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SOURCE MAR O 4 2013

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

Inter	nal Revenue	e Service	► Information about	Form 990 and its in	structions is at	www.irs.g	ov/form99	0	Inspection			
<u>A</u>	For the 2	2013 cale	ndar year, or tax year beginning	09/01	, 2013, a	nd ending	08	3/31	, 20 14			
В	Check if a	pplicable	C Name of organization BELLEVUE	SCHOOLS FOUND	ATION			D Employer identification number				
	Address c	hange	Doing Business As						91-1080997			
	Name cha	nge	Number and street (or P.O box if m	all is not delivered to str	eet address)	Room/suite		E Telephor	ne number			
	Initial retur	m [PO BOX 40644						425-456-4199			
	Terminate	d	City or town, state or province, cour	try, and ZIP or foreign	oostal code							
	Amended	return	BELLEVUE, WA 98015					G Gross re	eceipts \$ 1,998,399			
	Application	n pending	F Name and address of principal office	r. BILL DEJARLA	NS.		H(a) is this a gi	roup return for	subordinates? Yes V No			
			PO BOX 40644, BELLEVUE, WA	98015			H(b) Are all	I subordinates included? Tyes No				
<u> </u>	Tax-exem	pt status	✓ 501(c)(3)) ◀ (insert no.)	4947(a)(1) or	527	If "No," att	tach a list (see instructions)			
J	Website:	► ww	W.BELLEVUESCHOOLSFOUND	ATION.ORG			H(c) Group	exemption	number ▶			
K	Form of or	ganızation [Corporation Trust Associa	tion ☐ Other ►	L Yea	r of formation	1979	M State	of legal domicile WA			
Ρ	art I	Summa	ary				· ·					
	1 E	Briefly de	scribe the organization's miss	ion or most signific	cant activities:	SECURE	FUNDING	TO PRO	VIDE BELLEVUE			
ė	1		CHOOL STUDENTS THE BEST									
ĕ	-											
Governance	2	Check thi	is box ▶ ☐ if the organization	discontinued its or	perations or dis	sposed of	more than	25% of	its net assets.			
Š	3 1	Number o	of voting members of the gove	rning body (Part V	I, line 1a) . 🔣			O 3	33			
ಹ	4 1	Number o	of independent voting member	s of the governing	body (Part VI,			8 4	33			
Activities &	5 1	Total num	nber of individuals employed in	n calendar year 20	13 (Part.V, lipe	-2a) 1 .0	. <u>2</u> 015 .'	10 5	7			
ξ	6 7	otal num	nber of volunteers (estimate if	necessary)	[2]. !			6	200			
Ac	7a 1	Total unre	elated business revenue from l	Part VIII, column (0	C), line 12	-	·0 ·0 : 51:	7a	0			
	ЬΛ	vet unrela	ated business taxable income	from Form 990-T,	line 3∯ . 🦳		Ŋ, Ų !	7b	0			
							Prior Ye	ear	Current Year			
۵	8 (Contribut	ions and grants (Part VIII, line	1h)		[1	,413,538	1,724,082			
Š	9 F	rogram:	service revenue (Part VIII, line	2g)		[0	0			
Revenue	10 li	nvestmei	nt income (Part VIII, column (A), lines 3, 4, and 70	d)	🗀		67,869	38,380			
Œ	11 (Other rev	enue (Part VIII, column (A), line		-35,496	-34,376						
	12 T	otal reve	nue-add lines 8 through 11 (n	nust equal Part VIII,	, column (A), lin	ne 12)	1	,445,911	1,728,086			
	13 (Grants an	nd similar amounts paid (Part I	X, column (A), lines	s 1–3)			,018,298	1,042,143			
	14 E	Benefits p	oaid to or for members (Part IX	, column (A), line 4	1)	$ abla$		0	0			
Ś	15 5	Salaries, c	other compensation, employee t		327,938	363,554						
Expenses	16a F	Professio	nal fundraising fees (Part IX, c	olumn (A), line 11e	e)	. [12,000	0			
Ģ	ьт	otal fund	draising expenses (Part IX, coli	umn (D), line 25) 🕨	21	3,451	* *	3				
ú	17 (Other exp	oenses (Part IX, column (A), line	es 11a-11d, 11f-2	4e)			125,816	156,814			
	18 T	otal exp	enses. Add lines 13-17 (must	equal Part IX, colu	mn (A), line 25) . 🗀	1	,484,052	1,562,511			
	19 F	Revenue	less expenses. Subtract line 1	8 from line 12 .	<u> </u>	[_		-38,141	165,575			
58	Ī					Beg	ginning of Cu	rrent Year	End of Year			
sets or	20 T	otal asse	ets (Part X, line 16)			[1	,676,007	1,608,816			
Net Ass Fund Ba	21 7	otal liabi	lities (Part X, line 26)					519,131	236,680			
ᇎ	22 N		s or fund balances Subtract li	ne 21 from line 20	<u> </u>	<u> _ </u>	1	,156,876	1,372,136			
Pa	art II	Signat	ure/Block									
		es of perjur	declars that have examined this r	eturn, including accomp	panying schedules	and stateme	nts, and to ti	ne best of n	my knowledge and belief, it is			
tru	e, correct,	and comple	e. Declaration of propager (other than	officer) is based on all i	ntormation of which	h preparer ha	as any knowl	edge 	· · · · · · · · · · · · · · · · · · ·			
		1	11/10									
Sig		Signa	alure of officer \				Da	te 1/1	0/15			
He	re		DeJarlais, President	 				10/1	7/17			
		Туре	or print name and title									
Pa	id	Print/Typ	pe preparer's name	Preparer's signature		Date		Check [
	eparer							self-emp	oloyed			
	e Only	1	ame ►		 		Firm	n's EIN ▶				
		Firm's ac	ddress ▶				Pho	ne no				
Ма	y the IRS	discuss	this return with the preparer s	shown above? (see	instructions)			<u></u>	🗌 Yes 🗌 No			
For	Panerwo	rk Reduc	tion Act Notice, see the separa	te instructions.		Cat No.	11282Y		Form 990 (2013)			

For Paperwork Reduction Act Notice, see the separate instructions.



Cat No. 11282Y

Part l	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE BELLEVUE SCHOOLS FOUNDATION DEVELOPS, PROMOTES, AND FUNDS THE BEST POSSIBLE LEARNING OPPORTUNITIES FOR ALL STUDENTS IN BELLEVUE'S PUBLIC SCHOOLS. THE FOUNDATION HELPS BRIDGE THE GAP
	BETWEEN THE BASIC STATE FUNDING AND THE SUPPORT OF THE BELLEVUE SCHOOL DISTRICT.
	DETWEEN THE BASIC STATE I CHOING AND THE SUPPORT OF THE BELLEVOE SCHOOL DISTRICT.
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 by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 481,402 including grants of \$ 481,402) (Revenue \$ 0)
	TRANSFORMING EDUCATION: A SET OF INITIATIVES DESIGNED TO ENCOURAGE INNOVATION, EXCELLENCE, AND
	RIGOR IN ACADEMICS. INITIATIVES INCLUDE PROJECT-BASED LEARNING; SCIENCE, TECHNOLOGY, ENGINEERING AND
	MATH (STEM) CURRICULUM; SUPPORT FOR THE BIG PICTURE SCHOOL, AND DIFFERENTIATED LEARNING INITIATIVES.
	MUSIC GRANTS SUPPORTED INSTRUMENT PURCHASE AND REPAIR. IN PRIOR YEARS, MOST OF THESE ACTIVITIES
	WERE CATEGORIZED AS ACADEMIC RIGOR.
4b	(Code:) (Expenses \$ 255,000 including grants of \$ 255,000) (Revenue \$ 0)
	PROJECT READINESS-EVERY STUDENT READY TO LEARN: A SET OF PROGRAMS DESIGNED TO MAKE SURE
	STUDENTS ARE PREPARED TO TAKE ON THE ACADEMIC CHALLENGES OF BELLEVUE'S HIGH EXPECTATIONS,
	INCLUDING KINDERGARTEN EARLY READING INTERVENTION, POSITIVE BEHAVIOR INTERVENTION, AND STARTING
	STRONG. IN PRIOR YEARS, MOST O THESE ACTIVITIES WERE CATEGORIZED AS STUDENT SUPPORT.
4c	(Code:) (Expenses \$ 226,857 including grants of \$ 226,857) (Revenue \$ 0)
	STUDENT AND TEACHER SUPPORT: GRANTS THAT SUPPORT STUDENTS, TEACHERS, AND MENTORS IN DEVELOPING
	THE SKILLS TO BE THEIR BEST. PROGRAMS INCLUDE NATIONAL BOARD CERTIFICATION SUPPORT FOR TEACHERS,
	VIBES (VOLUNTEERS IN BELLEVUE'S EDUCATIONAL SYSTEM) AND LEGACY LEADERSHIP. IN PRIOR YEARS, THESE
	PROGRAMS WERE CATEGORIZED AS TEACHING EXCELLENCE OR STUDENT SUPPORT.
4d	Other program services (Describe in Schedule O.) See Schedule O, Statement 1
	(Expenses \$ 175,034 including grants of \$ 78,883) (Revenue \$ 0)
40	Total program conting expenses

Form **990** (2013)

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	✓_	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	1
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		/
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
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, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
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		1
	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		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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 and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	<u> </u>
	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, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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	1	
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	-	1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	/	
22	Did the organization report more than \$5,000 of grants or 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		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		1
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	-50		-
20	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
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		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	./	1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	•	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
	19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	
٠.			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10	^		'
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	***	,	
·	reportable gaming (gambling) winnings to prize winners?	1c	- <u>"</u>	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		¥:%:	21 1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7	7	<i>C</i> (x)	,,,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
_	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		✓_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶		£ .	2.3.
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		•	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			- -
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	12 m m		7,3
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			-? Ì ₹
	and services provided to the payor?	7a	√	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	✓	
С	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	16.5	78k	7
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 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		- A - I
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	1		, d
	organization, have excess business holdings at any time during the year?	8	*****	لــــــــــــــــــــــــــــــــــــ
9	Sponsoring organizations maintaining donor advised funds.	1 - 1	\$ 27.5	536
a	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	184	
10	Section 501(c)(7) organizations. Enter:			~
a	Initiation fees and capital contributions included on Part VIII, line 12	5 vs. vs		
ь 11	Section 501(c)(12) organizations. Enter:	je.		Ź.
	Gross income from members or shareholders	25.00		
b	Gross income from other sources (Do not net amounts due or paid to other sources	. ترک	* *****	30°
	against amounts due or received from them.)			: رــــــا
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	- 1 year 1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		267	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	13d	3.5	<u></u>
b	Enter the amount of reserves the organization is required to maintain by the states in which			å
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	23	X	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>✓</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	000	
		Forn	n 99 0	(2013)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Check if Schedule O contains a response or note to any line in this Part VI	O. See in	struci	ions.						
Secti	ion A. Governing Body and Management			<u>. U</u>						
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	33	Yes	No						
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship we any other officer, director, trustee, or key employee?	2								
3	Did the organization delegate control over management duties customarily performed by or under the directors of officers, directors, or trustees, or key employees to a management company or other person?	ect		1						
4 5 6 7a	 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 									
b 8	Are any governance decisions of the organization reserved to (or subject to approval by) member stockholders, or persons other than the governing body?	7 b		✓ ************************************						
a b 9	The governing body?	8a 8b at	✓ ✓	1 A						
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Re		ode.)						
			Yes	No						
10a b	Did the organization have local chapters, branches, or affiliates?	s, 10a		✓						
11a b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13									
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes describe in Schedule O how this was done	,"								
13 14 15	Did the organization have a written whistleblower policy?		✓ ✓							
a b	The organization's CEO, Executive Director, or top management official	15b	✓	✓ (************************************						
16a	with a taxable entity during the year?	16a		1						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate 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?	1е		8						
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ wa									
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec available for public inspection. Indicate how you made these available. Check all that apply.	tion 501	(c)(3)s	only)						
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of financial statements available to the public during the tax year.			y, and						
20	State the name, physical address, and telephone number of the person who possesses the books and reco organization: ► ROXANNE SHEPHERD, (425)456-4199	rds of the	e 							

p	20	ıA	7

Form **990** (2013)

Form	990	(201	3)

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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d org	aniz	_		ompe	nsa	ited any curren	t officer, directo	r, or trustee.
					C)					
(A)	(B)	(do n	ot ch		mor	e than d	one	(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, office	unles er and	s pe d a d	rson	is both	an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
BILL POLLARD	10									
PRESIDENT	0	✓		✓		<u> </u>		0	0	0
BILL DEJARLAIS	5					ĺ	İ			
PRESIDENT ELECT	0	✓		✓	L	ļ		0	0	0
TRUDI JACKSON	5	ļ]			ļ	ŀ	}		
PAST PRESIDENT	0	✓_		✓				0	0	0
GREG FEIGES	5									
VP MARKETING	0	✓		✓	L	Ĺ	L	0	0	0
CATHY HABIB	5	ļ				1				
VP GRANTMAKING	0	1		✓	<u> </u>	<u> </u>	_	0	0	0
ARTHUR EMERY	5									
VP DONOR ENGAGEMENT	0	✓		✓			_	0	0	0
MARCO DE SA E SILVA	5						ļ			
VP GOVERNANCE	0	✓		✓	_	<u> </u>		0	0	0
WENDE WADSWORTH	5	l				1	1	Ì		
TREASURER	0	✓		✓				0	0	0
SARA SCHMIDT	5] ,				l				
AT-LARGE	0	✓		✓	<u> </u>			0	0	0
RANDY SMITH	5							:		
SECRETARY	0_	✓		√	L			0	0	0
PETER BENTLEY	1	,								
BOARD MEMBER	0	✓_						0	0	0
MATT BOMBERGER	1									
BOARD MEMBER	0	1						0	0	0
DANNY BROWN	1									
BOARD MEMBER	0	1						0	0	0
ED CONTI	1			-7		[1			
BOARD MEMBER	0	✓						0	0	0

Page 7- 2

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

				((C)			T		
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average	(do not check more than one						Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	유표	Ins	Officer	ξ _e	em	Former	from the	related organizations	other compensation
	related organizations	Individual trustee or director	Institutional trustee	icer	Key employee	hest	# E	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	below dotted	or to	Sa.		탕	ee con		(44-2/1099-1415C)		organization and related
	line)	l st	Ę		8	per		i		organizations
		%	stee			Highest compensated employee				
PERRY ENGLAND	1						İ			
BOARD MEMBER	0	/	-	Щ	<u> </u>			0	0	
KATIE FORD	1									
BOARD MEMBER	0	/			L			0	0	
JEFF HANSEN	1		İ	•	ŀ					
BOARD MEMBER	0	1		Щ	ļ			0	0	
MARIANNE HEYWOOD	1	_								
BOARD MEMBER	0	✓	<u> </u>		<u> </u>	_		0	0	
RODERICK JONES	1					1				
BOARD MEMBER	0	✓	<u> </u>	ļ	<u> </u>			0	0	
MARK LITTRELL	1		ŀ					_	_	
BOARD MEMBER	0	/	ļ	-	_		—	0	0	
JILL MCLEOD	1							_		
BOARD MEMBER	0	/	<u> </u>		<u> </u>		<u> </u>	0	0	
KIM MOLONEY	1	١,	İ	ļ	l			_	_	
BOARD MEMBER	0	<u> </u>	ļ		_	<u> </u>		0	0	
MOJDEH NAIENI	1							_		
BOARD MEMBER	0	/	⊢		<u> </u>			0	0	
BETH NOTARI	1	,	İ.					_	_	
BOARD MEMBER	0	<u> </u>	⊢					0	0	
DAN NYGAARD	1	١,	ļ.							
BOARD MEMBER	0	✓						0	0	
CONNIE PETERSON	1	,						_	_	
BOARD MEMBER	0	/	<u> </u>	\vdash		_	_	0	0	
RUTH RASKIND	1	,	'		1					
BOARD MEMBER	0	✓	\vdash	Щ		<u> </u>		0	0	
KEA RENSCH	1									
BOARD MEMBER	0	<u> </u>			L	<u> </u>		0	0	Form 990 (20

Form **990** (2013)

Par	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (cont	inuea	<u> </u>		
	(A)	(B)			Pos	C) sition			(D)	(E)		((F)	
	Name and title	Average hours per	box,	unles	ss pe	rson	e than o is both or/trus	n an	Reportable compensation	Reportable compensation from		Estir	nated unt of	
		week (list any hours for related organizations below dotted	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	1	ot compe fron organ	ther	1
	,	line)	trustee	al trustee		yee	mpensated						zations	
	RILEY	1	,											
	RD MEMBER	1			\vdash			-	0					0
	DRE THOMAS RD MEMBER	-	1						0					0
	IANA VERMA	1									+-			
BOAF	RD MEMBER	0	1						0		ol			0
RON	IA WELTMAN	1												
	RD MEMBER	0	/		\vdash	_		<u> </u>	0		기			0
	Y YUHAS	11	/						١ .	,				_
	RD MEMBER NNNE SHEPHERD	40	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		H			-	0		9			0
	UTIVE DIRECTOR	0			1				92,500		o			6,865
MELI	NDA RICHARDSON	30												
FOUN	IDATION ACCOUNTANT	0			1	<u> </u>		<u> </u>	26,668		p			<u>5,095</u>
		[
									_					
					\vdash					*	+			
	•••••		1								1			
1b	Sub-total	L	<u> </u>	لـــا	ب	L		▶	119,168		1		1.	1,960
C	Total from continuation sheets to Part			-	•			>						
<u>d</u>	Total (add lines 1b and 1c)	not limited						e) w	ho received me		0 100 of			1,960
_	reportable compensation from the organi										00 0.			
													Yes	No
3	Did the organization list any former of							emp	loyee, or high	est compensati	ed		3	
4	employee on line 1a? If "Yes," complete s											3		/
4	For any individual listed on line 1a, is the organization and related organizations											ľ	4	
	individual										. [4		· 🗸
5	Did any person listed on line 1a receive of									ation or individ	ual			
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	iedu	ile J f	or s	uch person	· <u>· · · ·</u>	<u>. </u>	_5_	1	✓_
	on B. Independent Contractors		l !						ave that receive	d mare than 61	00.00	00.01		
1	Complete this table for your five highest of compensation from the organization. Repyear.												n's ta	ìХ
	(A) Name and business add	ress							(B) Description of s	ervices	Cor	(C) mpensa	ation	
								L.						
								Ь.						
					—			_	· ·					
2	Total number of independent contractor	rs (includir	ng bu	it no	ot i	ımit	ed to	th	ose listed abo	ove) who	,			
-	received more than \$100,000 of compens	sation from	the o	rgar	ıizat	tion	▶		0					

Par	rt VIII	Statement of Revenue				D		
		Check if Schedule O contains	a response or no	ote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Sts	1a	Federated campaigns	1a	0				
ž ž	Ь		16	_ 0	ľ		ļ	
S, E	С	Fundraising events	1c 632	2,485		1	ĺ	
<u> </u>	ď	Related organizations	1d			Į	i	
Contributions, Giffs, Grants and Other Similar Amounts	е	Government grants (contributions)	1e	의				
	f f	All other contributions, gifts, grants,	{	ĺ		İ	{	!
칠	il .	and similar amounts not included above	_ <u> </u>	,597	1		Į.	:
ag pe	g	Noncash contributions included in lines 1a	-1f \$81	.086			Ì	
	<u> </u>	Total Add lines 1a-1f	_ 	▶	1,724,082			:
훌	1		Business C	ode				
ě	2a			-+				
ec R	b			-+				
چ	٥			}				
ű	a							
Program Service Revenue		All other program control revenue						
õ	g	All other program service revenu Total Add lines 2a-2f	le	_				
	3	Investment income (including	dividends intere	set		 -	 -	
	"	and other similar amounts)	dividends, littere	>31, ▶	27,590	ا		22.500
	4	income from investment of tax-exer	nnt hond proceeds	<u>.</u>	27,590	<u>0</u>	0	27,590 0
	5	Royalties	iipt boild proceeds	` .		0		- 0
		(i) Real	(ii) Persona	-			·	
	6a	Gross rents		-1		}	1	
	b	Less rental expenses	 	\neg		1	j	
	C	Rental income or (loss)	0	0	j	ļ	j	
	d	Net rental income or (loss)		▶	** - *	· · · ·	-	
	7a	Gross amount from sales of (i) Security	es (ii) Other					
		assets other than inventory 20	7,452	0			j	
	b	Less cost or other basis	·		j	ļ	j	
]	and sales expenses 19	6,662	0	j			
	С	Gain or (loss)	0,790	0				
	d	Net gain or (loss)		>	10,790	0		10,790
venue	8a	Gross income from fundraising		}				
9	ĺ	events (not including \$ 632,48		Ī	Ì	į	[
8		of contributions reported on line 10	;) (- 1	ſ	1		
Other Re	(See Part IV, line 18	a <u>39,</u>	275	İ	1		,
õ		Less direct expenses		651	_	ľ		
		Net income or (loss) from fundral		▶	-34,376		0	-34,376
1	9a	Gross income from gaming activit	ies.	i	1	Ì	1	
	1	See Part IV, line 19	a		Ì	İ	ì	
Ï		Less direct expenses	b	_			A	2
		Net income or (loss) from gaming		>				
	1 TUa	Gross sales of inventory, le returns and allowances		- 1	1		1	
			a	∤	1	1	i	
		Less cost of goods sold Net income or (loss) from sales of	b			management and bear and		و بيو د سم س
	<u> </u>	Miscellaneous Revenue	Business Co	de				
	11a	THIS COURT IS THE THIS PARTIES		 ·				
	l la			$-\vdash$				
	C		···· 				 +	
l	d	All other revenue	····	-+-	 -		+	
-	e	Total, Add lines 11a-11d .	<u> </u>	-				
	12	Total revenue. See instructions	•	-	1.728.086	-		4 004

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	All other organization	ns must complete co	lumn (A).
	Check if Schedule O contains a respon	se or note to any li	ne in this Part IX		
	et include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,042,143	1,042,143		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0		" " " " " " " " " " " " " " " " " " "	
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	o	o	, h	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0 145,937	36,484	51,078	58,375
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	143,337			30,373
7	Other salaries and wages	186,275	46,569	65,196	74,510
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9 10	Other employee benefits	31,342	7,835	10,970	0
11 a	Fees for services (non-employees): Management	0	0	0	
b b	Legal	0 8,970	0	0 8,970	0
d e	Lobbying	0	0	0	0
f g	Investment management fees	0	0	0	0
12	Advertising and promotion	13,099	2,778	0	10,321
13 14	Office expenses	57,031 5,644	1,816	19,342 5,644	35,873
15 16	Royalties	0	0	0	0
17 18	Travel	0	0	0	0
19 20	Conferences, conventions, and meetings . Interest	3,673	0	3,673	
21 22	Payments to affiliates	0 282	0	0 282	0
23	Insurance	1,830	0	1,830	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				***
a b	TANGIBLE IN-KIND EXPENSES DUES, FEES & LICENSES	54,169 105	580 0	42,201 105	11,388
c d	CATERING & FOOD	10,447	0	0	10,447
e 25_	All other expenses Total functional expenses. Add lines 1 through 24e	1,564 1,562,511	88 1,138,293	1,476 210,767	0 213,451
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				Form 990 (2013

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 328 328 2 2 545,335 557,467 3 3 271,260 211,573 4 O 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 n n 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary Assets ก 0 7 0 0 8 Inventories for sale or use 8 0 0 Prepaid expenses and deferred charges . . . 9 2,529 3,012 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 10b **b** Less: accumulated depreciation 10c 37,605 282 11 Investments—publicly traded securities 815,346 11 789,179 12 Investments - other securities. See Part IV, line 11 . . . 0 12 0 13 Investments - program-related. See Part IV, line 11... 0 13 0 Intangible assets 14 14 ol 0 15 Other assets. See Part IV, line 11 15 40,927 47.257 Total assets. Add lines 1 through 15 (must equal line 34) . . 16 16 1,676,007 1,608,816 Accounts payable and accrued expenses 17 17 519,131 236,680 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 _iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 26 519,131 236,680 **Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 258,500 262,639 28 28 378,745 564,866 Fund 29 29 519,631 544,631 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 5 30 Net Assets 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds . 32 32 33 33 1,156,876 1,372,136 34 Total liabilities and net assets/fund balances 1,676,007 34 1,608,816

Page	1	2

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🔽
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,72	28,086
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,56	62,511
3	Revenue less expenses. Subtract line 2 from line 1	3		_16	65,575
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,15	56,876
5	Net unrealized gains (losses) on investments	5		7	71,633
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9_		-2	21,948
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1,37	72,136
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	· · ·		<u>. 🗆</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		,
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın	ın	, ,	
	Schedule O.				ļ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			a 🗸	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or 🎉		
	reviewed on a separate basis, consolidated basis, or both:		27		
	Separate basis Consolidated basis Both consolidated and separate basis				\\\`_
b	Were the organization's financial statements audited by an independent accountant?		. 2i		√
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	tea on	a 🎇	4 34	EI
	separate basis, consolidated basis, or both:		140	7. 3	
	Separate basis Consolidated basis Both consolidated and separate basis	a vamia	_		 -
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent according to the second selection of the second selection s				
	If the organization changed either its oversight process or selection process during the tax year, e				\vdash
	Schedule O.	xpiaiii	111 (#.) (2)] ;
٥-	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in I	تعتالة	
Зa	the Single Audit Act and OMB Circular A-133?	· ioiui	"' 3a		11
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	eran +		<u> </u>	+
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such	audits	31	,	
	required addition addition, explain why in concedure of and describe any stops taken to directly such			orm 99 (<u> </u>

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.

OMB No 1545-0047
2013

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

name	or the organization						1 '	Employer (entricatio	n number		
BEL	LEVUE SCHOOLS	FOUNDATION							91-10	080997		
Pa	rt I Reason	for Public Cha	rity Status (All orga	nization	s must o	complete	e this pa	rt.) See i	nstruction	ons.		
The	organization is no	t a private founda	ation because it is: (Fo	or lines 1	through 1	11, check	only one	box.)		_		
1	A church, cor	nvention of churc	hes, or association of	churche	s describ	ed in se c	ction 170	(b)(1)(A)(i	i).			
2	A school des	cribed in section	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)							
3			spital service organiza			section	170(b)(1)	(A)(iii).				
4			on operated in conjun						0(b)(1)(A)	(iii). Ente	r the	
		ne, city, and stat			•							
5		on operated for b)(1)(A)(iv). (Com	the benefit of a colle- plete Part II.)	ge or uni	iversity o	wned or	operated	l by a go	vernmen	tal unit d	escrib	ed in
6	A federal, sta	te, or local gover	nment or government	al unit de	scribed i	n sectio	n 170(b)(1	I)(A)(v).				
7	<u> </u>											
8	☐ A community	trust described i	n section 170(b)(1)(A)(vi). (Co	mplete Pa	art II.)						
9	☐ An organizati receipts from support from	on that normally activities related gross investme	receives: (1) more that to its exempt functent income and unrelater June 30, 1975. See	an 33¹/₃% ions—su lated bu:	6 of its s bject to 6 siness ta	upport fr certain e xable in	xceptions come (les	s, and (2) ss sectio	no mor	e than 33	11/3%	of its
10	An organizatu	on organized and	l operated exclusively	to test fo	or public :	safety S	ee sectio	n 509(a)('4 \.			
11		_	nd operated exclusive			-				or to car	m, ou	t the
••	purposes of	one or more pub	olicly supported organ describes the type of	nizations	describe	d in sect	ion 509(a	a)(1) or se	ection 50	9(a)(2). S		
	a ☐ Type1	_		• •			•			tionally in	tearat	ed
	• •	_ ••	that the organization		-	-				•	_	
		undation manage	ers and other than one									
f			a written determination	on from	the IDS	that it ic	a Type	I Type	ll or Tvr	مين الليم	nortin	
•		check this box	· · · · · · · · ·						_		portii	y T
_			he organization acce									ч
g	following per		ne organization accep	pied any	girt or c	Onthibutio	on itoin a	iny or the	7			
	- -		ndivantly controls sitt	alana		har with		مامممالهم	مانہ (نام	.ad	Yes	No
			ndirectly controls, eitlody of the supported of								res	-NO
		-		-						1 017		
			on described in (i) abo							11g(ii)	_	
		•	a person described in	• • • • •						11g(iii)	<u> </u>	
h	Provide the fo	ollowing informati	on about the support			· · · · · · · · · · · · · · · · · · ·						
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the orga col (i)	ou notify nization in of your port?	organizat (i) organi	is the tion in col. zed in the S?	(vii) Amoun su	it of mo pport	netary
		1	(see meachene)	Yes	No	Yes	No	Yes	No	1		
		1				 	 -	 	 	 		
(A) ——												
(B)												
(C)												
(D)												
(E)							-				- · · ·	
·-/				4			10.200 00 1			<u> </u>		
		I Same and the second						EARLY.				

Total

Schedule A (Form 990 or 990-EZ) 2013 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2009 (b) 2010 (c) 2011 (d) 2012 Calendar year (or fiscal year beginning in) ▶ (e) 2013 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 1,404,419 81,063 1,137,470 1,413,538 1,724,082 5,760,572 levied for revenues the organization's benefit and either paid to or expended on its behalf . . . 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 3. . . . 81,063 1,137,470 1,404,419 1,413,538 1,724,082 5,760,572 The portion of total contributions by each (other than person unit governmental or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,413,371 Public support. Subtract line 5 from line 4. 4,347,201 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4 7 1,404,419 81,063 1,137,470 1,413,538 1,724,082 5,760,572 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 988 24,401 32,309 27,590 107,310 22,022 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) 1,080 1,080 Total support. Add lines 7 through 10 5,868,962 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2012 Schedule A, Part II, line 14 15 15 % 331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this \square 331/3% support test-2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	ii tilo organization ialio to quality	411401 1110 10	oto notoa zon	m, piedes et	mpioto : art	···/	
	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	ĺ					
_	received, (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	1					
	furnished in any activity that is related to the	j]	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		ļ			,	
	unrelated trade or business under section 513						
4	Tax revenues levied for the	l				}	
	organization's benefit and either paid						
	to or expended on its behalf	ļ					
5	The value of services or facilities			:			
	furnished by a governmental unit to the organization without charge	İ					
•	•						
6	Total. Add lines 1 through 5	ļ					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .]	j			l j	
		<u> </u>					
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				-		
8	Public support (Subtract line 7c from				S. Artelio Sa		
	line 6)						
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
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	1					
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		1			[[
	acquired after June 30, 1975			ļ. <u>. </u>			
C	Add lines 10a and 10b	 					 -
11	Net income from unrelated business	1				,	
	activities not included in line 10b, whether or not the business is regularly carried on						
40	·						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)			1		İ	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1		·			
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Support	rt Percentag	е				
15	Public support percentage for 2013 (line	8, column (f) di	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2012 Sc				<u></u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2013 (•	* *	-		17	%_
18	Investment income percentage from 201:					18	<u>%</u>
19a	33¹/3% support tests—2013. If the organ	ization did not	check the box	con line 14, ai	nd line 15 is m	ore than 331/39	6, and line
_	17 is not more than 331/3%, check this box						
b	331/3% support tests—2012. If the organiz						
00	line 18 is not more than 331/3%, check this Private foundation. If the organization di						
20	- cuvate idunidando. Il IIIE Ofdativalion di	a included a	DOMESTIC LAN		ハロじしん いける レリス	4114 SEC 111511 U	- 1 B 1 CHURS

Part IV	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).			
2013 (E) 20	13: SEPTEMBER 1,2013-AUGUST 31, 2014			
0-11-1-8	Death Lead Obbit Managerest Per and Major A400			
Schedule A	Part III, line 1.7 He GRANZATION CHANGED ITS ACCOUNTING PERIOD FROM JUNE 30 TO AUGUST 31. **REREFORE, THE COLUMNS ON PART II REPRESENT THE FOLLOWING FISCAL YEARS: (A) 2009; JULY 1, 2010-JUNE 30, 2011 (B) 2010; JULY 1, 2011-AUGUST 31, 2011 (C) 2011; SEPTEMBER 1, 2011-AUGUST 31, 2012 (D) 2012; SEPTEMBER 1, 2013-AUGUST 31, 2013 (B) 2013; SEPTEMBER 1, 2013-AUGUST 31, 2014 (D) 3016; JULY 1, 2016-AUGUST 31, 2016, JULY 1, 2016, JULY 1, 2016-AUGUST 31, 2016, JULY 1, 2016-AUGUST 31, 2016,			
Part III, Line 1. THE ROSANIZATION CHANGED ITS ACCOUNTING PERIOD FROM JUNE 30 TO AUGUST 31. THEREFORE, THE COLUMNS ON PART II REPRESENT THE FOLLOWING FISCAL YEARS: (A) 2009; JULY 1, 2019-JUNE 30, 2011 (8). 2019; JULY 1, 2011.AUGUST 31, 2011 (C) 2011.SEPTEMBER 1, 2011-AUGUST 31, 2012 (D) 2012; SEPTEMBER 1, 2012-AUGUST 31, 2013 (C) 2019; SEPTEMBER 1, 2013-AUGUST 31, 2014 Schedule A, Part II, Line 10 - GRANT MANAGEMENT FEE 2009 AMOUNT, \$1,080.				
	······································			
	······································			
	······································			
	······································			
				
				

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

91-1080997 **BELLEVUE SCHOOLS FOUNDATION** Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate contributions to (during year). 2 3 Aggregate grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements . . . 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X .

Part	III Organizations Maintaining	Collections of	Art, Historical 1	reasures, or Ot	her Similar Ass	ets (continued)			
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her records, chec	k any of the follow	wing that are a sig	inificant use of its			
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	rams				
b	☐ Scholarly research		e 🗌 Othei	r					
С	c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part								
4	Provide a description of the organiza XIII.	tion's collections a	and explain how the	hey further the org	ganization's exem	ot purpose in Part			
5									
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Part	Part IV Escrow and Custodial Arrangements.								
	Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
1a	Is the organization an agent, trustee								
	included on Form 990, Part X?					☐ Yes ☐ No			
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following to	able:		nount			
_	Doguning holones			<u> </u>	- }				
C	Beginning balance								
d	Additions during the year								
e f	Distributions during the year Ending balance			 -					
2a	Did the organization include an amount					☐ Ves ☐ No			
_	If "Yes," explain the arrangement in P								
Pari		art / time Office (Trion)	on the onplantation	<u></u>	<u> </u>	<u> </u>			
	Complete if the organization	answered "Yes"	" to Form 990, P	art IV, line 10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back			
1a	Beginning of year balance	637,845	487,698	452,081	479,614	341,321			
b	Contributions	25,000	100,000	800	0	81,060			
С	Net investment earnings, gains, and								
	losses	82,595	58,016	52,685	-15,126	57,947			
d	Grants or scholarships	0	0	17,000	12,401	0			
e	Other expenditures for facilities and		,						
	programs	33,024			0	0			
f	Administrative expenses	636	512			714			
g	End of year balance					479,614			
2	Provide the estimated percentage of t			, column (a)) held	as:				
a	Board designated or quasi-endowmen		<u>)</u> .%						
b		.52 %							
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2		0.04						
3a	Are there endowment funds not in the			at are held and ad	ministered for the				
34	organization by:	c possession or an	o organization the	at die neid and de	miniotored for the	Yes No			
	(i) unrelated organizations					3a(i) ✓			
	(ii) related organizations					3a(ii) ✓			
b	If "Yes" to 3a(ii), are the related organ					3b			
4	Describe in Part XIII the intended uses	s of the organization	n's endowment fo	unds.		<u> </u>			
Part									
	Complete if the organization	answered "Yes'	' to Form 990, P	art IV, line 11a.	See Form 990, P	art X, line 10.			
	Description of property	(a) Cost or ot			Accumulated epreciation	(d) Book value			
1a	Land		0	0		0			
b	Buildings		0	0	0	0			
С	Leasehold improvements		0	0	0	0			
d	Equipment		0	37,605	37,605	0			
е	Other		0	0	0	0			
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part X, column	(B), line 10(c).)	. ▶	. 0			

Part VII	Complete if the organization a		m 990, Part IV, lir	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or cated (including name of security)		(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial	derivatives			+	
	neld equity interests				
· ·					
(A)					
(B)					
(C)					
(D)					
(E)				<u> </u>	
(F)					
(G)				 	
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)		<u></u> _	The same of the sa	- ·
Part VIII	Investments—Program Related Complete if the organization as		m 000 Part IV lin	a 11a Saa Farm	000 Part V line 12
	(a) Description of investment	Iswered Tes (010)	(b) Book value	(c) Met	thod of valuationof-year market value
(1)					
(2)			 	 	·
(3)					
(4)			 	 	
(5)		· · · · · · · · · · · · · · · · · · ·			
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.) I	<u> </u>			·
Part IX	Other Assets.				
	Complete if the organization ar		m 990, Part IV, lin	e 11d. See Form	
		(a) Description			(b) Book value
(1)					
(3)					
(4)					
(5)				_	
(6)	· · · · · · · · · · · · · · · · · · ·			 -	
(7)					
(8)					
(9)					
Total. (Colui	mn (b) must equal Form 990, Part X,	col. (B) line 15.)			
Part X	Other Liabilities.				
	Complete if the organization ar	nswered "Yes" to For	m 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
1.	line 25.	(h) Deel velve		· //	
(1) Federal in	(a) Description of liability	(b) Book value	——————————————————————————————————————	San San San San San San San San San San	to.
(2)	Come taxes	 			***
(3)					()
(4)		_			, <u> </u>
(5)					
(6)		 			
(7)					***
(8)					***
(9)		 	44.		The state of the s
	b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>			
	uncertain tax positions. In Part XIII, pro		ote to the organization	n's financial stateme	nts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pari				
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		and a	
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recovenes of prior year grants	2c		
ď	Other (Describe in Part XIII.)	2d	<u></u>	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		L	
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents With Exp	enses per Return.	
	Complete if the organization answered "Yes" to Form 990, F	art IV, line 12a	•	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		**	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5	
	XIII Supplemental Information.			
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any ad	dditional information.	
	lule D, Part V, Line 4 - INCOME FROM THESE FUNDS IS RESTRICTED TO SUPP			
PROG	RAMS, AND STUDENT SUPPORT AS STIPULATED BY THE RELATED GIFT IN	TRUMENTS		
				-
		••••••••		
			·····	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization **BELLEVUE SCHOOLS FOUNDATION** 91-1080997 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e

Solicitation of non-government grants а Mail solicitations f Solicitation of government grants ☐ Internet and email solicitations Phone solicitations g

Special fundraising events Ы In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts from activity (or retained by) fundraiser listed in custody or control of contributions? (or retained by) organization (ii) Activity or entity (fundraiser) col (i) Yes No 1 2 3 6 R 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

b If "Yes," explain:

	edule G Irt II	(Form 990 or 990-EZ) 2013 Fundraising Events. Corthan \$15,000 of fundraisin	ng event contributions			
		gross receipts greater tha	(a) Event #1 G FOR SCHOOLS LUNC (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	671,760			671,760
c	2	Less: Contributions Gross income (line 1 minus	632,485			632,485
		line 2)	39,275			39,275
	4	Cash prizes	0			0
Par	5	Noncash prizes	0			0
	6	Rent/facility costs	0			0
	7	Food and beverages	41,670		0	41,670
	8	Entertainment	29,332		0	29,332
	9	Other direct expenses .	2,649	,		2,649
D-	10 11	Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c	olumn (d)		73,651 -34,376
		than \$15,000 on Form 9				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
ď	1_	Gross revenue				
nses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .	☐ Yes %	□ Yes %	☐ Yes %	
	6	Volunteer labor	☐ Yes%	☐ Yes% ☐ No	Yes %	
	7	Direct expense summary. Ac	dd lines 2 through 5 in co	olumn (d)	•	
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)	<u> ▶</u>	
	a Is	nter the state(s) in which the or the organization licensed to o "No," explain:		in each of these states		🗌 Yes 🗌 No
10	a W	ere any of the organization's g	gaming licenses revoked	, suspended or termina	ated during the tax year	? . □ Yes □ No

cneau	ile G (Form 990 or 990-EZ) 2013		۲	age ر
11	Does the organization operate gaming activities with nonmembers?		∕es 🗌	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	σ,	,,, _	NI-
13	Indicate the percentage of gaming activity operated in:	Ш,	∕es 🗌	NO
а	The organization's facility			%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records:			
	Name ►			
	Address►	•••••		-
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		∕os □	Ma
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		ies 🗀	NO
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ►		\	
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶	·		
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
			∕es 🗌	No
Ь	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			
Part		nd (v), and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provid			
	additional information (see instructions).			
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SCHEDULE I (Form 990)

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

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

20**13**

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

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Name of the organization	- Infoi	mation about Sche	adule I (Form 990) a	na its instructions	is at www.irs.gov/fo	rm990.	Employer	identification num	Cuon
BELLEVUE SCHOOLS FOUNDATION							Employer	91-1080997	nder
Part I General Information		Assistance						91-1080997	
Does the organization maintaintee the selection criteria used to	award the grants	or assistance?				-	ssistance, a	and Yes	□No
2 Describe in Part IV the organ	iization's procedu	res for monitoring	the use of grant fu	inds in the United	States.				
Part II Grants and Other As Part IV, line 21, for ar	ssistance to Go ny recipient that	received more t	han \$5,000 Part	II can be duplic	ated if additional	space is needed	n answer d.	ed "Yes" to F	-orm 990
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book FMV, appraisal, other)	(g) Description non-cash assists		(h) Purpose o or assistar	
(1) Sch I, Stmt 1									
(2)									
(3)			-						
(4)									
(5)			<u> </u>						
(6)									
(7)									
(8)									
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(11)									
(12)	-				 				
2 Enter total number of section 3 Enter total number of other o						·		<u> </u>	

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

Cat No 50055P

Schedule I (Form 990) (2013)

Dage	2

(a) Type of grant or assistance (b) Number of recipients (c) Amount of non-cash assistance (d) Amount of non-cash assistance (e) Method of valuation (book, FAV, appraisal, other) (f) Description of non-cash assistance (e) Amount of non-cash assistance (e) Amount of non-cash assistance (f) Amount of non-cash ass	Part III can be duplicated if addi	tional space is needed	J			
edule I, Part I, Line 2 - ALL GRANTEES ARE ASKED TO PROVIDE AN EVALUATION OF THEIR GRANT, SOMETIMES PERIODICALLY, SOMETIMES YEARLY, AND ALWAYS AT END OF THE GRANT THE GRANTMAKING COMMITTEE REVIEWS THESE REPORTS AND ASKS FOR ADDITIONAL INORMATION AS NECESSARY RECIPIENTS OF	(a) Type of grant or assistance					(f) Description of non-cash assistan
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	END OF THE GRANT THE GRANTMAKING C	OMMITTEE REVIEWS THE	SE REPORTS AND A	SKS FOR ADDITIONAL	·	
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Form Schedule I

Page 1

Line Number Part II

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	BELLEVUE SCHOOL DISTRICT	91-6001637	481,402	0
	POST OFFICE BOX 90010			
	BELLEVUE, WA 98009-9010			
IRC code section	GOVERNMENT			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	TRANSFORMING EDUCATION			
Name and address	BELLEVUE SCHOOL DISTRICT	91-6001637	255,000	0
	POST OFICE BOX 90010			
	BELLEVUE, WA 98009-9010			
IRC code section	GOVERNMENT			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	PROJECT READINESS			
Name and address	BELLEVUE SCHOOL DISTRICT	91-6001637	226,857	0
	POST OFICE BOX 90010			
	BELLEVUE, WA 98009-9010			
IRC code section	GOVERNMENT			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	STUDENT AND TEACHER SUPPORT			
Name and address	BELLEVUE SCHOOL DISTRICT	91-6001637	54,633	0
	POST OFFICE BOX 90010			
	BELLEVUE, WA 98009-9010			
IRC code section	GOVERNMENT			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	SCHOOL-BASED GRANTS Total of \$62,433 less 7800 paid directly to			
. •	Hungry Bunny			
Name and address	HUNGRY BUNNY INC	86-1074869	7,800	0
	1130 MILLER AVENUE			
	OAK PARK, IL 60302			
IRC code section	OTHER			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	PUBLISHED AUTHOR'S ENRICHING SCHOOL VISIT			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

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Department of the Treasury Internal Revenue Service ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number BELLEVUE SCHOOLS FOUNDATION 91-1080997

BELLI	EVUE SCHOOLS FOUNDATION					91-10809	97
Part	Types of Property						
-		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash conf amounts repo Form 990, Part V	orted on		(d) of determining atribution amounts
1	Art-Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities-Publicly traded	/	9		26,917	FAIR MARKE	ET VALUE
10	Securities—Closely held stock .						
11	Securities—Partnership, LLC,						
	or trust interests						
12	Securities—Miscellaneous						
13	Qualified conservation		İ				
	contribution—Historic					1	
	structures						
14	Qualified conservation			!			
	contribution—Other						
15	Real estate—Residential						
16	Real estate—Commercial						
17	Real estate—Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy			· · · · · · · · · · · · · · · · · · ·			
22						 	
23 24	Scientific specimens Archeological artifacts						
2 4 25	Other (SUPPLIES)	1	1		41 052	FAIR MARKE	ET VALUE
26	Other ► (SOPPLIES)	-	9			FAIR MARKE	
27	Other ► (MISCELLANEIOUS)	-	3			FAIR MARKE	
28	Other (MISCELLANEIOUS)				4,302	I AIK MAKKI	_ VALUE
29	Number of Forms 8283 received	by the or	ganization during the tax v	ear for contribu	utions for		
	which the organization completed					29	0
	•					<u> </u>	Yes No
30a	During the year, did the organizat it must hold for at least three yea used for exempt purposes for the	rs from the	e date of the initial contribu	ition, and which			30a ✓
ь 31	If "Yes," describe the arrangemen Does the organization have a contributions?	gift accep	otance policy that require	s the review	of any no	n-standard	31 🗸
32a	Does the organization hire or use contributions?	-	ies or related organization	·	cess, or se	II noncash	32a ✓
b	If "Yes," describe in Part II.						ST PAGE
33	If the organization did not report ar describe in Part II.	n amount in	column (c) for a type of pro	perty for which	column (a) i	s checked,	

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 20**13**

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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.

Name of the organization Employer identification number **BELLEVUE SCHOOLS FOUNDATION** 91-1080997 Form 990, Part I, Line 6 - VOLUNTEERS HELP AT OUR SPRING FOR SCHOOLS, PHONATHON AND MANY OTHER EVENTS THROUGHOUT THE YEAR. THE NUMBER OF VOLUNTEERS ALSO INCLUDES UNCOMPENSATED BOARD MEMBERS Form 990, Part III, Line 4d - OTHER PROGRAM SERVICES: SCHOOL-BASED GRANTS: ENRICHMENT AND INNOVATION GRANTS OFFER SMALL GRANTS TO TEACHERS IN ALL SUBJECTS ACROSS THE DISTRICT, ENABLING THEM TO EXTEND AND ENRICH THEIR CURRICULUM. EXPENSES \$62,433. INCLUDING GRANTS OF \$62,433. REVENUE \$0. DISTRIBUTIONS FROM RESTRICTED FUNDS: INCLUDES SCHOLARSHIPS SET UP IN PREVIOUS YEARS AND DONOR-DESIGNATED GIFTS TO BELLEVUE SCHOOL DISTRICT PROGRAMS NOT INCLUDED IN THE CURRENT YEAR BUDGET. EXPENSES \$16,450. INCLUDING GRANTS OF \$16,450. REVENUE OF \$0 COMMUNITY ENGAGEMENT: TO FURTHER ITS MISSION, THE FOUNDATION OFFERS EDUCATION FORUMS AND OUTREACH FOR PARENTS AND THE GREATER BELLEVUE SCHOOL DISTRICT COMMUNITY. EXPENSES \$96,151 INCLUDING **GRANTS OF \$0 REVENUE \$0.** Form 990, Part VI, Section B, Line 11b - 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. 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. Form 990, Part VI, Section B, Line 15 - A: 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 THE LAST **COMPENSATION REVIEW OCCURRED NOVEMBER OF 2014** Form 990, Part VI, Section C, Line 19 - THE ANNUAL REPORT, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND TAX RETURN ARE AVAILABLE UPON REQUEST

Schedule O, Statement 1

Form: 990

Page: 2

Line Number: Part III Line 4d

BELLEVUE SCHOOLS FOUNDATION 91-1080997

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	OTHER PROGRAM SERVICES	175,034	78,883	0
Total:		175,034	78,883	0