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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A F	or the	2013 calenda	ar year, or tax year beginning	01/01	, 2013,	and ending		2/31	, 20 ₁₃				
ВС	heck if ap	plicable	C Name of organization				D Employ	D Employer identification number					
□ ⁄	Address d	hange	Bethel Education Foundation				<u>L</u>	27-0745	177				
=	lame cha	•	Number and street (or P O box, if mail is not	delivered to street addr	ess)	Room/suite	E Telepho	ne number					
_	nitial retur		4640 Barger Drive					541-607-	1445				
=	"erminated Amended i	-	City or town, state or province, country, and	ZIP or foreign postal co	de		F Group	Exemption					
=		n pending	Eugene, OR 97402				Numb	er 🕨					
		ing Method	Cash Accrual Other (speci	fy) ▶	·	Н	Check ▶	If the o	rganization is not				
	/ebsite	.*	betheleducationfoundation.org					o attach So	-				
			eck only one) - 2 501(c)(3) 501(c) () ◀ (insert no)	4947(a)(1) or	527	-), 990-EZ, c					
		organization		Association	Other		<u> </u>						
		•	7b, to line 9 to determine gross receipts			nore, or if tot	al assets						
			v) are \$500,000 or more, file Form 990 in:					· s	70,481				
12	art I	Revenu	e, Expenses, and Changes in N	let Assets or Fu	nd Balanc	es (see the	Instruct	ions for F					
-			the organization used Schedule O										
_	1		ons, gifts, grants, and similar amount					1	70,481				
	2		ervice revenue including government					2	0				
	3		ip dues and assessments				<u> </u>	3	0				
	4	Investment	•				· -	4	0				
	5a		ount from sale of assets other than in	venton	. 5a				<u>_</u>				
	Ь		or other basis and sales expenses.	•		 ,	63						
	C		ss) from sale of assets other than inv			ne 5a)		5c	-63				
	6	•	ng and fundraising events										
9	a	_	ome from gaming (attach Sched	ule G if greater	than								
	"	\$15,000)		ano a m groutor	. 6a		o						
Revenue	ь	•	me from fundraising events (not incl	udina ¢		contributio							
ě			raising events reported on line 1) (at			CONTRIBUTIO							
Œ	}		ch gross income and contributions e										
			at expenses from gaming and fundra										
	q		e or (loss) from gaming and fundra			f 6h and si	ibtract						
	"			ising events (add			r	262 6d	0				
	7a	•	s of inventory, less returns and allow	ancec	. 7a		0	223					
	i .		of goods sold				0						
	b		it or (loss) from sales of inventory (Si					‱ 7c	^				
	C 8		nue (describe in Schedule O)				· · -	8	0				
	9		· · · · · · · · · · · · · · · · · · ·				-	9					
	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,		<u> </u>			10	70,418				
	11		d similar amounts paid (list in Scheduald to or for members		لنتست	١	· · -	11	25,441				
ζħ	12	•			rest.	7	⊢	12	11 127				
nses	13		ther compensation, and employee b al fees and other payments to indep		1	S	⊢	13	11,137				
ē				e mellupiniación	1,	ģ∤	1—	14	14,096				
Expe	14	•	y, rent, utilities, and maintenance	و بر سسار ا	⁹	(<u>)</u>		15	0				
щ	15	Printing, p	ublications, postage, and shipping . enses (describe in Schedule O) See S			565							
	16			J. W. Alburgania				16	2,179				
	17		enses. Add lines 10 through 16	Transfer Hills	=N: 11	<u>, , , , , , , , , , , , , , , , , , , </u>		17	53,418				
	18		(deficit) for the year (Subtract line 17			· · · · ·		18	17,000				
ţ	19		s or fund balances at beginning of	W .	column (A))	(must agre	J~*			Æ			
ssets			ar figure reported on prior year's retu	mu 🐆			!	19	10,108	C			
Assets		•		•			<u> </u>						
Net Assets	20 21	Other char	nges in net assets or fund balances (or fund balances at end of year. Co	explain in Schedul			[20	<u>0</u> 27,108	(



Par						
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II	<u></u>	🗵
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			27,958	22	25,997
23	Land and buildings				23	0
24	Other assets (describe in Schedule O) See Sched	fule O, Statement 2			24	1,111
25	Total assets			27,958		27,108
26	Total liabilities (describe in Schedule O)			17,850	_	0
27	Net assets or fund balances (line 27 of column			10,108	27	27,108
Par		-				Expenses
18/15-4	Check if the organization used Schedule			Part III L		juired for section
	. , , , , ,	See Schedule O, Sta				c)(3) and 501(c)(4) Inizations and section
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the ach program title.	services provided	, the number of		7(a)(1) trusts, optional others)
28	The Bethel Education Foundation raises funds to in-					
	donations, fundraising events like the Bethel Staff T	alent Show, and othe	r fundraising events	like the annual		Ì
	(Continued on Schedule O, Statement 4)					
	(Grants \$ 25,441) If this amount	includes foreign gra	nts, check here .	<u>· · · ▶ ⊔</u>	28a	
29						,
	/Constant		nto abook boro	······································	00-	
30	(Grants \$) If this amount	includes foreign gra	nts, check here .	· · ·	29a	
30						
						1
	(Grants \$) If this amount	includes foreign gra	nts. check here	. ▶ □	30a	.1
31	Other program services (describe in Schedule O)	molados foroign gra	into, oriook noro :			
•	(Grants \$ 0) If this amount	▶ □	31a	0		
20						
32	Total program service expenses (add lines 28a t	through 31a)		🕨	32) 0
32 Pari	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key					
		Employees (list each	one even if not com	pensated—see the in		
	List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not com	pensated—see the in Part IV	e (e)	ctions for Part IV)
Part	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	C to respond to ar (b) Average hours per week	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	e (e)	etions for Part IV)
Pari	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to ar (b) Average hours per week devoted to position	none even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation
Broo Pres	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	O to respond to ar (b) Average hours per week devoted to position	none even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation
Broo Pres Jenn	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title oke Cottle ident	(b) Average hours per week devoted to position	one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	e (e)	etions for Part IV)
Broo Pres Jenn Exec	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ke Cottle ident ifer Jacobson	(b) Average hours per week devoted to position	one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV	e (e)	etions for Part IV)
Broo Pres Jenn Exec Alicie	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ke Cottle ident ifer Jacobson cutive Director	(b) Average hours per week devoted to position	one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV	e (e)	etions for Part IV)
Broo Pres Jenn Exec Alicie	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ske Cottle ident ident cutive Director a Allen	(b) Average hours per week devoted to position	one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV	e (e)	etions for Part IV)
Broo Pres Jenn Exec Alicie VP F	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ske Cottle ident iifer Jacobson cutive Director a Allen inance and Governance	(b) Average hours per week devoted to position 10	one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV	(e) 0	Estimated amount of other compensation
Broo Pres Jenn Exec Alicie VP F	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ske Cottle ident ifer Jacobson cutive Director a Allen inance and Governance garet Hansen	(b) Average hours per week devoted to position 10	one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV	(e) 0	Estimated amount of other compensation
Broo Pres Jenn Exec Alicie VP F	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ske Cottle ident ifer Jacobson cutive Director a Allen inance and Governance garet Hansen	(b) Average hours per week devoted to position 10	one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV	(e) 0	Estimated amount of other compensation
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Broo Pres Jenn Exec Alicie VP F	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ske Cottle ident ifer Jacobson cutive Director a Allen inance and Governance garet Hansen	(b) Average hours per week devoted to position 10	one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV	(e) 0	Estimated amount of other compensation
Broo Pres Jenn Exec Alicie VP F	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ske Cottle ident ifer Jacobson cutive Director a Allen inance and Governance garet Hansen	(b) Average hours per week devoted to position 10	one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV	(e) 0	Estimated amount of other compensation

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		لل الم
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	ŗ	Yes	No
33	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		√
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			996
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			12/3
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<i>√</i>
41	List the states with which a copy of this return is filed ► OR			
42a		541-51	0-973	7
	Located at ► 3378 Richard Ave, Eugene, OR 97402 ZIP + 4 ►	974	102	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	73.X.D	√ 307,460
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	71,0°4.	<i>√</i>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here	. ,	. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
b-	Did the organization operate_one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

1	Page	4

46	Did the organization engage, directly or in to candidates for public office? If "Yes," of					
Part '	المستعودين والمستعدد المسيدون والأرامة المستوم المراجية	s only s must answer que	stions 47-49b and	52, and co	·- <u>-</u> -	
47 48 49a b 50	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Part Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	activities or have a still	section 501(h) election i)? If "Yes," complete intable related organion? sated employees (otle	on in effect of the control of the c	ers, direct	47
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans, compen	to employee and deferred	(e) Estimated amount of other compensation
None						
51	Total number of other employees paid over Complete this table for the organization' \$100,000 of compensation from the organization f	s five highest compe	ensated independent	contractors	who each	received more than
	(a) Name and business address of each independ	lent contractor	(b) Type of ser	vice	(c)	Compensation
None						

d 52	Total number of other independent contra Did the organization complete Schedule A nonexempt charitable trusts must attach	A? Note. All section 5	01(c)(3) organizations	s and 4947(a)(1)	► ☑ Yes □ No
	penalties of perjury, I declare that I have examined this in perior, and complete Declaration of preparer (ether than					owledge and belief, it is
Sign Here	Signature of officer Alicia Allen, VP Finance and Gove Type or print name and title	ernance		Date	5/13/	14
Paid Prep	•	Preparer's signature	D	ate	Check Self-emplo	if PTIN yed
Use	Only Firm's name >				n's EIN ▶ ne no	
May th	Firm's address ► he IRS discuss this return with the preparel	shown above? See	nstructions			Yes No

SCHEDULE A (Form 990 or 990-EZ)

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.

20**13**

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ.
➤ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

ASIME	or the	organization						/ °	improyer to	enuncaudi	n number		
Beth	el Edu	cation Found	ation		_					27-07	45177		
Pa	t I	Reason for	or Public Char	ity Status (All organ	nizations	s must c	omplete	this par	t.) See ii	nstructio	ons.		
The	organ	zation is not	a private founda	tion because it is: (Fo	r lines 1 t	through 1	1, check	only one	box.)				
1	□ A	church, con	vention of church	nes, or association of	churches	describe	ed in sec	tion 170(b)(1)(A)(i).			
2		school desc	ribed in section	170(b)(1)(A)(ii). (Attac	h Sched	ule E.)							
3				spital service organiza									
4		medical rese	earch organizatio	n operated in conjunc	ction with	ı a hospit	al descni	oed in se	ction 170)(b)(1)(A)	(iii). Ente	er the	
		•	e, city, and state										
5	S	ection 170(b)(1)(A)(iv). (Comp	•						vernment	tal unit o	lescrib	ed in
6 7	✓A	ın organizatio	n that normally	nment or governmenta receives a substantia	l part of					nt or fron	n the ge	neral p	oublic
8				(A)(vi). (Complete Par n section 170(b)(1)(A)		nplete Pa	ırt II.)						
9		-		receives: (1) more tha				om contri	butions	members	shin fees	and	aross
	re s	eceipts from upport from	activities related gross investme	I to its exempt functi nt income and unrel fter June 30, 1975. Se	ons-sul	bject to d siness ta	certain ex xable inc	xceptions come (les	s, and (2) ss section	no more	e than 3	31/3%	of its
10		n organizatio	n organized and	operated exclusively	to test fo	r public s	safety. Se	e sectio	n 509(a)(4).			
11	□A	n organizatio	on organized an	d operated exclusive	ely for th	e benefit	t of, to	perform t	he funct	ions of,	or to ca	arry ou	ut the
	р	urposes of o	ne or more pub	licly supported organ describes the type of s	uzations	describe	d in sect	ion 509(a)(1) or se	ection 50	9(a)(2). S		
	а	☐ Type I	b 🗌 Туре	II c ☐ Type III	-Functio	nally inte	grated	d 🗆	Type III-N	lon-funct	tionally in	ntegraf	ted
e		y checking th		that the organization									
				rs and other than one									
	0	r section 509	(a)(2).										
f	lf	the organization	ation received a	written determination	on from t	the IRS 1	that it is	a Type	i, Type i	I, or Typ	oe III su	pportir	ng
			check this box .										
ç	ı S	ince August	17, 2006, has the	ne organization accep	oted any	gift or co	ontobutio	n from a	ny of the	•			
	fo	ollowing pers	ons?										
	(i			ndirectly controls, eithody of the supported o						in (ii) aı 	nd 11g(i	Yes	No
	(i	i) A family m	ember of a perso	on described in (i) abo	ve?						11g(i	0	
		•		a person described in							11g(ii	i)	
ŀ	•	-	•	on about the supporte									
(i)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see (nstructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	(vi) Is the organization in col (i) organized in the US?		(vii) Amount of monetary support		onetary
				, ,	Yes	No	Yes	No	Yes	No	1		
(A)													
										<u> </u>	 		
(B)													
(C)				~									
(D)				 									
(E)	_	/		-									
			100000000000000000000000000000000000000	11/18/11/11/18/11/18	11/1/17				9/12/39	3/1/1/18			

Total

Screau	18 A (Form 990 of 990-EZ) 2013						Page Z
Part		ations Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked the	he box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,414	14,657	25,351	22,186	70,481	145,089
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	Total. Add lines 1 through 3	12,414	14,657	25,351	22,186	70,481	145,089
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	HANNIN.					145,089
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	12,414	14,657	25,351	22,186	70,481	145,089
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						145,089
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	ore				ear as a sectio	
	on C. Computation of Public Suppo			4			
14	Public support percentage for 2013 (line					15	%
15 16a	Public support percentage from 2012 Sc 33 ¹ /3% support test—2013. If the organibox and stop here. The organization qua	ization did not	check the box	on line 13, and	d line 14 is 33¹	/3% or more, cl	heck this
b	331/s% support test—2012. If the organic check this box and stop here. The organic	nızation did no	ot check a box	c on line 13 or	r 16a, and line		or more,
17a		013. If the orga eets the "facts- facts-and-circu	anızation did no and-circumsta umstances" tes	ot check a box inces" test, che st. The organiz	on line 13, 16 eck this box ar ation qualifies	a, or 16b, and nd stop here. E	line 14 is Explain in upported
- b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization is supported organization in the control organization in the control organization is a supported organization organization in the control organization is a supported organization organization in the control organization is a supported organization	ition meets the neets the "fact	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	tešt, čheck th he organizatio	nis box-and- st	op here.— —
18	Private foundation. If the organization d					k this box and	

D	6	0-4-	-	8	<u> </u>		-				E00/-1/01
Part III	Support	2CU6	aure	tor (organ	uzauons	Des	scnbec	ıınə	ection	3U9(a)(2)

(Complete only if you checked t	he box on line 9 of Part I or if tl	he organızation failed to quali	fy under Part II.
If the organization fails to qualify	under the tests listed below, i	please complete Part II.)	

	If the organization falls to quality	under the te	3t3 listed ber	Jiv, picase o	ompicte i ait		
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees	1	1 !		1		
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities					ĺ	
	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 business under section 513					j .	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 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	ĺ	1		1	1	
	persons that exceed the greater of \$5,000]		1		
	or 1% of the amount on line 13 for the year	Ĺ <u></u>	<u> </u>				
C	Add lines 7a and 7b			~~~			
8	Public support (Subtract line 7c from						
	line 6.)			(1968) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966)	14.14.44.16.16.16.16.16.16.16.16.16.16.16.16.16.		
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6		-				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	•			=	ear as a section	
Secti	on C. Computation of Public Support						 -
15	Public support percentage for 2013 (line			3, column (fl)		15	9
16	Public support percentage from 2012_Sci					16	9
	on D. Computation of Investment In						
17	Investment income percentage for 2013 (y line 13. colu	mn (f))	17	9
18	Investment income percentage from 2012			-			
19a	331/a% support tests—2013. If the organ 17 is not more than 331/a%, check this box	ization did not	t check the box	k on line 14, a	nd line 15 is m	nore than 331/39	6, and line
b	331/2% support tests—2012. If the organization 18 is not more than 331/2%, check this	zation did not d	check a box on	line 14 or line	19a, and line 16	s is more than 3	31/3%, and
20	Private foundation. If the organization di						

	om 990 or 990-EZ) 2013 Page Constant of the control
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and
	Supplemental Information. 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).
• • • • • • • • • • • • • • • • • • •	
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
Bethel Education Foundation	27-0745177
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. Schedule O, Statement 1

Form: 990-EZ

Page, 1

Line Number Part I Line 16

Bethel Education Foundation

27-0745177

Other Expenses Structured Explanation

Description	Amount
Insurance	853
Payroll Service	143
Bank Fees	7
General office supplies and expenses	1,176
Total:	2,179

Schedule O, Statement 2

Form 990-EZ

Page 2

Line Number. Part II Line 24

Bethel Education Foundation 27-0745177

Other Assets Structured Explanation

Description	EOY Amount
Prepaid Insurance	1,111
Total:	1,111

Schedule O, Statement 3

Form 990-EZ

Page: 2

Line Number Part III

Bethel Education Foundation 27-0745177

Primary Exempt Purpose

Primary Exempt Purpose

The purpose of this non-profit chantable corporation is to secure and distribute contributions from individuals, estates, government, corporations, foundations and any other source for the educational benefit of the Bethel School District. An annual district wide classroom and school grant program awards classroom teachers and staff funding to enrich educational opportunities for students, and deliver innovative and exemplary instruction.

Schedule O, Statement 4
Form 990-EZ
Page 2
Line Number Part III Line 28

First Program Service Accomplishments Description

Description

Apple Campaign where people donate funds to the foundation at participating local businesses. Funds that are directed to a particular school are transferred to that school's site funds for distribution by the principal. For Grant Fund grants, teachers submit an application, and a grant review committee awards grants based on how well a project broadens a student's educational expenence, supports instructional activities, helps the greatest number of students, and expands educational opportunities. Grants funded over the past several years included purchasing books to Increase literacy, expanding classroom technology and funding other important educational programs and field trips. The annual district wide classroom and school grant program awards classroom teachers and staff funding to enrich educational opportunities for students, and deliver innovative and exemplary instruction. Hundreds of students within the Bethel School District have benefited from opportunities and instruction provided by the grants.

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