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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. OMB No 1545-0047 Open to Public

Inspection

AF	or the	2010 calendar year, or tax year beginning ULL 1, 2010 and en	naing Ju	JN 30, 2011						
B c	heck if oplicable	C Name of organization		D Employer identif	ication number					
	Addres change	BELLEVUE SCHOOLS FOUNDATION								
L]Name _change	Doing Business As		91-10	30997					
]Initial retum	Number and street (or P.O. box if mail is not delivered to street address) Ro	oom/suite	E Telephone number						
	Termin-			· ·	156-4199					
	Amend return	City or town, state or country, and ZIP + 4		G Gross receipts \$ 1,457,652.						
	Application	BEDDEVUS, WA 90013-4044		H(a) Is this a group	return					
	pendin	F Name and address of principal officer:SARA SCHMIDT		for affiliates?	Yes 🗓 No					
		SAME AS C ABOVE		H(b) Are all affiliates in	cluded? Yes No					
1 1	ах-ехе	mpt status: x 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or	527	If "No," attach	a list. (see instructions)					
		www.bsfdn.org		H(c) Group exempte	on number 🕨					
		organization: X Corporation Trust Association Other	L Year	of formation: 1979	M State of legal domicile: WA					
		Summary								
		Briefly describe the organization's mission or most significant activities: BELLEVUE	SCHOOL	S FOUNDATION						
Activities & Governance		PROMOTES AND HELPS FUND THE BEST POSSIBLE LEARNING OPPORTUNITE								
ja J	2 (Check this box Full if the organization discontinued its operations or dispose	ed of more	than 25% of its net a	ussets.					
Š		Number of voting members of the governing body (Part VI, line 1a)		3	29					
ő		Number of independent voting members of the governing body (Part VI, line 1b)		4	29					
eర ഗ	i	Fotal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	10					
ij				7 6	100					
Ě		Total number of volunteers (estimate if necessary) RECEIV Total unrelated business revenue from Part VIII, column (C), line 12	ED.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
¥			72	76						
	- 5	Net unrelated business taxable income from Form 990-T, line 34 MAY 1 4 2		Prior Year	Current Year					
	١.,	[4]			. 1,404,419.					
en.		Contributions and grants (Part VIII, line 1h)		1,403,407	. 1,404,415.					
Revenue		Program service revenue (Part VIII, line 2g) OGDEN	UT	18,303						
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 70)		<15,556						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-							
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,406,234	1,381,591.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	1,175,545	851,312.					
		Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>		. 0.					
Ses		Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	274,823	. 317,160.					
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)	<u>,, ├</u>		. 0.					
×		Total fundraising expenses (Part IX, column (D), line 25)	" —	20.400	7,					
_	t	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u> </u>	91,489						
	I	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	1,541,857						
	19	Revenue less expenses Subtract line 18 from line 12		<135,623						
Net Assets or Fund Balances			Be	ginning of Current Year						
Sse	20	Total assets (Part X, line 16)	·	1,269,168	1,614,388.					
et P	21	Total liabilities (Part X, line 26)	<u> </u>	35,517						
꾡	22	Net assets or fund balances. Subtract line 21 from line 20		1,233,651	1,431,557.					
	ırt II	Signature Block								
Una en	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules a	ano statem	ents, and to the dest of h	ny knowledge and belief, π is					
	correc	, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer	nas any knowledge.	1					
\geq		Signature of officer		1 3/4/	//2					
Sign	ר	Signature of officer		Date						
Her	e	SARA SCHMIDT, PRESIDENT								
O		s, and complete. Declaration of preparer (other than officer) is based on all information of which signature of officer SARA SCHMIDT, PRESIDENT Type or print name and title	· · · · · · · · · · · · · · · · · · ·	Tata Inhani	TI DTIN					
	- 1	Print/Type preparer's name Preparer's signature	۱۰	1/25/12	PTIN					
Paig	!	NODELLO CONTROLLO	تا	1/25/12 self-empto	<u> </u>					
	arer	Firm's name CLARK NUBER, PS	 	Firm's EIN ▶	91-1194016					
	Only	Firm's address 10900 NE 4TH STREET, SUITE 1700	,							
- No.	1	BELLEVUE, WA 98004		Phone no. 4	25-454-4919					
MAR	Ntha IC	S discuses this return with the preparer shown above? (see instructions)			X Vos No					

(Expenses \$

Total program service expenses ▶

913,305.

12,483.) (Revenue \$

13,321. including grants of \$

Form 990 (2010) BELLEVUE SCHOOLS F Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
	If "Yes," complete Schedule A	1	<u>x</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
7	duning the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	·		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes, " complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	,	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		:	
	If "Yes," complete Schedule D, Part V	10	X	
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	. `	٠٠. `	·-,
	as applicable.		<u> </u>	<i></i> .
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		,	-
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			١
	Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	405		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b 13		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
14a b	and the second s	170		
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000 e	2010
		corm	สสปไ	/(1111)

Form 990 (2010)

BELLEVUE SCHOOLS FOUNDATION

Part IV Checklist of Required Schedules (continued)

		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	,		
	instructions for applicable filing thresholds, conditions, and exceptions):			,
а	A current or former officer, director, trustee, or key employee? If "Yes, " complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity?			l
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	-	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	<u> </u>	X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	L	×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			"
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		"	
	Note. All Form 990 filers are required to complete Schedule O	38	990 /	2010

91-1080997

Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V									
				Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 7								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	-	٠,	- 					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming	. ′							
	(gambling) winnings to prize winners?		1c	X						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			*	* 14 × 3					
	filed for the calendar year ending with or within the year covered by this return	2a 10	~		٠					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	x						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions	s)	,		*					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		x					
b										
4a	4a 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)?										
b	If "Yes,* enter the name of the foreign country: ►			1	t ,					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		Х					
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit								
	any contributions that were not tax deductible?		6a		х					
þ	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts]					
	were not tax deductible?		6b		<u> </u>					
7	Organizations that may receive deductible contributions under section 170(c).		: : "		/. ·					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a 7b	X	-					
Ь										
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7.1	7с		X					
a	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	 7е	-	x					
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution.		7f		x					
f g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		 					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. De		ŕ	ζ, •	Ī					
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8							
9	Sponsoring organizations maintaining donor advised funds.		رهبيراي	May .						
а	Did the organization make any taxable distributions under section 4966?		9a							
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:	•	Pile.		अर्जु भ्रेती					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	ومهنية	4	304					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	المحرز	1446.	5 24					
11	Section 501(c)(12) organizations. Enter:		7 m	Kichis Kichis	i.					
	Gross income from members or shareholders	11a	æ	18 , is						
b	Gross income from other sources (Do not net amounts due or paid to other sources against		× 3	14.00	.3.					
	amounts due or received from them.)	11b	1		,					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	3.5	湖流	ž ,					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		5 (,	£2%	· {*					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note. See the instructions for additional information the organization must report on Schedule O.		+ 11/2 #2	1	1/40					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		3) A.	, " A " !						
	organization is licensed to issue qualified health plans	13b			l					
	Enter the amount of reserves on hand	13c	440	1	х					
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		 					
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	, 	_14b		1					

Form 990 (2010) BELLEVUE SCHOOLS FOUNDATION Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. x Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes Nο 29 1a Enter the number of voting members of the governing body at the end of the tax year **b** Enter the number of voting members included in line 1a, above, who are independent ţ Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 1 % x officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 3 Х of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7a governing body? X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? **7**b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 杨俊 <u>8a</u> X a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No x 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Х 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent 3942. 4 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? /45.× X a The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) · * 450 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶WA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. W Upon request Another's website Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

JANICE LEITZKE - 425-456-4199

PO BOX 40644, BELLEVUE, WA 98015-4644

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	١.	Posit					Reportable	Reportable	Estimated
	hours per week			eck all tha		at apply)		compensation from	from related	amount of other
	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated етрючее	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
JEFF HANSEN			T				<u> </u>		- · · · · · · · · · · · · · · · · ·	
PRESIDENT	10.00	х		х				0.	0.	C
SARA SCHMIDT		İ				T				
PRESIDENT-ELECT	10.00	х		х				0.	0.	(
LAUREL PRESTON										
AT-LARGE	5.00	x		х		l		0.	0.	(
LISA BRANDLI										
VP MARKETING	5.00	x	l	х				0.	0.	(
TRUDI JACKSON										-
VP GRANTMAKING	10.00	х		х				0.	0.	(
RANDY SMITH										_
VP GOVERNANCE	2.00	x		х				0.	0.	(
BRIAN JONAS		П					П			-
TREASURER	5.00	х		х	L.			0.	0.	C
LYREL BYRNE						Π				
BOARD MEMBER	5.00	х						0.	0.	(
CATHY HABIB										
BOARD MEMBER	5.00	x	<u> </u>				L	0.	0.	(
BETH NOTARI										
BOARD MEMBER	5.00	X						0.	0.	(
JON GARBERG										
BOARD MEMBER	2,00	Х	$oxed{igspace}$					0.	0.	(
RODERICK JONES										
BOARD MEMBER	2.00	x	lacksquare			_		0.	0.	C
MICHAEL MARCHAND										
BOARD MEMBER	2.00	Х	<u> </u>			\vdash	_	0.	0.	C
BILL DEJARLAIS		l]	_	
BOARD MEMBER	1,50	<u>*</u>	\vdash		<u> </u>			0.	0.	c
STEVE BROWN					!					_
BOARD MEMBER	1.00	<u>*</u> -	 - 			_	_	0.	0.	· C
JODY CUNNINGHAM	1	_								
BOARD MEMBER	1.00	X	\vdash			\vdash	<u> </u>	0.	0.	(
REAGAN DUNN	1 22								_	_
BOARD MEMBER	1.00	Х	1			L		0.	0.	(

Section A. Officers, Directors, Tr		mple	oye€			High	est			т.		
, (A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	/_		Pos			6.4	Reportable	Reportable		Estima	
	hours per week	(C	neci	(all	tnat	app	iy)	compensation	compensation		amoun	
	(describe	ĘĘ.	ł					from the	from related organizations	۱.,	othe ompen:	
	hours for	å	_			ted		organization	(W-2/1099-MISC)	`	from t	
	related	stee	ruste			Sen		(W-2/1099-MISC)		(organiz	
	organizations	la Et	onalt		oloyee	E a					and rel	ated
	in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Кву етріоуве	Highest compensated employee	Former			0	organiza	tions
PERRY ENGLAND	<u> </u>									T		
BOARD MEMBER	1.00	x	<u> </u>	_	L	<u> </u>	<u> </u>	0.	0	<u>. L</u>		0
GREG FEIGES			ļ				l					
BOARD MEMBER	1.00	x	<u> </u>	_	_	_		0.	0			0
KARYN FURSTMAN									_			_
BOARD MEMBER	1.00	X	┡	_	<u> </u>	<u> </u>	_	0.	0	╀		0
MARIANNE HEYWOOD									_			_
BOARD MEMBER	1.00	X	<u> </u>	<u> </u>	<u> </u>	_	<u> </u>	0.	0	╀		0
KEN KILBREATH		١.			i		l		_			
BOARD MEMBER	1.00	x	<u> </u>	<u> </u>	┡	<u> </u>	_	0.	0	•		0
TIFFANY KOENIG		l_] .				
BOARD MEMBER	1.00	X	ļ	<u> </u>	 _	┞	 	0,	0	+		0
JANET LEVINGER		<u> </u> _							•			
BOARD MEMBER	1.00	X	-	-	├	├-	_	0.	0	┿		0
BILL POLLARD	1 00	_							0			^
BOARD MEMBER	1.00	Х	\vdash	┢	⊢	⊢	┝	0.	0	╄		0
LEENA PORWAL	1,00 x 0, 0,				٥							
BOARD MEMBER	1.00	Х	L	L		ᄂ		0.	0	┼		0
1b Sub-total	/// C+: A							104,654.	0	;—		6,300
c Total from continuation sheets to Part \	ii, Section A							104,654.	0	4		6,300
d Total (add lines 1b and 1c) 2 Total number of individuals (including but	not limited to the	0000	Liet	od a	bov	مر اه	ho r		_	<u>')</u>		.,
compensation from the organization	not innited to ti	1036	, iiau	cu a	DUV	C) W	101	eceived more triali \$100	,000 in reportable			
Compensation from the organization								.			Yes	s No
3 Did the organization list any former office	r, director or tru	ıste	e, ke	y en	nplo	vee.	or h	nighest compensated en	nployee on		· .	
line 1a? If "Yes," complete Schedule J for				•	•	•				3		x
4 For any individual listed on line 1a, is the s	sum of reportat	ole c	omp	ens	atio	n an	d ot	her compensation from	the organization	. , ,		. 10
and related organizations greater than \$15	50,000? If "Yes	, " cc	mpl	ete :	Sch	edul	e J 1	for such individual	-	4	<u>، ا</u>	х
5 Did any person listed on line 1a receive or	accrue compe	nsa	tion	from	an	y uni	relat	ted organization or indivi	dual for services	ł		
rendered to the organization? If "Yes," cor	mplete Schedu	le J	for s	uch	per	son		 		5	5	X
Section B. Independent Contractors			_									
 Complete this table for your five highest c the organization. NONE	ompensated in	dep	ende	ent d	cont	ract	ors 1	that received more than	\$100,000 of comper	satio	n from	
(A) Name and busines	c address							(B) Description of s	onucos	Com	(C) pensat	ion
Name and busines	s address							Description of s	ervices		pensar	
							\dashv				-	
							-					
2 Total number of independent contractors	(including but i	not l	ımıte	ed to	the	se li	stec	d above) who received m	nore than			•
\$100,000 in compensation from the organ	uzation 🕨					0						٠.

		O (2010) BELLEVUE S		NDATION			91-1080997	Page 9
Pa	rt V	III Statement of Revenue)					
	•		-	, _	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1 a	a Federated campaigns	1a		-	•	-	
gifts, grants ilar amounts	ı	b Membership dues	1b				•	
a, c	•	c Fundraising events	1c	416,433.		·		-
<u>ağ</u>	•	d Related organizations	. 1d			- 1	. 4	
ξĒ	•	e Government grants (contributions	s) 1e		,	٠,		
를 입	1	f All other contributions, gifts, grants, a	nd 📗		* (2)	-		•
혈쵧		similar amounts not included above	1f	987,986.		,	,	
Contributions, and other simi	9	g Noncash contributions included in lines 1a-1	lf: \$	18,355.				
ਹ ਛ		h Total. Add lines 1a-1f			1,404,419.		, ,	1.
			ļ	Business Code				
8	2 :	a						
Program Service Revenue	ı	b						
SE	•	c						
e a		d						
6		e						
<u>-</u>	1	f All other program service revenue	· [····		
		g Total. Add lines 2a-2f				eg (A)	•	ı
	3	Investment income (including div	idends, intere	st, and				
		other similar amounts)		▶	22,022.			22,022.
	4	Income from investment of tax-ex	empt bond p	roceeds >				
i	5	Royalties		<u> </u>				
			(i) Real	(ii) Personal		,		
	6 :	a Gross Rents						
	ı	b Less: rental expenses						
		c Rental income or (loss)			'			
		d Net rental income or (loss)		<u> </u>				
	7 :	a Gross amount from sales of (i) Securities	(ii) Other			4	, , , , , , , , , , , , , , , , , , , ,
		assets other than inventory	2,160.		٠, , , , , , ,		ā	CA .
	ı	b Less: cost or other basis			٠,			
		and sales expenses			,		,	
		c Gain or (loss)	2,160.		,	ا من المراكب ا المراكب المراكب المراك	دانیم سیدگر	
	(d Net gain or (loss)		<u> </u>	2,160.			2,160.
	8 :	a Gross income from fundraising ev	vents (not		, , ;	5° 4 5 8 4 8	SE	7 ;.
<u> </u>		including \$ 416,43	13. of		1. 18.4	", ", "	, , , , , ,	ي . اتا اد
ě		contributions reported on line 1c)	. See					,
<u> </u>		Part IV, line 18	. a	27,971.			<u></u>	,
Other Revenue	ı	b Less: direct expenses	. в	76,061.		一一一个 小城市	A CONTRACT OF STREET	
١		c Net income or (loss) from fundrais	sing events	•	-48,090.	المحقد في م		-48,090.
	9 :	a Gross income from gaming activity	ties. See			- 		,
		Part IV, line 19	, a		-	, e - +		
	1	b Less direct expenses	. Ь		_			
		c Net income or (loss) from gaming	activities .	•				
	10 :	a Gross sales of inventory, less reti	ums			, ,- ,	· .	;
		and allowances	а				-	
	ı	b Less: cost of goods sold	b			, , , ,		
		c Net income or (loss) from sales of	f inventory	>				
		Miscellaneous Revenue		Business Code				
	11 :			900099	1,080.			1,080.
		b						<u> </u>
		c						
		d All other revenue						
		e Total. Add lines 11a-11d	•	>	1,080.			
	12	Total revenue. See instructions.		>	1,381,591.	0.	0.	-22,828.
03200 12-21			· · · · · · · · · · · · · · · · · · ·					Form 990 (2010)

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must composite include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			.,	, , , , _
	organizations in the U.S. See Part IV, line 21	827,685.	827,685.		
2	Grants and other assistance to individuals in	·		, ,	/ 4 pile 1
	the U.S. See Part IV, line 22	23,627.	23,627.	4 ()	\$, ,
3	Grants and other assistance to governments,			, 70	,
	organizations, and individuals outside the U.S.			Λ	* 1
	See Part IV, lines 15 and 16			٥	``
4	Benefits paid to or for members			٠	•
5	Compensation of current officers, directors,				
	trustees, and key employees	98,788.	17,782.	24,697.	56,309.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	178,655.	32,158.	44,664.	101,833.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	10,564.	1,902.	2,641.	6,021.
10	Payroll taxes	29,153.	5,248.	7,288.	16,617.
11	Fees for services (non-employees):				
a	Management				
b	Legal				· · · · · · · · · · · · · · · · · · ·
c	Accounting	6,530.		6,530.	
ď	Lobbying				
e	Professional fundraising services. See Part IV, line 17		- 1		
f	Investment management fees				
g	Other	20,812.		10,228.	10,584.
12	Advertising and promotion	4,903.	4,903.		
13	Office expenses	25,751.	· · · · · · · · · · · · · · · · · · ·	9,924.	15,827.
14	Information technology	·		· · · · · · · · · · · · · · · · · · ·	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses			······································	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,589.			5,589.
20	Interest	· · · · · · · · · · · · · · · · · · ·		· ·	<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,400.		3,400.	, , , , , , , , , , , , , , , , , , ,
23	Insurance	2,284.		2,284.	-
24	Other expenses, Itemize expenses not covered	, ,			-1.
_7	above. (List miscellaneous expenses in line 24f. If line	*,			30
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)		• .		
9	BANK & TRANSACTION FEES	5,819.		5,819.	
h	BAD DEBT	5,124.			5,124.
c		,			,
d					
e					· · · · · · · · · · · · · · · · · · ·
f	All other expenses	5,014.	-	4,226.	788.
_	Total functional expenses. Add lines 1 through 24f	1,253,698.	913,305.	121,701.	218,692.
<u>25</u> 26	Joint costs. Check here J If following SOP	=,===,===.			220,002.
2 0	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	SOURCEASION 1			···	Form 990 (2010

Form 990 (2010)
Part X Balance Sheet

	<u>rt X </u>				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			200.	1	125.
	2	Savings and temporary cash investments			736,025.	2	478,102.
	3	Pledges and grants receivable, net			104,558.	3	241,742.
	4	Accounts receivable, net	•	• •		4	<u> </u>
	5	Receivables from current and former officers, di	rectors	. trustees, kev		P. V	·
		employees, and highest compensated employe		• •		, ,	* * * * * * * * * * * * * * * * * * * *
	ŀ	of Schedule L		•		5	
	6	Receivables from other disqualified persons (as	define	d under section	a * • • •	735 -	- ' , '
		4958(f)(1)), persons described in section 4958(c		(~ ·			
		employers and sponsoring organizations of sec	a said	٠	ANT THE LINE A COLOR AND A		
"	İ	employees' beneficiary organizations (see instru		6			
Assets	7	Notes and loans receivable, net		7			
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			5,551.	9	1,880.
	10a	Land, buildings, and equipment: cost or other			·	3	4
		basis. Complete Part VI of Schedule D	10a	37,605.	A STAN LOTTER OF MALE	35.	
	b	Less: accumulated depreciation	10b	34,105.	3,596.	10c	3,500.
	11	Investments - publicly traded securities			377,086.	11	840,492.
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	42,152.	15	48,547.		
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	14)	1,269,168.	16	1,614,388.
	17	Accounts payable and accrued expenses			35,517.	17	182,831.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities	•		20		
õ	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, director				11 11 1	F
abil		highest compensated employees, and disqualifi			w 27,	3_1	
=		of Schedule L	·	•		22	
	23	Secured mortgages and notes payable to unrela	ated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelate		•		24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			35,517.	26	182,831.
		Organizations that follow SFAS 117, check he	ere 🕨	x and complete	Berthampton B	ا . يا الآن (بريانو	5. 14. 15. 14 · 17.
S		lines 27 through 29, and lines 33 and 34.		•		14.2.54.	
ĕ	27	Unrestricted net assets			646,210.	27	709,424.
ala	28	Temporarily restricted net assets			249,670.	28	303,302.
P	29	Permanently restricted net assets			337,771.	29	418,831.
Fund Balances		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 🔲 and	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	39.00	ry registrate descriptions
P		complete lines 30 through 34.			1 3 3 3 4 C	***	***
Net Assets or	30	Capital stock or trust principal, or current funds				30	
\SS(31	Paid-in or capital surplus, or land, building, or ed		nt fund		31	
et A	32	Retained earnings, endowment, accumulated in		• • •		32	<u> </u>
ž	33	Total net assets or fund balances	·		1,233,651.	33	1,431,557.
	34	Total liabilities and net assets/fund balances		· ·	1,269,168.	34	1,614,388.

Form **990** (2010)

Form	990 (2010) BELLEVUE SCHOOLS FOUNDATION	91-1080997		Pa	ge 12			
Pai	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI				х			
	· ·							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,591. ,698.			
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3			,893.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1		,651.			
5	Other changes in net assets or fund balances (explain in Schedule O)	5		70	,013.			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1	,431	<u>,</u> 557.			
Pa	rt XIII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: L Cash			*, * 1	7 pr 16x			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	10.00	7.1.	م الم			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	••••	2a	x	<u></u>			
b	Were the organization's financial statements audited by an independent accountant?		2b	Ĺ	X			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audīt,						
	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	x	L			
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.	$\mathfrak{t}'_{\mathcal{I}_{2}^{\infty}}$	3 ()2"	Ť.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a) (Sa	2925	# j			
	separate basis, consolidated basis, or both:		23.		elles X			
	Separate basis Consolidated basis Both consolidated and separate basis		2:		<u>.</u>			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit						
	Act and OMB Circular A-133?		3a	<u>L.</u> .	х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit	1					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		i			

Form **990** (2010)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2010

Open to Public Inspection

Employer identification number

BELLEVUE SCHOOLS FOUNDATION 91-1080997 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: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). _ x__ 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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. b Type II c Type III - Functionally integrated 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (vi) is the (iii) Type of (iv) is the organization (v) Did you notify the (i) Name of supported (vii) Amount of (ii) EIN organization in col. organization in col. (i) listed in your organization in col. support organization (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes Yes Total

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	2,367,881.	2,391,356.	1,199,246.	1,403,487.	1,404,419.	8,766,389.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	2,367,881.	2,391,356.	1,199,246.	1,403,487.	1,404,419.	8,766,389.				
	The portion of total contributions	2.70	e a const	Mark Delivery of	51a	the transfer to the					
•	by each person (other than a	as to the	e a se se	the Buth of							
	governmental unit or publicly	r	- 1	Service y a	Sylve To the sylve						
	supported organization) included	ر دور ره	y 7 .	المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع	الإلامد للبحروث والبرجيد						
	on line 1 that exceeds 2% of the		San Transport	Marin Marin	· · · · · · · · · · · · · · · · · · ·	ا د د د د د د د د د د د د د د د د د د د					
	amount shown on line 11,	三十年 とうちゅん			Marie Marie Stand	20 12 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	column (f)	[]	The state of the s		AND THE RESERVE OF THE PARTY OF		2,681,708.				
6	Public support. Subtract line 5 from line 4		. 53 4	\$ 125 gr gr 300 - 200	, or plants to the contract of	to the see	6,084,681.				
	ction B. Total Support					L	<u>-</u>				
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
	Amounts from line 4	2,367,881.	2,391,356.	1,199,246.	1,403,487.	1,404,419.	8,766,389.				
	Gross income from interest,										
Ī	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources	61,576.	78,654.	39,329.	18,668.	22,022.	220,249.				
9	Net income from unrelated business	· · · · · ·	· .		·	·	<u> </u>				
	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.)		891.			1,080.	1,971.				
11	Total support. Add lines 7 through 10	, , ,	7 -1	r		, ,	8,988,609.				
	Gross receipts from related activities,	. etc. (see instructi	ons)	<u> </u>	<u> </u>	12					
	First five years. If the Form 990 is for	="		d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)					
	organization, check this box and stop	here			•	· · · · · · · · · · · · · · · · · · ·	▶□				
Se	ction C. Computation of Publ	ic Support Pe	rcentage								
14	Public support percentage for 2010 (lıne 6, column (f) d	ivided by line 11,	column (f))		14	67.69 %				
15	Public support percentage from 2009	Schedule A, Part	II, line 14	•		15	73.49 %				
16a	33 1/3% support test - 2010.If the o	rganization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and				
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			▶ x				
b	33 1/3% support test - 2009.If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check the	s box				
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation	•		. ▶□				
17a	10% -facts-and-circumstances tes	t - 2010.If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	ind line 14 is 10% o	or more,				
	and if the organization meets the "fac										
	meets the "facts-and-circumstances"	test The organiza	ition qualifies as a	publicly supported	d organization		. ▶□				
b	10% -facts-and-circumstances tes	t - 2009.If the org	anization did not d	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or				
	more, and if the organization meets the	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	ın Part IV how the					
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publi	cly supported orga	anızatıon	▶□				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17i	b, check this box a	and see instructions	<u>.</u> ▶□				

Schedule A (Form 990 or 990-EZ) 2010 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and		-				
	membership fees received. (Do not				ł	,	
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-]	
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	•						<u> </u>
5	The value of services or facilities					1	
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5				 	,	<u> </u>
7 a	Amounts included on lines 1, 2, and			İ			i
	3 received from disqualified persons						
0	Amounts included on lines 2 and 3 received from other than disqualified persons that						1
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				<u> </u>		ļ
c	Add lines 7a and 7b				<u> </u>		
	Public support (Subtract line 7c from line 6)		<u>-</u>	L	<u> </u>	l	<u> </u>
	ction B. Total Support		T		·		
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
_	Amounts from line 6						ļ
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources				J		ļ <u>.</u>
b	Unrelated business taxable income		ļ				
	(less section 511 taxes) from businesses		1			į	İ
	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				1		
	regularly carned on		_				
12	Other income. Do not include gain				1		
	or loss from the sale of capital assets (Explain in Part IV.)	l					ļ
13	Total support (Add lines 9, 10c, 11, and 12)		T				-
14	First five years. If the Form 990 is for	the organization	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here						▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2010 (ine 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2009	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20	10 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2010. If the			on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	•					▶□
Ŀ	33 1/3% support tests - 2009. If the						and
	line 18 is not more than 33 1/3%, che	=					. \square
20	Private foundation. If the organization						▶ □

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b;
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)
CHEDULE A, PART II, LINE 10: EXPLANATION OF OTHER INCOME
2007 - MISCELLANEOUS
010 - GRANT MANAGEMENT FEE

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

BELLEVUE SCHOOLS FOUNDATION

Employer identification number 91-1080997

Pa	organizations Maintaining Donor Advise organization answered "Yes" to Form 990, Part IV, Iin		or Accounts. Complete if the
	organization answered 165 to Form 990, Part IV, III	e o. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
_	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		sed only
_	for charitable purposes and not for the benefit of the donor		-
	impermissible private benefit?		Yes No
Pa		ganization answered "Yes" to Form 990, Pa	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or	education) Preservation of an histo	oncally important land area
	Protection of natural habitat	Preservation of a certifi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С		ructure included in (a)	2c
	Number of conservation easements included in (c) acquired	• • • • • • • • • • • • • • • • • • • •	re
	listed in the National Register	·	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	
	year >	,	g <u>-</u>
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	• • •	ring the year
7	Amount of expenses incurred in monitoring, inspecting, and	_	
8	Does each conservation easement reported on line 2(d) abor		
	and section 170(h)(4)(B)(ii)?	, , ,	Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense s	statement, and balance sheet, and
-	include, if applicable, the text of the footnote to the organiza	•	
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or Otl	ner Similar Assets.
ŧ	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (As	SC 958), not to report in its revenue stateme	ent and balance sheet works of art.
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		, , , , , , , , , , , , , , , , , , , ,
ь	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e	•	•
	relating to these items:	addution, or recourse in territorial co or publi	is solvies, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X	·	S .
2	If the organization received or held works of art, historical tre	easures or other similar assets for financial	gain provide
~	the following amounts required to be reported under SFAS 1		gain, provide
_	·	To poo soof relating to these items:	• •
d L	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		-
E 3	Assers unduden in Fulli 230. Fäll A		n

		CHOOLS FOUNDATION	N		91-	-10809	97	Pa	ge 2		
Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Oth	er Similar	Asse	ts (conti	nued)	_		
3	Using the organization's acquisition, access	on, and other records	s, check any of the	following that are a	significant use	e of its	collectio	n items	;		
	(check all that apply):										
а	Public exhibition	d	Loan or excl	nange programs							
b	Scholarly research	е	Other								
C	Preservation for future generations										
4	Provide a description of the organization's continuous	ollections and explair	how they further th	ne organization's ex	empt purpose	ın Par	t XIV.				
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	sures, or other simil	ar assets		_				
	to be sold to raise funds rather than to be m	aintained as part of th	he organization's co	llection?			Yes		No		
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "Yes" t	o Form 990, P	art IV, I	ine 9, or				
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	an or other intermed	ary for contribution	s or other assets no	ot included		_				
	on Form 990, Part X?						Yes		No		
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	llowing table:								
							Amoun	t			
С	Beginning balance				1c						
d	Additions during the year .				. 1d						
е	Distributions during the year				1e						
f	Ending balance				1f						
2a	Did the organization include an amount on F	form 990, Part X, line	21?				Yes		No		
<u>b</u>	b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.										
Pai	t V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo		10.		<u> </u>				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three year	rs back	(e) Four	years b	ack		
1a	Beginning of year balance	341,321. 81,060.	308,531.	380,742		- Y	,, .,	-	<u>, </u>		
b	Contributions	" Y,1,17"	2. cm 9								
C	Net investment earnings, gains, and losses	, , ;	r. 1	· ?\$							
d	Grants or scholarships		1,500.	14,630		۶, ۸	<u>-</u> 1,		· 		
е	Other expenditures for facilities				1.00	· '\$ -	7 ye		-		
	and programs						£" - " > >	. >			
f	Administrative expenses	714.	646.	482	,	× 4					
9	End of year balance	479,614.	341,321.	308,531	. #		1, +	•			
2	Provide the estimated percentage of the year	ar end balance held a	s:								
а	Board designated or quasi-endowment		_%								
b	Permanent endowment 100.00	%									
C	Term endowment ▶	%									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organizat	ion					
	by:							Yes	No		
	(i) unrelated organizations						3a(i)	X			
	(ii) related organizations						3a(ii)		X		
b	If "Yes" to 3a(ii), are the related organization	s listed as required or	n Schedule R?				3b				
4	Describe in Part XIV the intended uses of the			. <u> </u>		·					
Pai	t VI Land, Buildings, and Equipn	nent. See Form 990	, Part X, line 10.								
	Description of investment	(a) Cost or ot basis (investment)			Accumulated epreciation		(d) Bool	k value			
1a	Land										
b	Buildings										
	Leasehold improvements										
d	Equipment			37,605.	34,10	5.		3,5	500.		
	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 1	0(c).)		<u> </u>		3,5	500.		

Schedule D (Form 990) 2010

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C) ·			
(D)			
(E)			
(F)	 		
(G)			
(H)	 		
()	 		
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)	<u> </u>	······································	
(2)	ļ <u>.</u>		
(3)			
(4)			
(5)			
(6)		74 - P -	
(7)	ļ		
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	4		
Part IX Other Assets. See Form 990, Part X, Im		I (I) Deale	
) Description	(b) Book	value
(1)			
(2)	· · · · · · · · · · · · · · · · · · ·		
(3)			
(4)			
(5)			
(6)	·····		
(7)			
(8)			
(9)			
(10)	151		
Fotal. (Column (b) must equal Form 990, Part X, col (B) III Part X Other Liabilities. See Form 990, Part X		<u> </u>	
(a) December of liability) Amount	
	(5)	Amount	- '
(1) Federal income taxes			
(2)			
(3)	_		~~ ^^
(4)		,	
(5)			J. 37
(6)		Company of the compan	
(7)			
(8)		<u> </u>	
(9)			- •
(10)			
(4.4)	1		
(11) Total. (Column (b) must equal Form 990, Part X, col (B) III			

,	, DE TOTAL CONTROL OF THE PROPERTY OF THE PROP		91-10	00007	D 4
Sche	dule D (Form 990) 2010 BELLEVUE SCHOOLS FOUNDATION T XI Reconciliation of Change in Net Assets from Form 990 to Audited Finance	2 lei			Page 4
			tatement	.s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1			
2	Total expenses (Form 990, Part IX, column (A), line 25)	2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3			
4	Net unrealized gains (losses) on investments	4			
5	Donated services and use of facilities	5			
6	Investment expenses	6			
7	Pnor penod adjustments	7		·	
8	Other (Describe in Part XIV.)	8	-		
9	Total adjustments (net). Add lines 4 through 8	9	_		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 † XII Reconciliation of Revenue per Audited Financial Statements With Rever	10	ar Paturn		
		iue p			
1	Total revenue, gains, and other support per audited financial statements		· 1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments 2a				
Ь	Donated services and use of facilities 2b		— I		
С	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIV.)		_		
е	Add lines 2a through 2d		. 2e		
3	Subtract line 2e from line 1	•	. 3		· · · · - · -
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		`		
а	Investment expenses not included on Form 990, Part VIII, line 7b		—-{ }		
b	Other (Describe in Part XIV.)				
_	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XIII Reconciliation of Expenses per Audited Financial Statements With Expe	2000	5 Por Potu	·	
		11363	-	111	
1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities 2a				
b	Pnor year adjustments				
c	Other losses 2c 2d 2d		 		
d		-			
e	Add lines 2a through 2d		3		
3	Subtract line 2e from line 1				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a		- ł ' l		
a					
			4c		
_	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5		
Pa	rt XIV Supplemental Information				
_	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV lır	nes 1b and 2	2b Part V line	4· Part
	e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro				, -, , u. c
	T V, LINE 3A(I): ENDOWMENT FUNDS OF \$48,547, WHICH ARE USED FOR AWARDS		,,		
TO	ENCOURAGE COMMUNITY SERVICE, ARE HELD AND ADMINISTERED BY AN UNRELATED			-	
ORG.	ANIZATION, THE SEATTLE FOUNDATION.				
PAR	V, LINE 4: INCOME FROM THESE FUNDS IS RESTRICTED TO SUPPORT COMMUNITY				
SER	VICE, MUSIC AND STUDENT SUPPORT PROGRAMS AS STIPULATED BY THE RELATED				
GIP	INSTRUMENTS.				

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open To Public Inspection

vame of the organization BELLEVUE SC	CHOOLS FOUNDATION					91-1080997	nuncation number
Part I Fundraising Activities. required to complete this part	Complete if the organization answer.	ered "Y	'es" to	Form 990, Part IV, i	ine 17	7. Form 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	ion of ion of fundra (includ	non-ga govern alsing o ding o lional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	trol of	(iv) Gross receipts from activity	to (o	Amount paid ir retained by) fundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		-					
Total			<u> </u>				
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from re	egistration
						· · ·	
		<u> </u>					
	· · · · · · · · · · · · · · · · · · ·						
	····						
							<u>. </u>
<u> </u>							

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

		of fundraising event contributions and gre	oss income on Form 990	-EZ, lines 1 and 6b List	events with gross receip	ots greater than \$5,000.
	•		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			SPRING FOR SCHOOLS			col. (c))
<u>0</u>			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts .	444,404.			444,404.
	2	Less. Charitable contributions	416,433.			416,433.
	3	Gross income (line 1 minus line 2)	27,971.			27,971.
	4	Cash prizes .				
ses	5	Noncash prizes _				
Expen	6	Rent/facility costs	27,131.			27,131.
Direct Expenses	7	Food and beverages	31,491.			31,491.
	8	Entertainment				L.,
	9	17,439.				
	10	Direct expense summary. Add lines 4 through	n 9 ın column (d)		•	(76,061}
		Net income summary. Combine line 3, colum		 	<u> </u>	-48,090.
Pa	rt I		answered "Yes" to Form	990, Part IV, line 19, or r	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	1	6 . D. Harba Carray		I and a second
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
- Re	1	Gross revenue				
enses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
			└── Yes%	Yes%	Yes%	
	6	Volunteer labor	☐ No	☐ No	☐ No	1
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		. •	<u>()</u>
	8	Net gaming income summary. Combine line 1	, column d, and line 7		•	
لسسم			1			· · · · · · · · · · · · · · · · · · ·
9	Ent	ter the state(s) in which the organization opera	tes gaming activities:			
а	ls t	he organization licensed to operate gaming ac	tivities in each of these	states?		Yes No
b	If "	No," explain:	-		<u> </u>	
	_					
	_			- , , , -, , , , , , , , , , , , , , , 		
		ere any of the organization's gaming licenses re Yes," explain:		-		Yes No
					·····	
				··.		<u> </u>

Sch	edule G (Form 990 or 990-EZ) 2010 BELLEVUE SCHOOLS FOUNDATION 91-10	80997	_ Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	☐ No
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
13	Indicate the percentage of gaming activity operated in:	i 1	
а	The organization's facility	13a	%
b	An outside facility	13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	•	· ·
	Name ▶		
	Name		
	Address -		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Gaming manager compensation		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions.		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	L⊥ No
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 ▶ \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii		
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	n (see instru	ctions).
			
			_
			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

|--|

OMB No 1545-0047

Name of the organization							Employer identification number
BELLEVUE SCHOOLS FOUNDATION	OLS FOUNDATION						91-1080997
Part In General Information on Grants and Assistance	nd Assistance		:				
1 Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion
criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	stance? ocedures for moni	toring the use of grant	funds in the United	States			X Yes No
art II	Governments an	d Organizations in the sbox if no one recipien	United States. C	omplete if the organ \$5,000. Part II	inization answered "Y can be duplicated if	'es" to Form 990, Part	IV, line 21, for any ded
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of or government or government (e) EIN (f) IRC section (d) Amount of valuation (book, non-cash assistance assistance other)	(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
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVENUE NE SEATTLE, WA 98195	91-6001537	GOVERNMENT	113,168.	0.			GLEF PROGRAM
BELLEVUE SCHOOL DISTRICT POST OFFICE BOX 90010 BELLEVUE, WA 98009-9010	91-6001637	GOVERNMENT	30,590.	0.			GATES PROGRAM
BELLEVUE SCHOOL DISTRICT POST OPFICE BOX 90010 BELLEVUE, WA 98009-9010	91-6001637	GOVERNMENT	.610,74	0			GLEF PROGRAM
BELLEVUE SCHOOL DISTRICT POST OFFICE BOX 90010 BELLEVUE, WA 98009-9010	91-6001637	GOVERNMENT	.47,739.	0.			STEM GRANT
BELLEVUE SCHOOL DISTRICT POST OFFICE BOX 90010 BELLEVUE, WA 98009-9010	91-6001637	GOVERNMENT	82,383.	0.			SBEIA
BELLEVUE SCHOOL DISTRICT POST OFFICE BOX 90010 BELLEVUE, WA 98009-9010	91-6001637	GOVERNMENT	250,000.	0.			BRIDGING THE ACHIEVEMENT GAP
	nd government or	ganizations					4.
Enter total number of other organizations LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2010)

Schedule I (Form 990) BELLEVUE SCHOOLS FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	LS FOUNDATION	r vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Par		91-1080997 Page 1
(a) Name and address of organization or government	(b) 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
BELLEVUE SCHOOL DISTRICT POST OFFICE BOX 90010 BELLEVUE, WA 98009-9010	91-6001637	GOVERNMENT	35,626.	0			AVID
BELLEVUE SCHOOL DISTRICT POST OFFICE BOX 90010 BELLEVUE, WA 98009-9010	91-6001637	GOVERNMENT	20,504.	0.			SMART GOAL GRANTS
BELLEVUE SCHOOL DISTRICT POST OFFICE BOX 90010 BELLEVUE, WA 98009-9010	91-6001637	GOVERNMENT	69,946.	0.			DIFFERENTIATED LEARNING
BELLEVUE SCHOOL DISTRICT POST OFFICE BOX 90010 BELLEVUE, WA 98009-9010	91-6001637	GOVERNMENT	30,000.	0.			STRATEGIC PLAN
BELLEVUE SCHOOL DISTRICT POST OFFICE BOX 90010 BELLEVUE, WA 98009-9010	91-6001637	GOVERNMENT	16,580.	0.		į	DONOR DESIGNATED GIFTS
LAKE HILLS ELEMENTARY 14310 SE 12TH STREET BELLEVUE, WA 98007	91-6001637	GOVERNMENT	10,065,	0.			DONOR DESIGNATED GIFTS
STEVENSON ELEMENTARY 14220 NE 8TH STREET BELLEVUE, WA 98007	91-6001637	GOVERNMENT	9,861.	0.	l		DONOR DESIGNATED GIFTS
BELLEVUE SCHOOL DISTRICT POST OFFICE BOX 90010 BELLEVUE, WA 98009-9010	91-6001637	GOVERNMENT	7,577.	0	r		ENRICHMENT & INNOVATION GRANTS
LHA							Schedule I (Form 990)

Page 2 (f) Description of non-cash assistance 91-1080997 (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance Ö 0 。 ٥. 3,480. 2,150. 7,969. 9,004. (c) Amount of cash grant SCHEDULE I, PART I, LINE 2: ALL GRANTEES ARE ASKED TO PROVIDE AN EVALUATION OF THEIR GRANT, SOMETIMES PERIODICALLY, SOMETIMES YEARLY, AND ALWAYS AT THE 20 25 (b) Number of recipients BELLEVUE SCHOOLS FOUNDATION (a) Type of grant or assistance Schedule I (Form 990) (2010) NATIONAL BOARD GRANTS NEW TEACHER GRANTS ENRICHMENT GRANTS END OF THE GRANT. MUSIC PROGRAMS SCHOLARSHIPS Part III

Schedule I (Form 990) (2010)

032102 01-13-11

91-1080997 Page 2	(f) Description of non-cash assistance						Schedule I (Form 990)
	(e) Method of valuation (book, FMV, appraisal, other)						
	the United States (Schedule I (Form 990), Part III.) mber of (c) Amount of (d) Amount of noncesty grant cash assistance	0.					
	od States (Schedule	350.					
ATION	(b) Number of recipients	1.					
Schedule I (Form 990) BELLEVUE SCHOOLS FOUNDATION	Part III Continuation of Grants and Other Assistance to Individuals in (a) Type of grant or assistance recip	LEGACY LEADERSHIP					

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number Name of the organization BELLEVUE SCHOOLS FOUNDATION 91-1080997 FORM 990, PART I, LINE 1. DESCRIPTION OF ORGANIZATION MISSION: ALL STUDENTS OF THE BELLEVUE SCHOOL DISTRICT, FORM 990, PART I, LINE 6: VOLUNTEERS HELP AT OUR SPRING FOR SCHOOLS. PHONATHON AND MANY OTHER EVENTS THROUGHOUT THE YEAR. THE NUMBER OF VOLUNTEERS ALSO INCLUDES UNCOMPENSATED BOARD MEMBERS FORM 990 PART III LINE 1 DESCRIPTION OF ORGANIZATION MISSION: PROGRAMS THAT MEET STUDENTS' SPECIAL NEEDS. WE ALSO HELP BRIDGE THE GAP BETWEEN THE BASIC FUNDING PROVIDED BY THE STATE OF WASHINGTON AND WHAT THE BELLEVUE SCHOOL DISTRICT'S STUDENTS NEED TO TRULY EXCEL. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: MENTOR OUTREACH AND COORDINATION. NEW CURRICULUM SUPPORT AND SUPPORT FOR STRUGGLING STUDENTS. DIFFERENTIATED LEARNING INITIATIVE/PROFESSIONAL LEARNING COMMUNITIES -TRANSFORM STUDENT EDUCATION BY CREATING A TARGETED LEARNING ENVIRONMENT TO CHALLENGE HIGH-PERFORMING STUDENTS, HELP STRUGGLING STUDENTS MEET ACADEMIC STANDARDS, AND ENGAGE STUDENTS AT EVERY LEVEL TO REALIZE THEIR THE DIFFERENTIATED LEARNING INITIATIVE IS MODELED FULL POTENTIAL. AFTER SUCCESSFUL PROGRAMS IN OTHER SCHOOL DISTRICTS. PROFESSIONAL LEARNING COMMUNITIES CONVENED AT EACH SCHOOL TO EXPLORE AND ADDRESS THEIR STUDENTS' UNIQUE NEEDS.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization BELLEVUE SCHOOLS FOUNDATION	Employer identification number 91-1080997
SMART GOAL GRANTS - COMPETITVE GRANTS FUND SCHOOL-SPECIFIC PROJECTS,	
INCLUDING PROFESSIONAL DEVELOPMENT FOR STAFF, TO HELP PROGRESS TOWARD	
MEETING SPECIFIC, MEASUREABLE, ATTAINABLE, REALISTIC AND TIMELY (SMART)	
STUDENT LEARNING GOALS.	
	······································
CURRICULUM, TECHNOLOGY AND BRAIN RESEARCH - MULTI-YEAR GRANT FUNDED BY	
THE BILL & MELINDA GATES FOUNDATION, ALL 17,700 BELLEVUE STUDENTS	
BENEFIT FROM THE IMPROVEMENTS IN SCIENCE, MATH, LANGUAGE ARTS, WORLD	
LANGUAGES, AND SOCIAL STUDIES CURRICULA BASED ON "HOW STUDENTS LEARN"	
RESEARCH. TRANSPARENCY AND ACCOUNTABILITY INCREASED THROUGH ACCESS TO	
CURRICULUM FOR TEACHERS, STUDENTS AND PARENTS THROUGH THE SCHOOL	
DISTRICT'S ONLINE GRADEBOOK/CURRICULUM WEB SITE. THE GRANT PROJECT WAS	
COMPLETED AND THE FINAL REPORT WAS SUBMITTED TO BILL & MELINDA GATES	···· .
FOUNDATION ON 11/30/2010.	
PROJECT-BASED LEARNING CURRICULUM DEVELOPMENT IN HIGH SCHOOL ADVANCED	
PLACEMENT COURSEWORK - MULTI-YEAR GRANT FUNDED BY THE GEORGE LUCAS	
EDUCATIONAL FOUNDATION. PROJECT DEVELOPS CURRICULUM, IMPLEMENTS CLASSES	
AND PROVIDES RESEARCH FOR PROJECT-BASED LEARNING IN HIGH SCHOOL	
ADVANCED PLACEMENT (AP) COURSE WORK. THIS YEAR, 2010-11, THE PROJECT	
FOCUSED ON A NEW PROJECT-BASED LEARNING AP ENVIRONMENTAL SCIENCE	····
COURSE. BELLEVUE TEACHERS COLLABORATED WITH UNIVERSITY OF WASHINGTON	
RESEARCHERS TO PREPARE RIGOROUS CLASSES THAT REQUIRE ACTIVE STUDENT	
ENGAGEMENT AND STRONG FUNCTIONAL WORKING KNOWLEDGE.	
· · · · · · · · · · · · · · · · · · ·	
MUSIC GRANTS - PROVIDES FINANCIAL SUPPORT FOR K-12 MUSIC PROGRAMS IN	
THE SCHOOL DISTRICT.	

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization BELLEVUE SCHOOLS FOUNDATION	Employer identification number 91-1080997
DEEDSTON DERICOLD TOOKDATTON	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
MIDDLE AND HIGH SCHOOL STUDENTS AT-RISK OF ACADEMIC FAILURE OR DROPPING	
OUT OF SCHOOL.	
VOLUNTEERS IN BELLEVUE'S EDUCATION SYSTEM (VIBES) MENTORING PROGRAMS -	
SUPPORTS MENTORING PROGRAMS THAT SERVE APPROXIMATELY 4,500 STUDENTS	
EACH YEAR IN BELLEVUE SCHOOLS. PROGRAMS INCLUDE ONE-TO-ONE	
(TRADITIONAL) MENTORS, SMALL GROUP MENTORS, "AVID" MENTORS, SCIENCE	
TECHNOLOGY ENGINEERING MATH (STEM) MENTORS, LEGACY LEADERSHIP MENTORS	
TO SUPPORT MIDDLE SCHOOL YOUTH OF COLOR, AND COLLEGE CORPS MENTORS TO	
SUPPORT STUDENTS APPLYING TO COLLEGE.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
TEACHING EXCELLENCE:	
NATIONAL BOARD CERTIFICATION - HELPS TEACHERS PURSUE NATIONAL BOARD	
CERTIFICATION. STUDENTS OF NATIONAL BOARD CERTIFIED TEACHERS SHOW	
MEASURABLE IMPROVEMENT IN LEARNING, ENGAGEMENT, AND ACHIEVEMENT. IN	
2010-11 THE BELLEVUE SCHOOL DISTRICT HAD 270 NATIONAL BOARD-CERTIFIED	
TEACHERS, THE HIGHEST NUMBER IN WASHINGTON STATE.	
NEW TEACHER GRANTS - PROVIDES SUPPORT TO NEW TEACHERS TO HELP PURCHASE	
EDUCATIONAL SUPPLIES.	
EXPENSES \$ 13,321. INCLUDING GRANTS OF \$ 12,483. REVENUE \$ 0.	
FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE INSPECTS THE	
CURRENT YEAR FORM 990 AND PROVIDES A FULL COPY TO THE BOARD PRIOR TO THE	
RETURN BEING FILED.	

	OLS FUUNDA								91-100099 (t	· · · · · · · · · · · · · · · · · · ·
Part VII Section A. Officers, Directors, Tru		npic	yee			ligh	est			(=)
` (A) Name and title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustae or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
LYNN FERRARI RODRIGUEZ										
BOARD MEMBER	0.10	х						0.	0.	0
MARIA VALDESUSO						i				
BOARD MEMBER	1.00	х		<u> </u>				0.	0.	
RONNA WELTMAN										
BOARD MEMBER	1.00	x		<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	(
BETSY JOHNSON										
PAST PRESIDENT/TRUSTEE	40.00	х	<u> </u>	x	_	<u> </u>	_	0.	0.	0
ROXANNE SHEPHERD				.						
EXECUTIVE DIRECTOR	40.00	<u> </u>	<u> </u>	X	<u> </u>	<u> </u>	<u> </u>	70,531.	0.	6,300
JANICE LEITZKE	28.00			x				34,123.	0.	_
FINANCE AND OPERATIONS MGR.	20.00							31,113.		(
Total to Part VII, Section A, line 1c	l	<u></u>		<u> </u>		<u> </u>		104,654.	_	6,300