

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: BELLEVUE SCHOOLS FOUNDATION. D Employer identification number: 91-1080997. E Telephone number: (425) 456-4199. F Accounting method: Cash [X] Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: WWW.BSFDN.ORG

J Organization type (check only one) [X] 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes [] No [X]

H(b) If "Yes," enter number of affiliates N/A

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) Yes [] No [X]

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No [X]

I Group Exemption Number

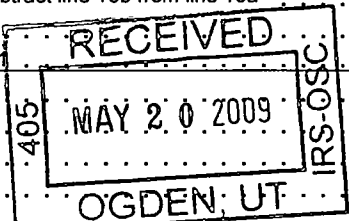
M Check [] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 2,511,469.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss) (attach schedule); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

SCANNED JUN 24 2009



9-17

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ <u>1,823,766</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	1,823,766.	1,823,766.	STMT 4	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	86,045.	15,488.	21,511.	49,046.
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	220,845.	39,752.	55,211.	125,882.
27	Pension plan contributions not included on lines 25a, b, and c				
28	Employee benefits not included on lines 25a - 27	21,817.	3,927.	5,454.	12,436.
29	Payroll taxes	25,895.	4,661.	6,474.	14,760.
30	Professional fundraising fees				
31	Accounting fees	13,333.	NONE	13,333.	NONE
32	Legal fees				
33	Supplies	5,268.	NONE	3,298.	1,970.
34	Telephone				
35	Postage and shipping	9,853.	NONE	237.	9,616.
36	Occupancy				
37	Equipment rental and maintenance	92.	NONE	NONE	92.
38	Printing and publications	14,098.	NONE	5,779.	8,319.
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest	2.	NONE	2.	NONE
42	Depreciation, depletion, etc (attach schedule)	616.	NONE	616.	NONE
43	Other expenses not covered above (itemize)				
43a	STMT 7	78,311.	NONE	31,845.	46,466.
43b					
43c					
43d					
43e					
43f					
43g					
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	2,299,941.	1,887,594.	143,760.	268,587.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶SEE STATEMENT 8 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others.)
a ACADEMIC RIGOR: FUNDING FOR DISTRICT-WIDE CORE CURRICULUM INITIATIVES DESIGNED TO INCREASE STUDENT LEARNING THROUGH THEIR ALIGNMENT OF EDUCATIONAL PROGRAMS WITH THE HIGHEST INTERNATIONAL STANDARDS. FUNDING SUPPORTS PROFESSIONAL DEVELOPMENT FOR TEACHERS AND CURRICULUM DEVELOPMENT OF LANGUAGE ARTS, MATH, AND SCIENCE PROGRAMS. (Grants and allocations \$ 417,532.) If this amount includes foreign grants, check here <input type="checkbox"/>	417,532.
b TEACHER SUPPORT: FUNDING THE NATIONAL BOARD CERTIFICATION AND INNOVATIVE CLASSROOM GRANTS, BELLEVUE SCHOOLS FOUNDATION HELPS THE BELLEVUE SCHOOL DISTRICT ATTRACT AND RETAIN HIGH QUALITY EDUCATORS. (Grants and allocations \$ 177,959.) If this amount includes foreign grants, check here <input type="checkbox"/>	177,959.
c STUDENT SUPPORT: FUNDING PROVIDES A VARIETY OF PROGRAMS STRATEGICALLY DESIGNED TO HELP STRUGGLING STUDENTS INCLUDING VIBES, A MENTOR/TUTOR TRAINING PROGRAM; AVID, A STUDY AND MANAGEMENT SKILLS IMPROVEMENT PROGRAM; AND SUPPORT CLASSES FOR TARGETED STUDENTS. (Grants and allocations \$ 437,574.) If this amount includes foreign grants, check here <input type="checkbox"/>	437,574.
d OTHER PROGRAMS: FUNDING IS USED FOR UNIQUE PURPOSES OR SPECIAL PROJECTS AT SPECIFIC SCHOOLS CONSISTENT WITH THE FOUNDATION'S PRIMARY PURPOSE. (Grants and allocations \$ 118,790.) If this amount includes foreign grants, check here <input type="checkbox"/>	182,618.
e Other program services (attach schedule) SEE STATEMENT 9 (Grants and allocations \$ 671,911.) If this amount includes foreign grants, check here <input type="checkbox"/>	671,911.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	1,887,594.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	NONE	45	200.
	46 Savings and temporary cash investments	1,271,616.	46	1,744,805.
	47a Accounts receivable		47a	
	b Less: allowance for doubtful accounts		47b	47c
	48a Pledges receivable	202,871.	48a	
	b Less: allowance for doubtful accounts		48b	48c
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)		51a	
	b Less: allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	4,495.	53	NONE
	54a Investments - publicly-traded securities STMT 11	444,550.	54a	400,409.
	b Investments - other securities (attach schedule)		54b	
	55a Investments - land, buildings, and equipment: basis	26,009.	55a	
	b Less: accumulated depreciation (attach schedule)	25,393.	55b	55c
	56 Investments - other (attach schedule)		56	
	57a Land, buildings, and equipment: basis		57a	
	b Less accumulated depreciation (attach schedule)		57b	57c
58 Other assets, including program-related investments (describe ► STMT 12)	48,067.	58	47,115.	
59 Total assets (must equal line 74) Add lines 45 through 58	2,174,508.	59	2,396,016.	
Liabilities	60 Accounts payable and accrued expenses	17,885.	60	145,691.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ►)		65	
66 Total liabilities. Add lines 60 through 65	17,885.	66	145,691.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	815,718.	67	486,275.
	68 Temporarily restricted	993,449.	68	1,416,594.
	69 Permanently restricted	347,456.	69	347,456.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	2,156,623.	73	2,250,325.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,174,508.	74	2,396,016.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

- 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 35
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions
d Does the organization have a written conflict of interest policy?

Table with 3 columns: Question, Yes, No. Rows 75b, 75c, 75d.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

- 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt
81a Enter direct and indirect political expenditures (See line 81 instructions)
b Did the organization file Form 1120-POL for this year?

Table with 3 columns: Question, Yes, No. Rows 76, 77, 78a, 78b, 79, 80a, 81a, 81b.

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
82b	78,300.		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
85c	Dues, assessments, and similar amounts from members	N/A	
85d	Section 162(e) lobbying and political expenditures	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87a	501(c)(12) orgs Enter a Gross income from members or shareholders	N/A	
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	N/A	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911		
	NONE, section 4912		
	NONE, section 4955		
	NONE		
89b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
89e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		N/A
90a	List the states with which a copy of this return is filed		
	WASHINGTON		
90b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)		7
91a	The books are in care of		
	SHERRY LADD Telephone no		425-456-4199
	Located at		12111 NE 1ST STREET BELLEVUE, WA ZIP + 4 98005
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country ▶ _____
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** | N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	63,197.	
96 Dividends and interest from securities			14	15,457.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	21,448.	
101 Net income or (loss) from special events			01	-15,790.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b MISCELLANEOUS INCOME			01	891.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				85,203.	
105 Total (add line 104, columns (B), (D), and (E))					85,203.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	Yes	No
		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	Yes	No
		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	Yes	No
		N/A

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Signature of officer Sherry Ladd | Date 5-13-09

▶ Type or print name and title Sherry Ladd, Executive Director

Paid Preparer's Use Only

Preparer's signature ▶ SSQ | Date 5/13/09 | Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLARK NUBER P.S.
10900 NE 4TH, SUITE 1700
BELLEVUE, WA 98004

Preparer's SSN or PTIN (See Gen Inst X) P00235495
EIN ▶ 91-1194016
Phone no ▶ 425 454-4919

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

BELLEVUE SCHOOLS FOUNDATION

91-1080997

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 18				
Total number of other employees paid over \$50,000 . . . ▶		NONE		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		NONE

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ NONE (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .PART .V.-A, .EORM. 990

2d X

e Transfer of any part of its income or assets?

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c X

d Enter the total number of donor advised funds owned at the end of the tax year NONE

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year NONE

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ►
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 - Type I
 - Type II
 - Type III - Functionally Integrated
 - Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities not included in line 18; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add Amounts from column (e) for lines 18, 19, 20, 21; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)); 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person"; b For any amount included in line 17 that was received from each person (other than "disqualified persons"); c Add Amounts from column (e) for lines 15, 16, 17, 18, 19, 20, 21; d Add Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test; g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)); 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant.

Part V Private School Questionnaire (See page 9 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement) ----- ----- -----	31	
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement) ----- -----	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement) ----- ----- -----	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			NONE

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization <u>BELLEVUE SCHOOLS FOUNDATION</u>	Employer identification number <u>91-1080997</u>
	Number, street, and room or suite no. If a P.O. box, see instructions <u>P.O. BOX 40644</u>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>BELLEVUE, WA 98015-4644</u>	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of SHERRY LADD
Telephone No. 425 456-4199 FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 05/15/2009

5 For calendar year _____, or other tax year beginning 07/01/2007 and ending 06/30/2008

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO GATHER THE NECESSARY INFORMATION FROM THIRD PARTIES TO ASSURE PREPARATION OF A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Kathryn Dugan Title CPA Date 2-5-09

CLARK NUBER P.S.
10900 NE 4TH, SUITE 1700
BELLEVUE, WA 98004

Form 8868 (Rev 4-2008)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization BELLEVUE SCHOOLS FOUNDATION	Employer identification number 91-1080997
	Number, street, and room or suite no. If a P O box, see instructions P.O. BOX 40644	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. BELLEVUE, WA 98015-4644	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ SHERRY LADD

Telephone No. ▶ 425 456-4199 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning 07/01, 2007, and ending 06/30, 2008.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

FORM 990, PART I - EXCLUDED CONTRIBUTIONS
=====

DESCRIPTION

AMOUNT

SPRING FOR SCHOOLS

460,618.

TOTAL

460,618.
=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPRING FOR SCHOOLS	19,120.	34,910.	-15,790.
TOTALS	19,120.	34,910.	-15,790.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

=====

DESCRIPTION

AMOUNT

UNREALIZED LOSS ON INVESTMENTS

82,916.

TOTAL

82,916.
=====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
BELLEVUE SCHOOL DISTRICT PO BOX 90010 BELLEVUE, WA 98009-9010	NONE GOVERNMENT	SCIENCE PROGRAMS	134,729.
BELLEVUE SCHOOL DISTRICT PO BOX 90010 BELLEVUE, WA 98009-9010	NONE GOVERNMENT	LANGUAGE ARTS PROGRAMS	168,000.
BELLEVUE SCHOOL DISTRICT PO BOX 90010 BELLEVUE, WA 98009-9010	NONE GOVERNMENT	VIBES	76,000.
BELLEVUE SCHOOL DISTRICT PO BOX 90010 BELLEVUE, WA 98009-9010	NONE GOVERNMENT	AVID AND MIDDLE SCHOOL PROGRAMS	230,883.
BELLEVUE SCHOOL DISTRICT PO BOX 90010 BELLEVUE, WA 98009-9010	NONE GOVERNMENT	NATIONAL BOARD CERTIFICATION	146,659.
BELLEVUE SCHOOL DISTRICT PO BOX 90010 BELLEVUE, WA 98009-9010	NONE GOVERNMENT	BRIDGING THE ACHIEVEMENT GAP GRANTS	130,691.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BELLEVUE SCHOOL DISTRICT PO BOX 90010 BELLEVUE, WA 98009-9010	NONE GOVERNMENT	GATES PROGRAM	656,613.
BELLEVUE SCHOOL DISTRICT PO BOX 90010 BELLEVUE, WA 98009-9010	NONE GOVERNMENT	GEORGE LUCAS PROGRAM	15,298.
SEE ATTACHMENT A PO BOX 90010 BELLEVUE, WA 98009-9010	NONE NON-PF 501(C) (3)	CLASSROOM ENHANCEMENT	93,393.
SEE ATTACHMENT B PO BOX 90010 BELLEVUE, WA 98009-9010	NONE NON-PF 501(C) (3)	MUSIC PROGRAMS	18,959.
SEE ATTACHMENT C PO BOX 90010 BELLEVUE, WA 98009-9010	NONE NON-PF 501(C) (3)	TEACHER GRANTS	31,300.
SEE ATTACHMENT D PO BOX 90010 BELLEVUE, WA 98009-9010	NONE NON-PF 501(C) (3)	OTHER SPECIFIC PROGRAMS	118,790.
SEE ATTACHMENT E PO BOX 90010 BELLEVUE, WA 98009-9010	NONE NON-PF 501(C) (3)	DISCRETIONARY GRANTS	2,451.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

TOTAL CONTRIBUTIONS PAID

1,823,766.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
MISCELLANEOUS	5,505.	NONE	3,213.	2,292.
SPECIAL EVENT EXPENSES	13,147.	NONE	NONE	13,147.
INVESTMENT COUNSELING & OTHER	4,024.	NONE	4,024.	NONE
INSURANCE	2,037.	NONE	2,037.	NONE
BANK FEES	8,543.	NONE	8,543.	NONE
BAD DEBT	30,709.	NONE	NONE	30,709.
DUES, FEES, AND LICENSES	1,697.	NONE	1,697.	NONE
TECHNOLOGY	1,173.	NONE	1,173.	NONE
ADVERTISING AND MARKETING	318.	NONE	NONE	318.
PROFESSIONAL FEES	11,158.	NONE	11,158.	NONE
TOTALS	78,311.	NONE	31,845.	46,466.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

BELLEVUE SCHOOLS FOUNDATION'S PRIMARY PURPOSE IS TO PROMOTE AND HELP
FUND THE BEST POSSIBLE LEARNING OPPORTUNITIES FOR ALL STUDENTS OF THE
BELLEVUE SCHOOL DISTRICT.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

GRANTS AND ALLOCATIONS EXPENSES

DESCRIPTION

THE POWER OF CURRICULUM, TECHNOLOGY, AND BRAIN RESEARCH TO TRANSFORM STUDENT ACHIEVEMENT: EVERY STUDENT IN THE BELLEVUE SCHOOL DISTRICT (BSD) IS BENEFITING FROM IMPROVEMENTS IN SCIENCE, MATH, LANGUAGE ARTS, WORLD LANGUAGES, AND SOCIAL STUDIES THAT ARE BEING MADE TO PROVIDE A CONNECTED K-12 CURRICULUM THAT PREPARES STUDENTS FOR SUCCESS IN COLLEGE. THE WORK IS BEING DONE IN CONJUNCTION WITH THE UNIVERSITY OF WASHINGTON TO INCORPORATE LEARNING FROM RESEARCH ON HOW STUDENTS LEARN. THIS GRANT FROM THE BILL AND MELINDA GATES FOUNDATION ALSO PROVIDES READY ACCESS TO CURRICULUM FOR TEACHERS, STUDENTS, AND PARENTS THROUGH BSD'S CURRICULUM WEBSITE. MOST CURRICULUM MATERIALS DEVELOPED BY BSD UNDER THIS GRANT ARE AVAILABLE TO THE PUBLIC AND ARE BEING SHARED WITH OTHER SCHOOL DISTRICTS. THE PROJECT IS IN PROGRESS AND WILL BE COMPLETED IN AUGUST 2009.

AP+ PROJECT-BASED LEARNING APPROACH TO HIGH SCHOOL ADVANCED PLACEMENT: HIGH SCHOOL STUDENTS BENEFIT FROM A NEW PROJECT-BASED AP AMERICAN GOVERNMENT COURSE. SUPPORT FROM THE GEORGE LUCAS EDUCATIONAL FOUNDATION HAS INTRODUCED PROJECT-BASED LEARNING TO ENGAGE STUDENTS AND HAVE THEM COMPLETE THE YEAR WITH A STRONG FUNCTIONAL WORKING KNOWLEDGE. CURRICULUM DEVELOPMENT WORK IS BEING DONE BY BSD STAFF AND RESEARCH ON HOW STUDENTS LEARN IS BEING DONE BY UNIVERSITY OF WASHINGTON STAFF. THE PROJECT IS IN PROGRESS WITH CLASS IMPLEMENTATION BEGINNING IN 2008-2009.

656,614. 656,614.

15,297. 15,297.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
TOTALS	671,911.	671,911.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
MUTUAL FUNDS - EQUITY	444,550.	400,409.
TOTALS	444,550.	400,409.

FORM 990, PART IV - OTHER ASSETS
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
ENDOWMENT FUNDS HELD BY THE SEATTLE FOUNDATION	48,067.	47,115.
TOTALS	----- 48,067. =====	----- 47,115. =====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SHERRY LADD P.O. BOX 40644 BELLEVUE, WA 98015-4644	EX-OFFICIO, EXECUTIVE DIRECTOR 40.00	80,000.	6,045.	NONE
KAREN CLARK P.O. BOX 40644 BELLEVUE, WA 98015-4644	EX-OFFICIO 3.00	NONE	NONE	NONE
ROBERT A. LOWE P.O. BOX 40644 BELLEVUE, WA 98015-4644	PRESIDENT 3.00	NONE	NONE	NONE
LAUREL PRESTON P.O. BOX 40644 BELLEVUE, WA 98015-4644	PRESIDENT-ELECT 15.00	NONE	NONE	NONE
SUSANN EDMOND P.O. BOX 40644 BELLEVUE, WA 98015-4644	IMMEDIATE PAST PRESIDENT 3.00	NONE	NONE	NONE
JEFF HANSEN P.O. BOX 40644 BELLEVUE, WA 98015-4644	VP MARKETING 3.00	NONE	NONE	NONE
TIFFANY KOENIG P.O. BOX 40644 BELLEVUE, WA 98015-4644	VP RESOURCE DEVELOPMENT 3.00	NONE	NONE	NONE
LISA WISSNER-SLIVKA P.O. BOX 40644 BELLEVUE, WA 98015-4644	VP GRANTMAKING 3.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
TIM WISSNER P.O. BOX 40644 BELLEVUE, WA 98015-4644	TREASURER 3.00	NONE	NONE	NONE
KATHY BIDLE P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE
PAUL BOGEL P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE
STEVE BROWN P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE
LYREL BYRNE P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE
JODY CUNNINGHAM P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE
SUE DIECKERHOFF P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE
MILT DOUGLAS P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
PERRY ENGLAND P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE
KARYN FURSTMAN P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE
RICHARD HERZBERG P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE
ROSS HUNTER P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE
TRUDI JACKSON P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE
BETSY JOHNSON P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE
ROD JOHNSON P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE
ERNIE JONSON P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
STEPHEN T. LEE P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE
TODD MORTON P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE
SARA SCHMIDT P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE
JOHN STOKES P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE
ANDY SYMONS P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE
MARIA VALDESUSO P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE
PAT VOELKER P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE
RONNA WELTMAN P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LEW WHITE P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE
DONNE YOUNG P.O. BOX 40644 BELLEVUE, WA 98015-4644	BOARD MEMBER 2.00	NONE	NONE	NONE
GRAND TOTALS		80,000.	6,045.	NONE

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
CHRISTENA COUTSOUBOS P.O. BOX 40644 BELLEVUE, WA 98015-4644	GIVING & EVENTS MGR 40.00	57,000.	6,045.	NONE
	TOTAL COMPENSATION	57,000.	6,045.	NONE

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

2007

Name of estate or trust BELLEVUE SCHOOLS FOUNDATION	Employer identification number 91-1080997
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Note: Form 5227 filers need to complete only Parts I and II.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr)	(c) Date sold (mo., day, yr)	(d) Sales price	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2006 Capital Loss Carryover Worksheet	4	()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. ▶	5	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr)	(c) Date sold (mo., day, yr)	(d) Sales price	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b.	6b	21,448.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2006 Capital Loss Carryover Worksheet	11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back. ▶	12	21,448.

Part III Summary of Parts I and II Caution: Read the instructions before completing this part.		(1) Beneficiaries' (see page 41)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13		
14	Net long-term gain or (loss):			
a	Total for year	14a		21,448.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15		21,448.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

Part IV Capital Loss Limitation		16
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 15, column (3) or b \$3,000	()

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet on page 42 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 43 of the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 43 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18		
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19		
20	Add lines 18 and 19	20		
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . ▶	21		
22	Subtract line 21 from line 20. If zero or less, enter -0-	22		
23	Subtract line 22 from line 17. If zero or less, enter -0-	23		
24	Enter the smaller of the amount on line 17 or \$2,150	24		
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 through 27; go to line 28 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23	25		
26	Subtract line 25 from line 24	26		
27	Multiply line 26 by 5% (.05)			27
28	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 28 thru 31, go to line 32 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	28		
29	Enter the amount from line 26 (If line 26 is blank, enter -0-)	29		
30	Subtract line 29 from line 28	30		
31	Multiply line 30 by 15% (.15)			31
32	Figure the tax on the amount on line 23. Use the 2007 Tax Rate Schedule on page 27 of the instructions			32
33	Add lines 27, 31, and 32			33
34	Figure the tax on the amount on line 17. Use the 2007 Tax Rate Schedule on page 27 of the instructions			34
35	Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T)			35

BELLEVUE SCHOOLS FOUNDATION

EIN: 91-1080997
 FYE: 06/30/2008

FORM 990, PART II, LINE 42 AND PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Current Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land	NONE	NONE	NONE	NONE
Land Improvements	NONE	NONE	NONE	NONE
Buildings	NONE	NONE	NONE	NONE
Leasehold Improvements	NONE	NONE	NONE	NONE
Equipment	26,009.	616.	25,393.	616.
Furniture & Fixtures	NONE	NONE	NONE	NONE
Property, Plant & Equipment	<u>26,009.</u>	<u>616.</u>	<u>25,393.</u>	<u>616.</u>
Construction in Progress	NONE	NONE	NONE	NONE
Total Fixed Assets, line 57	<u>26,009.</u>		<u>25,393.</u>	<u>616.</u>
Total Depreciation Expense, line 42		<u>616.</u>		

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.

Classroom Enhancement Grants

<u>Name of Individual or Organization</u>	<u>Expenses</u>
5th Avenue Theatre	850
ACP Direct	839
Alex Rea	300
Alison Coombs	267
Amy Waller	350
Andrew Rosane	525
April Richardson	450
Ardmore Elementary School	1,531
Bellevue High School	820
Bellevue School District	3,590
Bennett Elementary	816
Bennett Elementary PTSA	1,100
Bob Jackson	1,050
Brian Jones	1,000
Bureau of Lectures & Concert Arts, Inc.	500
Catherine Bleecker	535
Cherry Crest PTA	625
Classroom Direct	279
Clyde Hill Elementary	945
Colleen Graham	1,290
Dana Lowy	937
Daniel Smith	381
Danielle Edwards	231
David Greenberg	500
Delia Villanueva	1,036
Doris Donovan	600
Eastgate Elementary	3,270
Enatai Elementary	1,875
Enid Smith Becker	375
Follett Library Resources	899
Geology Adventures	360
Gilda's Club	650
Gladys Alvarez-Shepard	1,334
Helen Thayer	525
Highland Middle School	3,400
Irene Smart	420
James Burke	387
Ji-Li Jiang	1,900
Jill Green	220
Johnny Moses	500
Kimberly McClanahan	705
Kristine McLane	1,200

Classroom Enhancement Grants

<u>Name of Individual or Organization</u>	<u>Expenses</u>
Lake Hills Elementary	380
Lianne Leewens	150
Linda Peterson	1,338
Living Voices Inc	1,000
Margaret E. Pearson	350
Margaret Lippert	375
Margaret Read MacDonald	400
Mary Finerty	200
Medina Elementary	875
Nan Vassili	318
Newport Heights Elementary	4,146
Odle Middle School	3,408
Pacific Learning	428
Pacific Marine Research	1,123
Pacific Science Center	960
Patty Fotheringham	515
Peter Donaldson	4,450
Phantom Lake Elementary	3,155
Puesta Del Sol	1,542
Puesta Del Sol PTSA	500
Rebecca Mayes	440
Regnor Reinholdsten	450
Rick Hartman	3,600
Robin Tzucker	485
Robyn LaPoint	697
Rongfen Burford	650
Rosen Classroom	700
Sammamish High School	2,924
Sarah Gerdes	477
Sarah J. Fletcher	621
Science to Go-Kate Poaster	770
Seattle Opera	1,800
Sherwood Forest Elementary	2,263
Somerset Elementary	613
Somerset PTSA	1,500
Stephanie Wright	430
Stevenson Elementary School	2,974
Studio East	1,146
Tiffany Lee	700
Tillicum Middle School	580
Tyee Middle School	1,000
We Care Sports	1,000

Bellevue Schools Foundation
For the Year Ending June 30, 2008

EIN: 91-1080997

Classroom Enhancement Grants

<u>Name of Individual or Organization</u>	<u>Expenses</u>
William Ayers	750
Woodland Park Zoological Society	110
Woodridge Elementary	1,568
Youth Theatre NorthWest	165
	<hr/>
Total	<u><u>93,393</u></u>

Music Grants

<u>Name of Individual or Organization</u>	<u>Expenses</u>
Catherine Bleecker	400
Interlake HS Music Dept	4,720
International School	2,010
Lake Hills Elementary	319
Bellevue School Dist. Music Department	6,990
Rosewood Guitar	480
Stephanie Escobar	893
Tillicum Middle School	1,384
Tom Bourne	1,763
Total	<u>18,959</u>

Teacher Grants

<u>Name of Individual</u>	<u>Expenses</u>
Abigail Ellingson	200
Adrienne Curtis	200
Aileen Leo	200
Alexandra Zenor	200
Allison Ervine	200
Allison Snow	200
Andrea Fredrickson	200
Andrew Miclat	200
Angela Adams	200
Angela B Griffith	200
Angela J Gengras	200
Anthony Jonas	200
Barbara Butler	200
Beth Collins	200
Blaine Craig	200
Bobbie Miller	200
Brenda Lindgren	200
Calista Shelkin	200
Carin Nash	200
Carloline Gray	200
Carly Cavalier	200
Carmen Gunovick	200
Carolyn Borcharding	200
Cathy Ugelstad	200
Christie Bateman	200
Christina Kwong	200
Clayton Filter	200
Cory Balph	200
Craig Torget	200
Danielle Yamada	200
Deborah S Kennedy	200
Denise Owen	200
Diane Peterson	200
Edward Wang	200
Elizabeth Mizrahi	200
Elizabeth Webster	200
Emily Ellis	200
Emma Blair	200
Erinn Nickels	200
Eyder Gonzalez	200
Gail Chiarello	200
Geneva Licklider	200

Teacher Grants

<u>Name of Individual</u>	<u>Expenses</u>
Jane Kacho	200
Jane Kopf	200
Jeffrey McCabe	200
Jennifer Ferries	200
Jennifer Newell	200
Jessica Lute	200
John Yellam	200
Joseph Kheriaty	200
Judy O'Brien	200
Julie Harris	200
Julie Holstad	200
Julie Metz	200
Katherine Beck	200
Katherine Kikawa	200
Katie Rauh	200
Kelly Richards	200
Kevin Kincaid	200
Kirk Kreiling	200
Kristina R Cabe	200
Larry Matthews	200
Lauren Stevens	200
LeeAnn Stivers	200
Leslie Jaynes	200
Lisa McMurtery	200
Marc Hill	200
Maria Fletcher	200
Maria Manca	200
Matthew Lautenschlager	200
Maureen Davis	200
Maya Vergien	200
Megan Clark	200
Megan Neelands	200
Michele Kalan	200
Nathalie Arnaud	200
Nicole Chikuma	200
Nicole Perriela	200
Rachel Wyatt	200
Rebecca Patenaude	200
Regan J Main	200
Renee Oh	200
Robert Stearns	200
Ryan Rahlfs	200

Teacher Grants

<u>Name of Individual</u>	<u>Expenses</u>
Sarah Fox	200
Sarah Gerken	200
Sarah S Burgess	200
Sarah Sweeney	200
Saskia Mizushima	200
Shem Thompson	200
Sofia DeHass-Johnson	200
Susan Barnes	200
Susan Muller	200
Suzanna Dunn	200
Tara Gray	200
Thomas Gangle	200
Tianna Zacher	200
Tiffany Gartin	200
Timothy Schultz	200
Tina Ying	200
Todd Miyata	200
Tracy Nishimura	200
William L Gardner	200
Elizabeth Casey	200
Aylish Duff	200
Brenna Robertson	200
Brooke Stover	200
Elizabeth Ebersole	200
Emily Gutshall	200
James Auld	200
Jennifer S Johnson	200
Jiejun Elington	200
Jillien Park	200
Karen Greytak	200
Katie McClay	200
Lora Cohen	200
Melinda Schwartz	200
Melissa Brodski	100
Sara Weisweaver	200
Sarah Jensen	200
Sarah Zoref	200
Shalini Jayawardana	200
Shanon Magnusson	200
Whitney Carter	200
Jennifer Seder	200
Alison Aylesworth	200

Teacher Grants

<u>Name of Individual</u>	<u>Expenses</u>
Amanda Hinz	200
Amy K Stewart	200
Amy Nunes	200
Anjela Hasheva	200
Anna Bohman	200
Carolyn Anne Williamson	200
Christopher Drajem	200
David Drassal	200
Elizabeth Luwe	200
Eric Landgraf	200
J Scott Gregorich	200
Kathy Spampinato	100
Kristin Connally	200
Margaret Jones	200
Paige Tolstolutsky	200
Sandra Marafino	200
Sharon Kortuem	200
Stephen Boyet	200
Stephen Eric Sieberson	200
Vanessa McAlevey	200
Abby Hall	200
Bobbie Whaley	100
Cecilia Kashima	200
Heather Leland Webb	100
Kimiko Nishiwaki	200
Kristina C Smith	200
Lee Redfield	100
M Chris Davis	200
Megan Garner	200
Melissa Martin	200
Michelle Berg	200
Nicole Morton	200
Sandra Bacerdo	200
Total	<u>31,300</u>

Other Specific Programs Grants

<u>Name of Individual or Organization</u>	<u>Expenses</u>
Allison Karis	50
Bellevue Community College	1,000
Bellevue High School	2,840
Bellevue School District	47,715
Bennett Elementary	1,000
Blake McDonald	50
Cami Schiel	25
Emily Price	50
Hannah Niebulski	50
Interlake High School	6,397
International School	133
Jake Hemingway	50
James K. Shigihara	1,000
Jencen Robey	50
Jillian Raftery	50
Kelsey Creek Home School	2,000
Lake Hills Elementary	51,259
Marissa Ito	50
Nancy Jacobs	1,096
Newport High School	210
Nicole Falling	25
Odle Middle School	100
Puesta Del Sol	300
Riley Anderson	1,000
Robinswood High School	415
Stevenson Elementary School	1,500
Tillicum Middle School	75
Tyee Middle School	200
Woodridge Elementary	100
Total	<u>118,790</u>

Bellevue Schools Foundation
For the Year Ending June 30, 2008

EIN: 91-1080997

Discretionary Grants

<u>Name of Organization</u>	<u>Expenses</u>
Choice and Consequence	900
Highland Middle School	480
Odle Middle School	<u>1,072</u>
Total	<u><u>2,452</u></u>