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# 990 -

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

2011

Open to Public Inspection

		2011 calendar year, or tax year beginning 09-01-2011  C Name of organization	and ending 08-31-20:	12	D Employer i	identification number
_	neck if ap	BELLEVUE SCHOOLS FOUNDATION				
Ad —	dress cha	Doing Business As		_	91-10809 E Telephone	
Na	me chan	nge			•	
In	ıtıal returr	Number and street (of P O box it mail is not delivered	ed to street address) Room/s	suite	(425) 456	
Te	minated	PO BOX 40644			<b>G</b> Gross receip	ots \$ 1,191,812
— An	nended re					
— <sub>Ap</sub>	plication	BELLEVUE, WA 980154644 pending				
·	•	F Name and address of principal officer		11/-> 7 11		•
		TRUDI JACKSON		n(a) Is thi	s a group retu tes?	urn for
		PO BOX 40644				, , , , , , , ,
		BELLEVUE, WA 980154644		H(b) Are all	affiliates incl	uded? Yes No
<b>.</b> T	av-avamr	pt status	1047(a)(1) az			st (see instructions)
			+947(a)(1) or   527	H(c) Grou	p exemption	number 🟲
J W	/ebsite:	:► WWW BSFDN ORG				
<b>K</b> Foi	m of orga	anization ✓ Corporation ← Trust ← Association ← Other ►		<b>L</b> Year of for	mation 1979	<b>M</b> State of legal domicile
				•		WA
Pā	rt I	Summary				
		Briefly describe the organization's mission or most sig DEVELOPS, PROMOTES AND FUNDS BEST POSSIB		TUNITIES FOR	ALL CTUDE	NTC OF THE BELLEVILE
a)	1	SCHOOL DISTRICT	LE LEARNING OPPORT	UNITIES FOR	ALL STUDE	NIS OF THE BELLEVUE
Ě						
Ē	-					
Governance	3 -	Shoot the last the state of the same of th		-f	TO/ -f.t	
		Check this box 🔭 if the organization discontinued its			1	1
න් ග		lumber of voting members of the governing body (Part			3	
ĕ		lumber of independent voting members of the governii				
Activities &		otal number of individuals employed in calendar year			5	
ą		otal number of volunteers (estimate if necessary) .			6	
		otal unrelated business revenue from Part VIII, colui	,		7a	
	<b>b</b> N	let unrelated business taxable income from Form 990	-1, line 34		7b	
				Prio	Year	Current Year
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)		•	81,063	1,135,671
Revenue	9	Program service revenue (Part VIII, line 2g)		•	0	
Αŝ	10	Investment income (Part VIII, column (A), lines 3,	•	988	<del>'</del>	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8			0	-25,444
	12	Total revenue—add lines 8 through 11 (must equal F		ne	82,051	1,134,628
	13	Grants and similar amounts paid (Part IX, column (A			57,039	848,322
	14	Benefits paid to or for members (Part IX, column (A)	, lıne 4)		0	0
	15	Salaries, other compensation, employee benefits (Pa	rt IX, column (A), lines	5-		
8		10)			59,885	354,628
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0	13,500
ਡੋ	b	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 240$ ,	873			
	17	Other expenses (Part IX, column (A), lines 11a-11a	i,11f-24e)		6,916	106,753
	18	Total expenses Add lines 13-17 (must equal Part I	X, column (A), line 25)		123,840	1,323,203
	19	Revenue less expenses Subtract line 18 from line 1	2		-41,789	-188,575
8 B					of Current	End of Year
Net Assets or Fund Bafances	36	Tabel and (Bart V. Iran 16)		Ψ	ear	
Ass 18a	20	Total labelities (Part X, line 16)			1,425,499	· · · · ·
<u> </u>	21	Total liabilities (Part X, line 26)			53,438	· · · · · ·
	22	Net assets or fund balances Subtract line 21 from li	ne ZU		1,372,061	1,249,684
	rt II	Signature Block				4 4 - 4 b - 1 b - 4 - 4 - 4
knov		ties of perjury, I declare that I have examined this return, nd belief, it is true, correct, and complete. Declaration of				
	Т	IN CONTRACTOR OF THE PROPERTY		ı		
C:-	_	****** Signature of officer		20 Da	13-06-21 te	
Sig: Her				Da		
1	-	TRUDI JACKSON PRESIDENT Type or print name and title				
		T	Date	Check If	Dranarar's to	rnaver identification number
D - '	1	Preparer's signature ROBERT J FLEMING	2013-06-21	self-	(see instruction	rpayer identification number ons)
Paid	l	· •		employed 🕨 🦵	P00179374	
D						
	oarer's	Thirt shame (or yours _ OB with Hobbit 15			EIN > 91-119	94016
		Firm's name (or yours of self-employed), address, and ZIP + 4  CLARK NUBER PS 10900 NE 4TH STREET SUITE 1700				94016 (425) 454-4919

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . . .

1 0111	11 990 (2011)	Page Z
Par	Statement of Program Service Accomplishments  Check if Schedule O contains a response to any question in this Part III	 . দ
1	Briefly describe the organization's mission	.  *
THE OPP BET	BELLEVUE SCHOOLS FOUNDATION DEVELOPS, PROMOTES AND HELPS FUND THE BEST POSSIBLE LEARNING PORTUNITIES FOR ALL STUDENTS OF THE BELLEVUE SCHOOL DISTRICT THE FOUNDATION HELPS BRIDGE THE GAS WEEN THE BASIC FUNDING PROVIDED BY THE STATE OF WASHINGTON AND THE SUPPORT BELLEVUE SCHOOL DISTRICT TRULY EXCEL	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code ) (Expenses \$ 314,230 including grants of \$ 314,230 ) (Revenue \$	)
	TRANSFORMING EDUCATION A SET OF INITIATIVES DESIGNED TO ENCOURAGE INNOVATION, EXCELLENCE, AND RIGOR IN ACADEMICS INITIATIVES PROJECT-BASED LEARNING, SCIENCE, TECHNOLOGY, ENGINEERING AND MATH (STEM) CURRICULUM, SUPPORT FOR THE BIG PICTURE SCHOOL, AN DIFFERENTIATED LEARNING INITIATIVES MUSIC GRANTS SUPPORTED INSTRUMENT PURCHASE AND REPAIR IN PRIOR YEARS, MOST OF THESE ACT CATEGORIZED AS ACADEMIC RIGOR	1D
4b	(Code ) (Expenses \$ 255,000 including grants of \$ 255,000 ) (Revenue \$	)
	PROJECT READINESS - EVERY STUDENT READY TO LEARN A SET OF PROGRAMS DESIGNED TO MAKE SURE STUDENTS ARE PREPARED TO TAKE ON CHALLENGES OF BELLEVUE'S HIGH EXPECTATIONS, INCLUDING KINDERGARTEN EARLY READING INTERVENTION, POSITIVE BEHAVIOR INTERVENTION, STARTING STRONG IN PRIOR YEARS, MOST OF THESE ACTIVITIES WERE CATEGORIZED AS STUDENT SUPPORT	
	(Code ) (Expenses \$ 147,388 including grants of \$ 147,388 ) (Revenue \$	)
	STUDENT AND TEACHER SUPPORT GRANTS THAT SUPPORT STUDENTS, TEACHERS, AND MENTORS IN DEVELOPING THE SKILLS TO BE THEIR BEST P INCLUDE NATIONAL BOARD CERTIFICATION SUPPORT FOR TEACHERS, VIBES (VOLUNTEERS IN BELLEVUE'S EDUCATIONAL SYSTEM) AND LEGACY LEAD PRIOR PERIODS, THESE PROGRAMS WERE CATEGORIZED AS TEACHING EXCELLENCE OR STUDENT SUPPORT	
	(Code ) (Expenses \$ 52,177 including grants of \$ 52,177 ) (Revenue \$	1
	SCHOOL-BASED GRANTS ENRICHMENT AND INNOVATION GRANTS OFFER SMALL GRANTS TO TEACHERS IN ALL SUBJECTS ACROSS THE DISTRICT, EIT OF EXTENDIAND ENRICHMENT THEIR CURRICULUM	NABLING THEM
	(Code ) (Expenses \$ 79,527 including grants of \$ 79,527 ) (Revenue \$	1
	DISTRIBUTIONS FROM RESTRICTED FUNDS INCLUDES SCHOLARSHIPS SET UP IN PREVIOUS YEARS AND DONOR-DESIGNATED GIFTS TO BELLEVUE S DISTRICT PROGRAMS NOT INCLUDED IN THE CURRENT YEAR BUDGET	CHOOL
	(Code ) (Expenses \$ 115,988 including grants of \$ ) (Revenue \$	)
	COMMUNITY ENGAGEMENT TO FURTHER ITS MISSION, THE FOUNDATION OFFERS EDUCATION FORUMS AND OUTREACH FOR PARENTS AND THE GR BELLEVUE SCHOOL DISTRICT COMMUNITY	REATER
	Other program services (Describe in Schedule O )	
	(Expenses \$ 247,692 including grants of \$ 131,704 ) (Revenue \$ )	
4e	Total program service expenses▶\$ 964.310	

	Part IV	Checklist	of Rec	uired	Schedule
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νο
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		Νο
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		N o
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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		No
C	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		N o
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		N o
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		N o
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		N o
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		Νο
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 U S ? If "Yes," complete Schedule F, Part II and IV	15		No
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 U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		N o
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		Νο
b	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		No
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		No
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? <i>If "Yes," complete Schedule L, Part III </i>	27		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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 owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νo
b	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	35b		Νο
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		Νο
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		N o
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	Yes	
		F	orm <b>990</b>	(2011)

Part V 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			
	<b>1a</b> 13			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1 <b>b</b> 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			_
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3Ь		
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 or securities	4a		No
	account)?			1110
Ь	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	W th	5a		NI -
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ъа		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
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 organization solicit any contributions that were not tax deductible?	6a		Νo
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
b	were not tax deductible?	6Ь		
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	7a	Yes	
	services provided to the payor?			
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
9	Sponsoring organizations maintaining donor advised funds.			
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			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
-	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
h	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand			
	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
1.	If "Vee " has it filed a Form 730 to report these payments? If "Ne " provide an explanation in Cabedule O	4 41.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1-	Enter the number of voting members of the governing hody at the and of the tay			
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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,	7b		No
8	or persons other than the governing body?			
_	year by the following	8a	Yes	
a L	The governing body?	8b	Yes	
ь 9	OD	165		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)		V	N-
10-	Did the average have level shoutons by such as a welf-lighted?	10-	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a		NO
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	11a	Yes		
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	Yes	
13	In Schedule O how this was done	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		163	
	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	163	No
_	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)	100		110
	Trives, to line 134 of 135, describe the process in Schedule o (see instructions)			
16a	16a		Νο	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ► WA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

Own website Another's website Vpon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 ROXANNE SHEPHERD PO BOX 40644

BELLEVUE, WA 980154644 (425) 456-4199

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

#### 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, and current key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

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)  Name and Title	(B) Average hours per week (describe hours	(B) A verage Position (do not check more than one box, unless person is both week an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
See Additional Data Table										

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	A verage hours more than one box, compensation from the week an officer and a (describe hours) director/trustee) hours per white director/trustee) A verage hours Position (do not check more than one box, compensation from the organization (Worganizations) (W-2/1099-MISC)							;	(F) Estimated amount of ot compensati from the organization related			
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)		relat organiza	
See A	dditional Data Table												
										+	_		
											_		
											+		
				_							_		
											+		
											_		
								Ļ		<u>, </u>			
1b	Sub-Total				•	•							
С	Total from continuation sheets	to Part VII, Sec	tion A	•	•	•		<b>P</b>	120.70				6 474
d	Total (add lines 1b and 1c)	<u> </u>		•					130,70		0		6,474
2	Total number of individuals (inc \$100,000 of reportable comper	-				ted	above	) who	o received more t	han			
												Yes	No
3	Did the organization list any for								or highest compei	nsated employee			
_	on line 1a? If "Yes," complete Sc										3		No
4	For any individual listed on line organization and related organiz												
	ındıvıdual			•				•			4		Νo
5	Did any person listed on line 1 a									or individual for			
	services rendered to the organi	zation? <i>If</i> " <i>Yes," (</i>	complet	e Sch	edul	e J fo	or suct	n per	son	• •	5		Νo
	action P. Indonandant Cor	tractors											
1	Complete this table for your five \$100,000 of compensation fror or within the organization's tax	highest comper n the organizatio											
		(A)							I	(B)		(C	
	Na	me and business add	Iress						De	scription of services	$\dashv$	Comper	isation

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Part V		Statement of Revenue				
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
22	1a	Federated campaigns 1a				
Contributions, gifts, grants and other similar amounts	ь	Membership dues 1b				
50 €						
र्कु हिं	°					
<u>≅,</u> ह	d	Related organizations 1d				
<u>يَّ =</u>	e	Government grants (contributions) 1e				
芸術	_	All other contributions, gifts, grants, and <b>1f</b> 636,602				
煮る	f	All other contributions, gifts, grants, and similar amounts not included above				
₽₹	g	Noncash contributions included in				
₽ĕ		lines 1a-1f \$ 14,810				
္မ	h	Total. Add lines 1a-1f	1,135,671			
		Business Code				
e E	_	Business Code				
en Le	2a					
Æ	Ь					
<u>9</u>	c					
ž	d					
33						
Ξ	e					
Program Service Revenue	f	All other program service revenue				
နှ						
	g	<b>Total.</b> Add lines 2a-2f				
	3	Investment income (including dividends, interest				
		and other similar amounts)	24,401			24,401
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	Ь	Less rental				
	-	expenses				
	C	Rental income or (loss)				
	d	Net rental income or (loss)				
		(ı) Securities (ıı) O ther				
	7a	Gross amount				
	<b>′</b> °	from sales of				
		assets other than inventory				
	ь	Less cost or				
		other basis and sales expenses				
	l c	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising				
ψ	""	events (not including				
Ē		\$ 499,069				
₹ .		of contributions reported on line 1c)				
Ď.		See Part IV, line 18				
<u>.</u>		<b>a</b> 31,740				
Other Revenue	ь	Less direct expenses <b>b</b> 57,184				
Õ	c	Net income or (loss) from fundraising events 🕨	-25,444			-25,444
	9a	Gross income from gaming activities				
		See Part IV, line 19				
		а				
	ь	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
		returns and allowances .				
		a				
	ь	Less cost of goods sold <b>b</b>				
	c	Net income or (loss) from sales of inventory				
	Ė	Miscellaneous Revenue Business Code				
	11-	Dusiliess Code				
	11a					
	Ь					
	c					
	d	All other revenue				
		Total. Add lines 11a-11d				
		iotal. Add illes IId-IId				
	12	Total revenue. See Instructions				
	ı	istal levelide: See Histiactions	1,134,628	0	0	-1,043

#### Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

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) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 843,252 843,252 Grants and other assistance to individuals in the United States See Part IV, line 22 5,070 5,070 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 5 136,647 30,062 28,696 77,889 key employees . . . 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 salaries and wages 176,794 38,894 37,127 100,773 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . Other employee benefits . . . . . . 10,915 2,401 2,292 6,222 30,272 6,660 6,357 17,255 10 Fees for services (non-employees) 11 Management . . . . . Legal . . . . . . . . . . Accounting . . . . . . . . . . . . 13,469 13,469 Lobbying . . . . . . . . . . . . Professional fundraising See Part IV, line 17 . . 13,500 13,500 Investment management fees . . . . . . 40,378 g 24,017 7,659 8,702 12,298 5,872 6,426 12 Advertising and promotion . . . . 23,672 2,035 16,181 5,456 13 Office expenses . . . . 157 157 14 Information technology . . . . . 15 Royalties . . 16 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . . 6,047 6,047 20 21 Payments to affiliates . . . . 22 Depreciation, depletion, and amortization . . . . . 1,646 1,646 23 1,720 1,720 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f Ifline 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) BAD DEBT 4,650 4,650 **BOARD & STAFF DEV** 2,609 2,609 c Ы е All other expenses 107 107 Total functional expenses. Add lines 1 through 24f 25 1,323,203 964,310 118,020 240,873 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Part X Balance Sheet (A) (B) Beginning of year End of year Cash—non-interest-bearing . . . . . . . . . . . . 128 238 1 1 336.154 288.713 2 Savings and temporary cash investments . . . . . . . 2 218,609 164,968 3 4 4 Accounts receivable, net . 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . 6 7 8 9 8.422 1.541 9 Prepaid expenses and deferred charges . . . . 37,605 Land, buildings, and equipment cost or other basis Complete Part 10a 10a VI of Schedule D 10b 36,222 3.029 10c Less accumulated depreciation . . . . 1,383 b 812,610 938,339 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 46,547 15 15 45,436 16 1,425,499 16 1,440,618 Total assets. Add lines 1 through 15 (must equal line 34) . . . 53,438 190,934 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Tax-exempt bond liabilities . . . . . . . . . . . . 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D . . . . 26 53,438 26 190,934 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balance through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 660,196 27 578,291 293,034 251,762 28 Temporarily restricted net assets . . . . . 28 Fund 418,831 29 419,631 29 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 1.372.061 1.249.684 33 Total net assets or fund balances . . . . 33 34 Total liabilities and net assets/fund balances . . . . 1,425,499 34 1.440.618

Ра	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1.1	134,62
2	Total expenses (must equal Part IX, column (A), line 25)	2			323,20
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,3	372,06
5	Other changes in net assets or fund balances (explain in Schedule O)	5			66,19
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		1,2	249,684
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
ь	Were the organization's financial statements audited by an independent accountant?		2b		Νο
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n	2-	Yes	
			2c	res	
a	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were i on a separate basis, consolidated basis, or both	ssuea			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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As Filed Data -

DLN: 93493175006193

**Employer identification number** 

## SCHEDULE A Public

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

h

### **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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization BELLEVUE SCHOOLS FOUNDATION

91-1080997 Reason for Public Charity Status (All organizations must complete this part.) See instructions 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 section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 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 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 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 d Type III - Other 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? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) No Yes and (III) below, the governing body of the the supported organization? 11g(i)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organızatı col (ı) lıst your gove	(iv) Is the organization in col (i) listed in your governing document?		Is the organization in col (i) listed in your governing		(v) Did you notify the organization in col (i) of your support?		e on in anized S ?	(vii) A mount of support?	
		ınstructions))	Yes	No	Yes	No	Yes	No				
Total												

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

11g(ii)

11g(iii)

Support Schedule for Organizations Described in IRC 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.)

	ection A. Public Support	. organization i	ans to quanty t	inder the tests in	sted below, pie	ase comple	te rait III.
	endar year (or fiscal year beginning	( ) 2 2 2 7	(1) 2000	( ) 2000	(1) 2242		
	in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	1,199,24	6 1,403,48	7 1,404,419	81,063	1,137,4	5,225,685
	include any "unusual grants ")						
2	Tax revenues levied for the						
_	organization'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	<b>Total.</b> Add lines 1 through 3	1,199,24	6 1,403,48	7 1,404,419	81,063	1,137,4	5,225,685
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						4 425 547
	supported organization) included						1,125,547
	on line 1 that exceeds 2% of the amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from	1					4,100,138
	line 4						4,100,138
	ection B. Total Support			T	T		
Cale	endar year (or fiscal year	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	beginning in) A mounts from line 4	1,199,246	1,403,487	1,404,419	81,063	1,137,4	70 5,225,685
8	Gross income from interest,	1,133,210	2,103,107	2,101,125	01,005	1,137,1	3,223,663
0	dividends, payments received on						
	securities loans, rents, royalties	39,329	18,668	22,022	988	24,4	01 105,408
	and income from similar						
_	sources						
9	Net income from unrelated business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss			1,080			1,080
	from the sale of capital assets						
11	<b>Total support</b> (Add lines 7 through 10)						5,332,173
12	Gross receipts from related activiti	es, etc (See inst	ructions )	<u> </u>		12	
13	First Five Years If the Form 990 is		•	third fourth or fit	th tay vear as a	L	anization
	check this box and <b>stop here</b>	ior the organization	on 5 mot, 5ccom	, cima, rouren, or m	tii tax year as a	301(c)(3) 01g	<b>▶</b> □
	<u> </u>						· 
	ection C. Computation of Pub						
14	Public Support Percentage for 201:	1 (line 6 column (	f) divided by line	11 column (f))		14	76 890 %
15	Public Support Percentage for 2010	) Schedule A, Pa	rt II, lıne 14			15	68 770 %
16a	33 1/3% support test-2011. If the	organization did	not check the box	c on line 13, and li	ne 14 ıs 33 1/3%	or more, che	ck this box
	and <b>stop here.</b> The organization qua	•					<b>▶</b>  ✓
Ь	<b>33 1/3% support test—2010.</b> If the				a, and line 15 is 3	33 1/3% or mo	- <del>-</del>
17-	box and stop here. The organization 10%-facts-and-circumstances test-				12 162 or 16h	and line 14	<b>►</b>
1/a	is 10% or more, and if the organiza	-					ain
	in Part IV how the organization mee						
	organization			-			·
b	10%-facts-and-circumstances test	_					<u>;</u>
	15 is 10% or more, and if the organ						lielu
	Explain in Part IV how the organiza supported organization	tion meets the "R	acis and circums	tances test INE	organization qual	mes as a publ	IICIY ▶
18	Private Foundation If the organizat	ion did not check	a box on line 13.	16a, 16b, 17a or	17b, check this	box and see	
	instructions		= = 7	, , , = . = 2.	,		<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (d) 2010 (e) 2011 (c) 2009 (f) Total ın) A mounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16

S	Section D. Computation of Investment Income Percentage					
17	Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	17				
18	Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	18				

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

#### **Facts And Circumstances Test**

#### **Explanation**

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION SCHEDULE A, PART II THE ORGANIZATION CHANGED ITS ACCOUNTING PERIOD FROM JUNE 30 TO AUGUST 31 THEREFORE, THE COLUMNS ON PART II REPRESENT THE FOLLOWING FISCAL YEARS (A) 2007 JULY 1, 2008 - JUNE 30, 2009 (B) 2008 JULY 1, 2009 - JUNE 30, 2010 (C) 2009 JULY 1, 2010 - JUNE 30, 2011 (D) 2010 JULY 1, 2011 - AUGUST 31, 2011 (E) 2011 SEPTEMBER 1, 2011 - AUGUST 31, 2012

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME 2009 GRANT MANAGEMENT FEE

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493175006193

OMB No 1545-0047

Open to Public Inspection

### **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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization BELLEVUE SCHOOLS FOUNDATION

**Employer identification number** 

				1080997		
ar	Organizations Maintaining Donor Ac organization answered "Yes" to Form 99		imilar Funds	or Accour	<b>its.</b> Complet	e if th
_	organization anomered 100 to form 79	(a) Donor advised fund	ds	<b>(b)</b> Funds an	d other accour	nts
٦	otal number at end of year					
A	Aggregate contributions to (during year)					
1	Aggregate grants from (during year)					
1	Aggregate value at end of year					
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the o			rised	┌ Yes	<b>⊢</b> Ν
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	5 5	•		☐ Yes	┌ No
rt	Conservation Easements. Complete	ıf the organızatıon answere	ed "Yes" to Fori	m 990, Part	IV, line 7.	
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quali	on or pleasure) Preserv	vation of an histor	ed historic st	•	а
	easement on the last day of the tax year					
				Held at t	he End of the	Year
	Total number of conservation easements	2a				
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified his	2c				
	Number of conservation easements included in (c) ac	2d				
	Number of conservation easements modified, transfe	rred, released, extinguished, o	r terminated by t	he organızatı	on during	
	the taxable year 🛌					
	Number of states where property subject to conserva	ation easement is located 🛌				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ection, handling o	f violations, a	and <b>Yes</b>	┌ N
	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conserva	tion easements o	luring the yea	ar 🕨	
	A mount of expenses incurred in monitoring, inspectin			- '		
	<b>►</b> \$	3,		,		
	Does each conservation easement reported on line 2	(d) above satisfy the requirem	ents of section			
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?				Yes	□ N•
	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the organization				
	Organizations Maintaining Collectio Complete If the organization answered "	ns of Art, Historical Tre		her Simila	ır Assets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education	n or research in fo			٠,
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p provide the following amounts relating to these items	public exhibition, education, or				
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, historically amounts required to be reported under SFAS		ar assets for finar			
	Revenues included in Form 990, Part VIII, line 1			<b>F</b> \$		
	11111111111111111111111111111111111111		· · · —			

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	<u>easur</u>	es, or O	<u>ther</u>	Similar	<u>Asse</u>	ts (ca	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing t	hat are	a sıgnıfıca	nt us	e of its col	lection		
а	Public exhibition		d	Γ	Loan	or excha	ange progr	ams				
b	Scholarly research		e	Г	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	wthev	, furthe	r the or	danization:	's exe	empt purpo	se in		
•	Part XIV	meetions and expir		,, ,,,,,,	Tartife		gamzacion	Jeke	silipt parpo	JC 111		
5	During the year, did the organization solicition assets to be sold to raise funds rather than t			,					lar	Γ,	Yes	Г No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	d "Ye	es" to For	n 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	edıary	for c	ontribui	tions or	other ass	ets n	ot	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	ble		Г			A mou		
_							-	<u> </u>		A mou	nt	
c c	Beginning balance						<b>—</b>	1c				
d	Additions during the year							1d				
e	Distributions during the year						<u> </u>	1e				
f	Ending balance						L	1f				_
2a	Did the organization include an amount on Fo		e 21?							Γ,	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV							_		_		
Pai	rt V Endowment Funds. Complete										V Cour V	aara Daak
1a	Beginning of year balance	(a)Current Year 452,081	(D,	Prior Y) د	ear 479,614	(c) Iwo	Years Back 341,321	+	hree Years B		roul t	ears Back
та b	Contributions	800			173,011		81,060	-	300,	331		
_	Investment earnings or losses	52,685			-15,126		57,947	-	34.	936		
c d	Grants or scholarships	17,000			12,401		37,547			500		
e	Other expenditures for facilities	17,000			12,101				,	300		
-	and programs											
f	Administrative expenses	868			6		714			646		
g	End of year balance	487,698		4	452,081		479,614		341,	321		
2	Provide the estimated percentage of the yea	r end balance held	as		•					·		
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment > 86 040 %											
с	Term endowment ► 13 960 %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	re held	and ad	ministered	lfort	he			
	organization by	3							_		Yes	No
	(i) unrelated organizations							•		3a(i)	Yes	
	(ii) related organizations								ļ	3a(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•						•	[	3b		
4	Describe in Part XIV the intended uses of th					0						
Par	t VI Land, Buildings, and Equipme	e <b>nt.</b> See Form 99	90, Pa	Т (								
	Description of property				a) Cost o sıs (ınve:		(b)Cost or basis (oth		(c) Accum deprecia		( <b>d</b> ) B	ook value
1a	Land											
b	Buildings											
c	Leasehold improvements											
d	Equipment						37	7,605		36,222		1,383
e	Other											
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colu	mn (B,	), line	10(c).)		<del>'</del>	•	►			1,383
		· · · · · · · · · · · · · · · · · · ·	. ,		. , , ,				Schedu	le D (F	orm 9	90) 2011

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)20011 10100	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		

Par	t XI Reconciliation of C	Change in Net Assets from For	m 990	to Fi	<u>inancial Statemer</u>	าts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	
2	Total expenses (Form 990, Pa	rt 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) o	on investments				4	
5	Donated services and use of fa	acilities				5	
6	Investment expenses					6	
7	Prior period adjustments	7					
8	Other (Describe in Part XIV)		8				
9	Total adjustments (net) Add I		9				
10	• • • • • • • • • • • • • • • • • • • •	per financial statements Combine line	s 3 and	I 9		10	1
Part		Revenue per Audited Financial			s With Revenue r	er Re	turn
1		er support per audited financial statem			-	1	,
2		ut not on Form 990, Part VIII, line 12					
а		tments		2a			
b	Donated services and use of	facilities		2b			
c	Recoveries of prior year grant	ts		2c		1	
d	Other (Describe in Part XIV)		[	2d			
e	Add lines <b>2a</b> through <b>2d</b> .		2e				
3	Subtract line <b>2e</b> from line <b>1</b> .		3				
4	A mounts included on Form 99	90, Part VIII, line 12, but not on line <b>1</b>					
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b		4a			
b	Other (Describe in Part XIV)						
c Add lines 4a and 4b							
5		nd <b>4c.</b> (This should equal Form 990, Pa				5	
Part	XIII Reconciliation of E	xpenses per Audited Financia	I Stat	emen	its With Expenses	per I	Return
1	Total expenses and losses pe	er audited financial				<sub>1</sub>	
2		ut not on Form 990, Part IX, line 25					
a	Donated services and use of			2a			
b	Prior year adjustments			2b		1	
c	Other losses			2c		1	
d	Other (Describe in Part XIV)			2d		1	
e	Add lines <b>2a</b> through <b>2d</b> .					2e	
3	Subtract line <b>2e</b> from line <b>1</b> .					3	
4	A mounts included on Form 99	90, Part IX, line 25, but not on line <b>1:</b>					
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b		4a			
b	Other (Describe in Part XIV)			4b			
c	Add lines <b>4a</b> and <b>4b</b>					4c	
5	·	and <b>4c.</b> (This should equal Form 990, Pa	art I, lın	e 18)		5	
Par	t XIV Supplemental In	formation					
Part		scriptions required for Part II, lines 3, 8, Part XII, lines 2d and 4b, and Part X					
	Ident if ier	Return Reference			Explanat	ion	
PART V, LINE 4 INCOME FROM THESE FUNDS IS RESTRICTED TO SUPPORT COMMUNITY SERVICE, N PROGRAMS, AND STUDENT SUPPORT AS STIPULAT						SERVICE, MUSIC	

THE RELATED GIFT INSTRUMENTS

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As Filed Data -

DLN: 93493175006193

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

licensing

Internal Revenue Service

# 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.

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

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

BEL	LEVUE SCHOOLS FOUNDA	91-1080997	,				
Pa	rt I Fundraising Ac	tivities. Complet	e if the o	organiza	tion answered "Yes"	to Form 990, Part IV	
1	Indicate whether the organ	· · · · · · · · · · · · · · · · · · ·				•	
a	Mail solicitations		imough t	e	Solicitation of no	n-government grants	
c d	b Internet and e-mail solicitations c Phone solicitations d In-person solicitations			g	Special fundraisi	<del>-</del>	
2a b	Did the organization have or key employees listed in If "Yes," list the ten highes	Form 990, Part VII	) or entity	ın conne	ction with professional	fundraising services?	Γ Yes Γ No
_	to be compensated at leas						
1	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
-			Yes	No			
Tota	al			<b>.</b>			

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

			(a) Event #1 SPRING FOR	<b>(b)</b> Event #2	(c) O ther Events	(d) Total Events (Add col (a) through col (c))
			SCHOOLS LUNCHEON (event type)	(event type)	(total number)	
₹	1	Gross receipts	530,809			530,809
Revenue	2	Less Charitable contributions	499,069	9		499,069
	3	Gross income (line 1 minus line 2)	31,740			31,740
	4	Cash prizes				
m	5	Non-cash prizes				
ense(	6	Rent/facility costs				
Expenses	7	Food and beverages	36,521	L		36,521
Drea	8	Entertainment	20,285	5		20,285
ā	9	Other direct expenses .	378	3		378
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	ı(d)		(57,184)
	11	Net income summary Combine li	nes 3 and 10 ın column (	d)		-25,444
Par	t III	<b>Gaming.</b> Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	art IV, line 19, or rep	orted more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
~	1	Gross revenue				
<u>မှာ</u>	2	Cash prizes				
Expenses	3	Non-cash prizes				
<u>ភ</u> ី ស	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes ┌ No	┌ Yes ┌ No	Г Yes Г No	
	7	Direct expense summary Add line	s 2 through 5 in column (	(d)		( )
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	umn (d)	🛌	
9 a b	Is t	er the state(s) in which the organiz the organization licensed to operate	gaming activities in eac	h of these states?		· · Fyes Fno
10a b		re any of the organization's gaming Yes," Explain			; the tax year?	· · 「Yes 「No

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Schedule I (Form 990)

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

OMB No 1545-0047

2011

DLN: 93493175006193

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

lame of the organization							Employer identif	ication number
BELLEVUE SCHOOLS FOUND	ATION						91-1080997	
Part I General Infor	mation on Grants	s and Assistance						
<ul> <li>Does the organization mathe selection criteria use</li> <li>Describe in Part IV the organization</li> </ul>	d to award the grants	or assistance?						V Yes □ ا
Form 990, Part	IV, line 21 for any	o Governments and recipient that received 00) if additional space	d more than \$5,000.	Check this box if no	o one recipient rec	eived m	nore than \$5,0	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	( <b>f)</b> Method of valuation (book, FMV, appraisal, other)		Description of ash assistance	(h) Purpose of grant or assistance
(1) BELLEVUE SCHOOL DISTRICTPOST OFFICE BOX 90010 BELLEVUE, WA 980099010	91-6001637	GOVERNMENT	843,252		,			TRANSFORMING EDUCATION, PROJECT READINESS, STUDENT AND TEACHER SUPPORT, SCHOOL-BASED GRANTS
<b>2</b> Enter total number of sec	tion 501(c)(3) and g	overnment organizations	listed in the line 1 table	e			▶	1

Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . .

Part III	Grants and Other Assistance to Individuals in the United States. $ extstyle  extstyle$	Complete if the organization	answered "Yes" to Fo	rm 990, Part IV, line	e 22.
	Use Schedule I-1 (Form 990) if additional space is needed.				

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) NEW TEACHER GRANT	63	5,070			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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 END OF THE GRANT THE GRANTMAKING COMMITTEE REVIEWS THESE REPORTS AND ASKS FOR ADDITIONAL INFORMATION AS NECESSARY RECIPIENTS OF LARGER GRANTS RECEIVE ON-SITE VISITS AND REPORT PROGRESS TO THE BOARD OF TRUSTEES PERIODICALLY

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As Filed Data -

DLN: 93493175006193

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization BELLEVUE SCHOOLS FOUNDATION	Emplo	oyer identifi	cation number
	91-10	080997	

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation				
	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 WITH THE INTERNAL REVENUE SERVICE				

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF THE BELLEVUE SCHOOLS FOUNDATION HAS FORMALLY ADOPTED A CONFLICT OF INTEREST POLICY EACH BOARD MEMBER IS PROVIDED THE CONFLICT OF INTEREST POLICY AND A CONFLICT OF INTEREST FORM FOR COMPLETION AND SUBMISSION FOLLOW-UP IS CONDUCTED BY A FOUNDATION BOARD MEMBER OR STAFF TO ENSURE THAT THEY ARE ALL RETURNED THE BOARD PRESIDENT AND/OR EXECUTIVE DIRECTOR REVIEWS THE CONFLICT OF INTEREST FORMS AND REVIEWS BOARD MEMBER INVOLVEMENT FOR ANY POTENTIAL AREAS REQUIRING A CONFLICT OF INTEREST DISCLOSURE OR ACTION IN THE EVENT THAT A CONFLICT OF INTEREST DID ARISE, THE BOARD WOULD TAKE APPROPRIATE ACTION TO REMEDY THE SITUATION

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	BELLEVUE SCHOOLS FOUNDATION SUBSCRIBED TO UNITED WAY'S NON-PROFIT SALARY SURVEY TO ASSIST IN RECOMMENDATIONS AS TO ITS PAYROLL BUDGET AND TO IDENTIFY WHERE THEY MAY HAVE COMPETITIVE ISSUES WITH THE POSITIONS RELATIVE TO THOSE REPORTED IN THE SURVEY THE HUMAN RESOURCES COMMITTEE ANALYZED THE SURVEY AND PASSED RECOMMENDATIONS ON BUDGET AND INDIVIDUAL ISSUES TO THE EXECUTIVE DIRECTOR FOR DISCUSSION WITH THE EXECUTIVE COMMITTEE THE PAYROLL BUDGET WAS THEN APPROVED BY THE BOARD THE EXECUTIVE COMMITTEE PARTICIPATED IN THE INDIVIDUAL COMPENSATION/BENEFITS DECISIONS FOR THE EXECUTIVE DIRECTOR AND THE EXECUTIVE DIRECTOR DETERMINED THE COMPENSATION FOR ALL OTHER STAFF

Identifier	Return Reference Explanation					
	FORM 990, PART VI, SECTION C, LINE 19	THE ANNUAL REPORT, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND TAX RETURN ARE AVAILABLE UPON REQUEST				

	ldentifier	Return Reference	Explanation
ı	CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 66,198

ldentifier	Return Reference	Explanation
	PART I, LINES 13 AND 22	DURING THE TAXABLE YEAR ENDING AUGUST 31, 2012, BELLEV UE SCHOOLS FOUNDATION HAD GRANT EXPENSES OF \$848,322 THE AMOUNT WAS EXPENDED IN THE ORDINARY COURSE OF OPERATING ITS EXEMPT FUNCTION ACTIVITIES, BUT REPRESENTS OVER 25% OF BELLEV UE SCHOOL FOUNDATION'S NET ASSETS OF \$1,372,061 AT THE BEGINNING OF THE TAXABLE YEAR ENDED AUGUST 31, 2012 BELLEV UE SCHOOL FOUNDATION'S EXPENDITURE DOES NOT CONSTITUTE A "SUBSTANTIAL CONTRACTION" UNDER THE DEFINITION IN REG SEC 1 6043-4 AS THE DISTRIBUTION WAS SUBSTANTIALLY OUT OF CURRENT INCOME THERE IS NO PLAN TO LIQUIDATE OR CONTRACT THE ORGANIZATION

#### **Additional Data**

Software ID: Software Version:

**EIN:** 91-1080997

Name: BELLEVUE SCHOOLS FOUNDATION

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other pro	gram services				
(Code	) (Expenses \$	52,177	including grants of \$	52,177 ) (Revenue \$	)
	SED GRANTS ENRICHMENT AND INN DISTRICT, ENABLING THEM TO EXT			L GRANTS TO TEACHERS IN ALL SUBJEC CURRICULUM	CTS
(Code	) (Expenses \$	79,527	including grants of \$	79,527 ) (Revenue \$	)
	ONS FROM RESTRICTED FUNDS INCL GIFTS TO BELLEVUE SCHOOL DIST				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code ) (Expenses \$ 115,988 including grants of \$ ) (Revenue \$ )

COMMUNITY ENGAGEMENT TO FURTHER ITS MISSION, THE FOUNDATION OFFERS EDUCATION FORUMS AND OUTREACH FOR PARENTS AND THE GREATER BELLEVUE SCHOOL DISTRICT COMMUNITY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		tion that a		/)			(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	we e k	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
SARA SCHMIDT PRESIDENT	10 00	Х		Х				0	0	0
TRUDI JACKSON PRESIDENT ELECT	5 00	Х		Х				0	0	0
JEFF HANSEN PAST PRESIDENT	5 00	Х		х				0	0	0
RONNA WELTMAN VP MARKETING	5 00	Х		х				0	0	0
CATHY HABIB VP GRANTMAKING	5 00	Х		х				0	0	0
LEENA PORWAL VP RESOURCE DEVELOPMENT	5 00	Х		х				0	0	0
RANDY SMITH VP GOVERNANCE	5 00	Х		х				0	0	0
BRIAN JONAS TREASURER	5 00	Х		х				0	0	0
WENDE WADSWORTH TREASURER	5 00	Х		х				0	0	0
BILL POLLARD AT-LARGE	5 00	Х		х				0	0	0
PETER BENTLEY BOARD MEMBER	1 00	Х						0	0	0
MATT BOMBERGER BOARD MEMBER	1 00	Х						0	0	0
LISA BRANDLI BOARD MEMBER	1 00	Х						0	0	0
BILL DEJARLAIS BOARD MEMBER	1 00	Х						0	0	0
MARCO DE SA E SILVA BOARD MEMBER	1 00	Х						0	0	0
REAGAN DUNN BOARD MEMBER	1 00	Х						0	0	0
PERRY ENGLAND BOARD MEMBER	1 00	Х						0	0	0
GREG FEIGES BOARD MEMBER	1 00	Х						0	0	0
KARYN FURSTMAN BOARD MEMBER	1 00	Х						0	0	0
JON GARBERG BOARD MEMBER	1 00	Х						0	0	0
MARIANNE HEYWOOD BOARD MEMBER	1 00	Х						0	0	0
RO DERICK JONES BOARD MEMBER	1 00	Х						0	0	0
TIFFANY KOENIG BOARD MEMBER	1 00	Х						0	0	0
JANET LEVINGER BOARD MEMBER	1 00	Х						0	0	0
MICHAEL MARCHAND BOARD MEMBER	1 00	Х						0	0	0

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours	Average Position (check all hours that apply)						(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
KIM MOLONEY BOARD MEMBER	1 00	х						0	0	0
BETH NOTARI BOARD MEMBER	1 00	Х						0	0	0
LAUREL PRESTON BOARD MEMBER	1 00	Х						0	0	0
RUTH RASKIND BOARD MEMBER	1 00	Х						0	0	0
ROXANNE SHEPHERD EXECUTIVE DIRECTOR	40 00			х				92,500	0	6,474
JANICE LEITZKE FINANCE AND OPERATIONS MGR	28 00			х				38,200	0	0