
Gain (loss) sales of investments	(37,748)	671,275	**	
Miscellaneous Revenue - administrative				
support	10,748	10,748	<u>. </u>	
Total Revenue (2009 Form 990, Part VIII,				
Line 12a)	768,413	\$ 1,477,436	<u>. </u>	
			_	
Expense:				
Grants or other assistance to				
governments and organizations in the				
U.S.	95,864			
Grants and other assistance to				
individuals in the U.S.	120,890			
Officer's compensation	84,402			
Other Salaries and Wages	64,368			
Pension plan contributions	4,099			
Other employee benefits	10,619			
Payroll taxes	5,426			
Legal and accounting fees	23,055			
Other consulting fees	84,420			
Advertising and promotion	854			
Office expense, including rent and				
utilities	67,526			
Travel expense	629			
Insurance	5,031			
Dues and Subscriptions	4,878			
Gifts	5,875			
Meals and entertainment	46,481			
Miscellaneous	11,903	-		
Total Expense (2009 Form 990,Part IX,	_			
Line 25a)	636,320	_		
Net increase to fund balance	\$ 132,093	=		

^{**}Proceeds from investment sales

Bellevue College Foundation

EIN: 91-1051671

STATEMENT 7

Form 3115, Information requried by Rev. Proc 2008-52, Sec. 5.01

Bellevue College Foundation, hereby agrees to all of the conditions of Rev. Proc. 2008-52 (as modified by Rev. Proc. 2009-39), including the requirement to take the Section 481(a) adjustment into account over a four-year period beginning with 2009 (i.e. fiscal year ended 6-30-10), as required by Section 5.04 of that revenue procedure.

STATEMENT 8

Form 3115, Section A, Part I, Line 2

Bellevue College Foundation hereby elects to adopt the recurring item exception (within the meaning of internal revenue code section 461(h)(3)) as part of its application to change from the overall cash to the overall accrual method of accounting. This exception will be used with respect to all activities of Bellevue College Foundation and with respect to all types of items within such activities.

OMB No. 1545-0150 **Power of Attorney** For IRS Use Only (Pev June 2008) and Declaration of Representative Department of the Treasury Internal Revenue Service ► Type or print. ► See the separate instructions. Name Power of Attorney Telephone Part I Caution: Form 2848 will not be honored for any purpose other than representation before the IRS. Function Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9. Taxpaver name(s) and address Employer identification Social security number(s) number 91-1051671 BELLEVUE COLLEGE FOUNDATION Plan number (if applicable) 3000 LANDERHOLM CIRCLE S.E. Daytime telephone number (425) 564-5074 BELLEVUE, WA 98007-6484 hereby appoint(s) the following representative(s) as attorney(s)-in-fact: 2 Representative(s) must sign and date this form on page 2, Part II. 8006-10742R Name and address CAF No. 425-827-8255 Telephone No. LESLIE ERICKSON 425-827-0641 Fax No. Check if new: Address Telephone No. Fax No. 11808 NORTHUP WAY, SUITE 240 98005 BELLEVUE, WA Name and address CAF No. Telephone No. Fax No. Check if new: Address ____ Telephone No. ___ Fax No. ___ Name and address CAF No. Telephone No. Fax No. Telephone No. Fax No. Check if new: Address L to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters: 3 Tax matters Type of Tax (Income, Employment, Excise, etc.) Tax Form Number Year(s) or Period(s) or Civil Penalty (see the instructions for line 3) (1040, 941, 720, etc.) (see the instructions for line 3) INFORMATION RETURN; CHANGE IN ACCOUNTING FORM 990; FORM 31152009 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. Specific Uses Not Recorded on CAF. Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, or additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information. Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See Unenrolled Return Preparer on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and I) authority is limited (for example, they may only practice under the supervision of another practitioner). List any specific additions or deletions to the acts otherwise authorized in this power of attorney. Receipt of refund checks, If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refund checks, and list the name of that representative below. Name of representative to receive refund check(s)

Form ^848 (Rev 6-2008)	BELLEVUE COLLE	GE FOUNDATION		91-1051	671 Page 2
7 Notices and coπ	nmunications. Original notices and o	ther written communications	will be sent to you and a co	ppy to the first representative listed of	n line 2.
a If you also want	the second representative listed to re	ceive a copy of notices and co	mmunications, check this	box	▶ 🗓
b If you do not wa	nt any notices or communications se	nt to your representative(s), c	heck this box	·	▶ □
	ation of prior power(s) of attorney.			all earlier	
	ney on file with the Internal Revenue				
	do not want to revoke a prior power		,	- · · · · · · · · · · · · · · · · · · ·	▶ □
	ACH A COPY OF ANY POWER OF AT		AIN IN FEFECT		
	payer(s). If a tax matter concerns a			resentation is	
•	wise, see the instructions. If signed b		• , ,		
•	trustee on behalf of the taxpayer, I c				
auministrator, or	and the man of the mapager, it	erally materillave are authority	to execute this form on be	nan of the taxpayer.	
E NOT CICN	ED AND DATED THIS DOWED OF AT	TODNEY WILL BE DETIIDNED			
F IF NOT SIGN.	ED AND DATED, THIS POWER OF AT	TORNET WILL DE RETORNES	· ~/ \		
\mathcal{C}	140 30	_	9/12/11	EVECUMIUM DIDE	CUIOD
AU	A-/		k : - 117	_ EAECUTIVE_DIKE	LIUR
//	V Signature		Date	This (ii applicant	10,
V			221		T 0.17
	LLS	PIN Number		COLLEGE FOUNDAT	
'	THE NAME	File Hombe	rinthan	ne of taxpayer from line 1 if other than indir	Aduai
	Signature		Date	Title (if applicab	10)
•	Print Name	PIN Number			
Part II Dec	laration of Representativ	'e			
Caution: Students	with a special order to represent	axpavers in qualified Low	Income Taxpaver Clinics	s or the Student Tax Clinic	· · · · · · · · · · · · · · · · · · ·
	nd I), see the instructions for Part				
Under penalties of per	jury, I declare that:				
 I am not currer 	itly under suspension or disbarment	from practice before the Interr	nal Revenue Service;		
 I am aware of r 	egulations contained in Circular 230	(31 CFR, Part 10), as amende	d, concerning the practice (of attorneys, certified public account	ants,
enrolled agents	, enrolled actuaries, and others;				
 I am authorized 	to represent the taxpayer(s) identifie	d in Part I for the tax matter(s) specified there; and		
 I am one of the 	following:				
a Attorney -	a member in good standing of the ba	r of the highest court of the ju	risdiction shown below.		
b Certified P	ublic Accountant - duly qualified to pi	actice as a certified public acc	countant in the jurisdiction	shown below.	
	gent - enrolled as an agent under the	· ·	•		
	bona fide officer of the taxpayer's org				
	Employee - a full-time employee of th				
	mber - a member of the taxpayer's in		spouse parent child broth	ner orsister)	
	ctuary - enrolled as an actuary by the			•	
-	before the Internal Revenue Service			200. TE TE (1110 Edutionity	
	Return Preparer - the authority to pr		•	Proular 220 section 10.7(c)(1)(viu)	
	have prepared the return in question		=		
		and the return must be under	examination by the inc. of	se onemoneo nemi Preparei	
	of the instructions.	usion to propting hafors the IDI	his section of their status as	a a law aturdant under contract 10.7/d	I) of O.ze. Jee 000
	torney - student who receives permis				
	PA - student who receives permission	·		• • •	
	etirement Plan Agent - enrolled as a r		e requirements of Circular	230(the authority to practice before	the
	evenue Service is limited by section 1				
	TION OF REPRESENTATIVE IS NOT S	IGNED AND DATED, THE POV	VER OF ATTORNEY WILL E	BE RETURNED. See the Part II instru	ctions.
Designation - Insert	Jurisdiction (state) or		Signature		Date
above letter (a-r)	identification				
-		LodVI	· Usus		5-10-11
B	MASSACHUSETTS	Juou	vur		
		V/			