

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
 ▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2008 calendar year, or tax year beginning 04-01-2008, and ending 03-31-2009**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization DISTRICT 50 EDUCATION FOUNDATION		<b>D</b> Employer identification number 84-1088489
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 2401 WEST 80TH AVENUE	<b>E</b> Telephone number (303) 428-7536	
	City or town, state or country, and ZIP + 4 DENVER, CO 80221		<b>F</b> Group Exemption Number ▶

◆ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**   
**G** Accounting method:  Cash  Accrual  
 Other (specify) ▶

**I** Website: ▶ N/A  
**J** Organization type (check only one):  501(c)(3) (insert no)  4947(a)(1) or  527  
**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check  if the organization is not a section 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.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 150,330

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received							67,217																							
	<b>2</b> Program service revenue including government fees and contracts							0																							
	<b>3</b> Membership dues and assessments							0																							
	<b>4</b> Investment income							10,423																							
	<b>5a</b> Gross amount from sale of assets other than inventory																														
	<b>b</b> Less cost or other basis and sales expenses							0																							
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)								0																						
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																														
	<b>a</b> Gross revenue (not including \$_____ of contributions reported on line 1)									72,690																					
<b>b</b> Less direct expenses other than fundraising expenses									15,359																						
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)											57,331																				
<b>7a</b> Gross sales of inventory, less returns and allowances																															
<b>b</b> Less cost of goods sold														0																	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)														0																	
<b>8</b> Other revenue (describe _____)																															
<b>9</b> Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																															
Expenses	<b>10</b> Grants and similar amounts paid (attach schedule)																														
	<b>11</b> Benefits paid to or for members																														
	<b>12</b> Salaries, other compensation, and employee benefits																														
	<b>13</b> Professional fees and other payments to independent contractors																														
	<b>14</b> Occupancy, rent, utilities, and maintenance																														
	<b>15</b> Printing, publications, postage, and shipping																														
	<b>16</b> Other expenses (describe _____)																														
<b>17</b> Total expenses (add lines 10 through 16)																															
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)																														
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																														
	<b>20</b> Other changes in net assets or fund balances (attach explanation)																														
	<b>21</b> Net assets or fund balances at end of year (combine lines 18 through 20)																														

**Part II Balance Sheets**—If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

		(A) Beginning of year		(B) End of year	
<b>22</b> Cash, savings, and investments		286,320	<b>22</b>	270,796	
<b>23</b> Land and buildings			<b>23</b>		
<b>24</b> Other assets (describe _____)		256,588	<b>24</b>	207,028	
<b>25</b> Total assets		542,908	<b>25</b>	477,824	
<b>26</b> Total liabilities (describe _____)			<b>26</b>		
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)		542,908	<b>27</b>	477,824	

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )
What is the organization's primary exempt purpose? HIGH SCHOOL SCHLORSHIPS		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
<b>28</b> Funds provided to Graduating High School Seniors for College Schlorships, to teachers & PTO's for special projects, and to High School Student Governments (Grants \$ 74,507)	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b> 74,507
<b>29</b>		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b>		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (attach schedule)		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a)		<b>32</b> 74,507

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 501(c)(7) organizations. Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
40b Section 501(c)(3) and (4) organizations. 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?
40c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The books are in care of STEVE WAGNER ASSOCIATES Telephone no (303) 428-5800
8758 WOLFF COURT SUITE 100
Located at WESTMINSTER, CO ZIP + 4 800316904
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside of the U S ?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and

complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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	<b>46</b>	No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	No
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	<b>48</b>	No
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	No
<b>b</b> If "Yes," was the related organization(s) a section 527 organization?	<b>49b</b>	

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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
NONE				
Total number of other employees paid over \$100,000				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Under penalties of perjury, I declare that I have examined this return, including any schedules or attachments, and the information therein is true, correct, and complete. Declaration of preparer (other than officer) if other than preparer has signed the return.

**Please Sign Here**

\*\*\*\*\*  
Signature of officer

DON RHODA DIRECTOR  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: STEVEN M WAGNER Date: 2009-08-14

Firm's name (or yours if self-employed), address, and ZIP + 4:  
STEVEN M WAGNER & ASSOC INC  
8758 WOLFF CT SUITE 100  
WESTMINSTER, CO 800316904

May the IRS discuss this return with the preparer shown above? See instructions.



**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	15,594	50,535				66,129
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add line 1-3	15,594	50,535				66,129
<b>5</b> The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
<b>6 Public Support</b> subtract line 5 from line 4						66,129

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	15,594	13,551				66,129
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,221	13,551				23,772
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total Support</b> (Add lines 7 through 10)						89,901
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	

**13 First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	73.560 %
<b>15</b> Public Support Percentage for 2007 Schedule A, Part IV -A, line 26f	<b>15</b>	74.600 %

- 16a 33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10% Facts and Circumstances Test - 2008.** 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 organization
- b 10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 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 organization
- 18 Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						0

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						0
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	0 %
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	<b>17</b>	0 %
<b>18</b> Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	

- 19a 33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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**Part IV** **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross revenue (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>	<b>4</b> Cash Prizes . . . . .				
	<b>5</b> Non-cash Prizes . . . . .				
	<b>6</b> Rent/Facility costs . . . . .				
	<b>7</b> Other direct expenses . . . . .				
	<b>8</b> Direct expense summary Add lines 4 through 7 in column (d) . . . . . ▶				
<b>9</b> Net income summary Combine lines 3 and 8 in column (d) . . . . . ▶					

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶					

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," Explain _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b> If "Yes," Explain _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> 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? . . . . .	<b>12</b>	

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . .	<b>13a</b>	
<b>b</b>	An outside facility . . . . .	<b>13b</b>	
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____		
<b>c</b>	If "Yes," enter name and address		
	Name ▶ _____		
	Address ▶ _____		
<b>16</b>	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ \$ _____		
	Description of services provided ▶ _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____		

Software ID:  
 Software Version:  
 EIN: 84-1088489  
 Name: DISTRICT 50 EDUCATION FOUNDATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BRANDA ABBOTT 1501 DEL NORTE DENVER, CO 80221	TREASURER 1 00	0		
DIANE EDES 9948 GROVE WAY UNIT E WESTMINSTER, CO 80031	CONTRIBUTING MEMBER 1 00	0		
CINDY JEFFRIES 8140 LOWELL BLVD WESTMINSTER, CO 80031	SECRETARY 1 00	0		
CAROL PETRI 5061 W 101ST CIRCLE WESTMINSTER, CO 80031	CONTRIBUTING MEMBER 1 00	0		
CHRIS DITTMAN 11339 EATON STREET WESTMINSTER, CO 80030	VICE PRESIDENT 1 00	0		
DON RHODA 4361 W 89TH WAY WESTMINSTER, CO 80030	DIRECTOR 1 00	0		
ELEANOR FAVERTY 9370 SHERIDAN BLVD WESTMINSTER, CO 80030	CONTRIBUTING MEMBER 1 00	0		
BEN MARTINEZ 10438 TOWN PLACE DRIVE WESTMINSTER, CO 80021	DIRECTOR 1 00	0		
CHRISTY DODD 2636 16TH AVENUE GREELEY, CO 80631	EXECUTIVE DIRECTOR 1 00	0		
JEANNE NEARING 8580 CIRCLE DRIVE WESTMINSTER, CO 80030	DIRECTOR 1 00	0		
JON NORDMARK 6060 GREENWOOD PLAZA BLVD GREENWOOD VILLAGE, CO 80111	DIRECTOR 1 00	0		
JOSEPH TALARICO 4000 W 103RD AVENUE WESTMINSTER, CO 80030	CONTRIBUTING MEMBER 1 00	0		
JOHN STIPECH 13876 LEXINGTON PLACE WESTMINSTER, CO 80220	DIRECTOR 1 00	0		
KAREN SCHEUERMAN 3900 W 103RD WESTMINSTER, CO 80031	CONTRIBUTING MEMBER 1 00	0		
KATIE RYAN 11162 BRYANT COURT WESTMINSTER, CO 80234	DIRECTOR 1 00	0		
LARRY MALSAM 10343 W 62ND AVE ARVADA, CO 80003	CONTRIBUTING MEMBER 1 00	0		
ANITA ROBERTS 9560 NEWTON STREET WESTMINSTER, CO 80031	DIRECTOR 1 00	0		
MARILYN FLACHMAN 9820 WOLFF COURT WESTMINSTER, CO 80030	DIRECTOR 1 00	0		
MARILYN GETSCH 10207 OSCEOLA CT WESTMINSTER, CO 80031	DIRECTOR 1 00	0		
MARK RAMSEY 15681 W 79TH PLACE ARVADA, CO 80007	DIRECTOR 1 00	0		
MATT DURAN 13985 CRAIG WAY BROOMFIELD, CO 80021	DIRECTOR 1 00	0		
MICHAEL ARCHER 8758 WOLFF COURT WESTMINSTER, CO 80031	CONTRIBUTING MEMBER 1 00	0		
LILIAN PACHECO 7150 HOOKER STREET WESTMINSTER, CO 80030	DIRECTOR 1 00	0		
ROBERTA SELLECK 4476 W 68TH AVE WESTMINSTER, CO 80030	DIRECTOR 1 00	0		
WILLIAM WILSON 3786 W 102ND AVE WESTMINSTER, CO 80031	DIRECTOR 1 00	0		
BRIAN STOUWER 1675 BROADWAY STE 1700 DENVER, CO 80202	DIRECTOR 1 00	0		
PATRICK RILEY 5130 WEST 120TH AVENUE WESTMINSTER, CO 80020	DIRECTOR 1 00	0		
TOM LYNCH 3915 W 73RD AVE WESTMINSTER, CO 80030	PRESIDENT 1 00	0		
DON SCHLAHT 797 VENTURA STREET AURORA, CO 80011	DIRECTOR 1 00	0		
STEVEN WAGNER 10038 WOLFF STREET WESTMINSTER, CO 80030	CONTRIBUTING MEMBER 1 00	0		
MELISSA WALSH 3489 W 72ND AVE STE 6 WESTMINSTER, CO 80031	DIRECTOR 1 00	0		
BOB BRIGGS 5729 W 115TH AVE WESTMINSTER, CO 80020	CONTRIBUTING MEMBER 1 00	0		

**TY 2008 Other Assets Schedule**

**Name:** DISTRICT 50 EDUCATION FOUNDATION

**EIN:** 84-1088489

Description	Beginning of Year Amount	End of Year Amount
COMMUNITY FIRST INVESTMENTS		23,952
FIDELITY MUTUAL FUNDS-MARKET VALUE		
AMERICAN FUNDS-MARKET VALUE	256,588	183,076

**TY 2008 Other Expenses Schedule**

**Name:** DISTRICT 50 EDUCATION FOUNDATION

**EIN:** 84-1088489

Description	Amount
OFFICE SUPPORT	26
BANK CHARGES	70
DUES	688
ADVERTISING	941
INSURANCE	1,679
BOARD MEETINGS	1,184
TRAINING/SEMINARS	165
OFFICE SUPPORT	
DUES	
LICENSE	
EDUCATION/TRAINING	
ADVERTISING	
Depreciation	1,010
SCHOLARSHIPS	74,507