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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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u> </u>	or the	e 2008 calendar year, or tax year beginning ${ m SEP} 1$, $ 2008$ and endir	ng AUG 31, 2	2009				
Bo	heck if	e Please use IRS C Name of organization	D Employer	identific	cation number			
X	Addre	ss label or DOOGENEED HIGH COHOOL BOHNDARTON	Ì					
	Name chang	type		42-12	239735			
	Initial return	See Number and street (or P 0 box if mail is not delivered to street address) Room	/suite E Telephone	number				
	Termii ation	Instruc-		(515)				
,	Amen	city or town, state or country, and ZIP + 4	G Gross receipts	\$	763,643.			
	Application pendic	DEB MOINES, IA 30312	H(a) Is this a	group re				
	•	F Name and address of principal officer:WILLIAM BARTINE	for affilia		Yes X No			
		SAME AS RETURN MAILING ADDRESS		H(b) Are all affiliates included? Yes No				
		empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 te: ► WWW • TRHSFOUNDATION • ORG			list (see instructions)			
			H(c) Group ex Year of formation					
	ert I		- Tear or ioimation] 101	State of legal domicile IA			
		Briefly describe the organization's mission or most significant activities: THE ROO	SEVELT HIGH	H SCI	HOOL			
TV → → Governance		FOUNDATION/ALUMNI ASSOCIATION IS ORGANIZED						
ביים ביים		Check this box In the organization discontinued its operations or disposed or						
Livities & Govern		Number of voting members of the governing body (Part VI, line 1a)		3	24			
8		Number of independent voting members of the governing body (Part VI, line 1b)		4	0			
S S	50	Total rumber of employees (Part V, line 2a)		5	0			
١١٤	41	Total mumber of employees (Part V, line 2a) Total mimber of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII, line 12, column (C)		6	25			
≥ 8	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)		7a	0.			
E1-28 Bivities	l bj	Net uhreated business exable income from Form 990-T, line 34		7ь	0.			
<u>~</u> "\			Prior Year	201	Current Year			
		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	1,949,	881.	640,190.			
<u>~</u>			34,9	205	10,308.			
New		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		390.	68,768.			
	j .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,992,		719,266.			
	i .	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,002,	.,	2,542,914.			
		Benefits paid to or for members (Part IX, column (A), line 4)			2/312/3111			
Ø		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						
nse	į.	Professional fundraising fees (Part IX, column (A), line 11e)			50,297.			
Expenses	l .	Total fundraising expenses (Part IX, column (D), line 25) > 50, 297.			······			
ω	ľ	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	470,	315.	120,915.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	470,		2,714,126.			
	19	Revenue less expenses. Subtract line 18 from line 12	1,521,	361.	<1,994,860.			
s or			Beginning of Y		End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,404,3	374.	409,514.			
nd R	21	Total liabilities (Part X, line 26)	2 12 1					
Ž2	22	Net assets or fund balances. Subtract line 21 from line 20	2,404,	374.	409,514.			
PE	ort II	Signature Block	monta and to the best of m	. leaned and a	a and ballof it is two assert			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any known of the prepa	wledge	Knowledg	e and belier, it is true, correct,			
Sigi		Sandy Yatch	1 つ	191	, W			
Her		Signature of officer	Date	1 4	70			
	•	Sandy Latch Administrative Din	ortor	•				
		Type or print name and title						
D-1-	1	Preparer's Date,	Check if	Prepare	rs identifying number			
Paid Pren	ı ıarer's	signature your xwelly 7/6/13	self- employed >		JOZZ 7000			
Ilse Only yours if								
self-employed), address, and								
		ZIP+4 DES MOINES, IA 50312	Phone no	<u> ▶5</u>	15-974-4257			
<u>May</u>	the II	RS discuss this return with the preparer shown above? (see instructions)			Yes No			

832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Pa	t IV Checklist of Required Schedules		•	-9
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	-	Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		_X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			37
4-	located outside the United States? If "Yes," complete Schedule F, Part III	16	37	Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	v
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	_20	v	Λ.
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	^	Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K			Х
	If "No", go to question 25	24a		Λ_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? Section 501(a)(3) and 501(a)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		
238	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		Х
h	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	05.		Х
26	prior year? If "Yes," complete Schedule L, Part I	25b		
20	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		Х
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
41	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial		ı	

Form **990** (2008)

contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than aş an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	_32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Part VI	37	ŀ	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

18 Enter the number reported in 8ox 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter of find tapplicable 0. 1st 1 1s				Yes	No
b Enter the number of Forms W2G included in line 1a. Enter Or find applicable □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return. It is a least one is reported on line 2a, did the organization file all required decral employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, leve instructions) If Yea's, has it filed a Form 9001 for this year' if 'No. 'provide an explanation in Schedule O If Yea's, has it filed a Form 9001 for this year' if 'No. 'provide an explanation in Schedule O If Yea's, has it filed a Form 9001 for this year' if 'No. 'provide an explanation in Schedule O If Yea's, has it filed a Form 9001 for this year' if 'No. 'provide an explanation in Schedule O If Yea's, has the organization a party to a prohibited tax shelter transaction at any time during the tax year? If 'Yes, 'to question 5 or 55b, did the organization file Form 8866-ft, Declosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? If 'Yes, 'to question 5 or 55b, did the organization file Form 8866-ft, Declosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? If 'Yes, 'to question 5 or 55b, did the organization file Form 8866-ft, Declosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? If 'Yes, 'to question 5 or 55b, did the organization file Form 8866-ft, Declosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? If 'Yes, 'to question 5 or 55b, did the organization file Form 8866-ft, Declosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? If 'Yes, 'to question 5 or 55b, did the organization file Form 8866-ft, Declosure by Tax-Exempt Entity Regarding Prohibited Tax were not tax deduct	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
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digambling) winnings to prize winners? a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lead for the calendar year ending with or within the year covered by this return. b If all least one is reported on line 2s, did the organization file all required federal employment tax returns? Note. If the sum of lines is and 2s is greater than 250, you may be required to e-file this return, level is enstructions). Note if the sum of lines is and 2s is greater than 250, you may be required to e-file this return. Even enstructions? b If Yes, has at filed a Form 990-17 or this year? If *No.* provide an explanation in Schedule 0 b If Yes, at a file all Form 990-17 or this year? If *No.* provide an explanation in Schedule 0 b If Yes, enter the name of the foreign country. ► See the instructions for exceptions and filing requirements for Form TD F90-22.1. Report of Foreign Bank and Financial Accounts. b If Yes, enter the name of the foreign country. ► See the instructions for exceptions and filing requirements for Form TD F90-22.1. Report of Foreign Bank and Financial Accounts. b Was the organization a party to a prohibited tax sheller transaction? b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? b If Yes, 'I due ton San 5b, did the organization file Form 8886-T, Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? c If Yes, 'I due ton organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? c If Yes, 'I due ton organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? c Did the organization shall may receive deductible contributions under section 170(e). b Did the organization has may receive deductible contributions under section 1	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable)]		
2a Enter the number of employees reported on Form W.3, Transmitted of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2 as a greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If Yes, has if filed a Form 990-T for this year? If Yio." provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have we an interest in, or a signature or other authority over, a financial account in a foreign country; leuch as a bank account, securities account, or other financial account? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; leuch as a bank account, securities account, or other financial account? 5a Ex the sum of the foreign country; leuch as a bank account, securities account, or other financial account? 5a Was the organization aprily to a prohibited tax shelter transaction? 6b Was the organization aprily to a prohibited tax shelter transaction? 6c If Yes, it of question 5a or 5b, did the organization that was or is a party to a prohibited tax shelter transaction? 6c If Yes, it due to reginalization include with every solicidation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, it due to reginalization include with every solicidation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, it due to reginalization include with every solicidation and express statement that such contributions or gifts were not tax deductible? 6c If Yes, it due to reginalization shall may receive deductible contributions under section 170(c).	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
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Note. If the sum of lines 1a and 2 as greater than 250, you may be required to e-file this returm, (see instructions) 3		filed for the calendar year ending with or within the year covered by this return)[
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If "Yes," has if filled a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; [such as a bank account, securities account, or other financial account)? 5b If "Yes," enter the name of the foreign country; [> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Did the organization solicit any contributions that were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization prowde goods or services in exchange for any quid pro quo contribution of more than \$757 7 Tax X	b		2b		
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4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 b If Yes,* enter the name of the foreign country. ► See the instructions for exceptions and filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization a party to a prohibited tax shelter transaction? 5 b X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b X c If Yes,* to guestion 5 aor 5 b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6 life the organization solicit any contributions that were not tax deductible? 7 life the organization solicit any contributions that were not tax deductible? 8 life the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 life the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 life the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7 life in Fyes,* did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7 life in Fyes,* did the organization or the value of the goods or services provided? 7 life form 8282? 1 life during the year point the value of the year point property for which it was required to file Form 8282? 1 life organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 life in Yes,* indicate the number of Forms 8282 filed during the year personal benefit contract? 7 life in Yes,* indicate the number of Forms 8282 filed during the year personal benefit contract? 7 life in Yes,* indicate the number of Forms 8282 filed	За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		_X_
the financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," refer the name of the foreign country: ► See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Saw the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_		
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excess business holdings at any time during the year? 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
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a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		excess business holdings at any time during the year?	8		
b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	а	Did the organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	b		9ь		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	10				
11 Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	а				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	11				
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	а				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b					
			12a	<u> </u>	
	<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			

Form **990** (200

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the

Sec	tion A. Governing Body and Management			
		_	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 24			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_ 5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		<u> </u>
Sec	tion B. Policies			
			Yes	No_
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a		$\frac{x}{x}$
b	Other officers or key employees of the organization?	15b		<u>X</u>
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NONE	_		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, as	nd fina	ncıal	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: 🕨		
	SANDY LATCH - (515) 242-7272			
22000	4419 CENTER ST, DES MOINES, IA 50312			
3200	o contract the contract of the	_	aga /	

Form 990 (2008)

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

CHRIS STEELE PRESIDENT JANIE SULLIVAN WINE PAST PRESIDENT BILL BARTINE	r key employee. (D)	(E)	(F)
CHRIS STEELE PRESIDENT JANIE SULLIVAN WINE PAST PRESIDENT BILL BARTINE	Reportable	Reportable	Estimated
CHRIS STEELE PRESIDENT JANIE SULLIVAN WINE PAST PRESIDENT BILL BARTINE	compensation from	compensation from related	amount of other
CHRIS STEELE PRESIDENT X X JANIE SULLIVAN WINE PAST PRESIDENT X X BILL BARTINE	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
JANIE SULLIVAN WINE PAST PRESIDENT X X BILL BARTINE			
JANIE SULLIVAN WINE PAST PRESIDENT X X BILL BARTINE	0.	0.	0.
BILL BARTINE			
BILL BARTINE	0.	0.	0.
DDECIDEND ELECT			
PRESIDENT ELECT X X	0.	0.	0.
LISA TURNER			
SECRETARY X X X	0.	0.	0.
DAVE CARIS			
TREASURER X X	0.	0.	0.
KIP ALBERTSON	-		
DIRECTOR X	0.	0.	0.
RAY BENING			
DIRECTOR X	0.	0.	0.
CHUCK BETTS	i		
DIRECTOR X	0.	0.	
ADAM CLAYPOOL	_	_	
DIRECTOR X	0.	0.	0.
MARY COWNIE			
DIRECTOR X	0.	0.	0.
MARK CRAIGER		2	•
DIRECTOR X	0.	0.	0.
MARCIA DENNY FREESE	0		0
DIRECTOR X BARB SHERER GODWIN	0.	0.	0.
	0		0
DIRECTOR X DEEDRA JOLLY	0.	0.	0.
DIRECTOR X	ο.	0.	0
EMILY WOODBURN LEDER			0.
DIRECTOR X	0.	0.	0.
LAURA LEONARD			
DIRECTOR X	0.	0.	0.
CHARLIE LOZIER	- ·		
DIRECTOR	0.	0.	0.

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Part VII Section A. Officers, Directors, Tru	stees, Key E	mplo	oyee	es, a	nd l	High	est	Compensated Employ	ees (continued)			r age c
(A) (B)			(C)					(D)	(E)			(F)
Name and title	Average hours	(c	hecl	Pos	ition		olv)	Reportable compensation	Reportable compensation		Estir	mated unt of
	per week	director						from the	from related organizations		ot	her ensation
		ustee or c	trustee		8	npensated		organization (W-2/1099-MISC)	(W-2/1099-MISC	"		n the lization
		Individual trustee or	Institutional frustee	Officer	Key employee	Highest compensated	Former					related Izations
LARRY MARTINDALE DIRECTOR	-	х						0.		0.		0.
REGINA MCNEAR DIRECTOR		x						0.		0.		0.
MATT MOUW												
DIRECTOR HEATHER SOENER		X	-			-		0.		0.		0.
DIRECTOR		X						0.		٥.		0.
J. MARC WARD											•	
DIRECTOR ANNE WHATLEY		X	_			-	-	0.		0.		0.
DIRECTOR		х				ļ. <u>.</u>		0.		0.		0.
										1		
									 -			
	_					ļ	1			\dashv		
			_			<u> </u>				\dashv		
1b Total						>		0.		0.		0.
Total number of individuals (including those compensation from the organization	e in 1a) who re	ceiv	ed n	nore	tha	n \$1	00,0	000 in reportable		<u> </u>		0 es No
3 Did the organization list any former officer,	director or tru	stee	e, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on	ſ	- '	es 140
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su			amn	one	ation	n and	d ot	her compensation from	the organization		3	X
and related organizations greater than \$150									ine organization		4	Х
5 Did any person listed on line 1a receive or a				rom	any	uni	relat	ed organization for serv	ices rendered to			
the organization? If "Yes," complete Sched Section B. Independent Contractors	ule J for such	pers	on								5	<u> </u>
Complete this table for your five highest co the organization. NONE	mpensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of comp	ens	ation fro	m
(A) (B) Name and business address Description of services					ervices	c	(C) ompens	ation				
						_			-			
				_			-					
							_					
2 Total number of independent contractors (i	_	e in 1	1) wl	no re	ecer	ved	mor	e than \$100,000 in com	pensation			
from the organization	0										Farm 00	30 (2008)

d All other revenuee Total. Add lines 11a-11d

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

11 a

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp			ete columns (B), (C), ar	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	2,501,842.	2,501,842.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	41,072.	41,072.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16		_		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			-	
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	<u> </u>			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	50,297.			50,297.
f	Investment management fees				
9	Other	4,097.	4,097.		
12	Advertising and promotion	2 2 2 2		<u> </u>	
13	Office expenses	3,200.	3,200.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
_	expenses shown on line 25 below) CONTRACT LABOR	52,850.	52,850.		
a b	PRINTING AND REPRODUCTI	21,933.	21,933.		
D	OTHER EXPENSES	19,029.	19,029.		
c d	BANK CHARGES	9,160.	9,160.		
a e	POSTAGE AND DELIVERY	6,650.	6,650.		
e f	All other expenses	3,996.	3,996.		
25	Total functional expenses Add lines 1 through 24f	2,714,126.	2,663,829.	0.	50,297.
26	Joint Costs. Check here Info@ing if following	2,,14,120.	2,003,023.		30,231.
20	SOP 98-2 Complete this line only if the organization		•		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

832010 12-18-08

	•			(A) Beginning of year		(B) End of		
	1	Cash - non-interest-bearing			1_			
	2	Savings and temporary cash investments		2,404,374.	2	40	9,5	14.
	3	Pledges and grants receivable, net		3				
	4	Accounts receivable, net		4				
	5	Receivables from current and former officers, direct						
		employees, or other related parties. Complete Part	t II of Schedule L		5			
	6	Receivables from other disqualified persons (as de						
		4958(f)(1)) and persons described in section 4958	(c)(3)(B). Complete					
		Part II of Schedule L			6			
ts	7	Notes and loans receivable, net			7			
Assets	8	Inventories for sale or use			8			
⋖	9	Prepaid expenses and deferred charges			9		*******	
	10a	Land, buildings, and equipment: cost basis	10a					
	b	Less: accumulated depreciation. Complete					•	
		Part VI of Schedule D	10b		10c			
	11	Investments - publicly traded securities			11			·
	12	Investments - other securities. See Part IV, line 11			12			
	13	Investments - program-related. See Part IV, line 11			13			
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must equal	line 3 <u>4)</u>	2,404,374.	16	40	9 , 5	14.
	17	Accounts payable and accrued expenses		17				
	18	Grants payable		18				
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
ies	21	Escrow account liability. Complete Part IV of Sche			21			
Liabilities	22	Payables to current and former officers, directors,						
Lial		highest compensated employees, and disqualified						
	00	of Schedule L	-	22				
	23 24	Secured mortgages and notes payable to unrelate		23				
	24 25	Unsecured notes and loans payable	•		24			
	25 26	Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25		0.	25 26			0.
	20	Organizations that follow SFAS 117, check here	and complete	0.	20			
Ø		lines 27 through 29, and lines 33 and 34.	and complete					
ces	27	Unrestricted net assets			27			
alar	28	Temporarily restricted net assets			28			
Ä	29	Permanently restricted net assets			29			
Fund Balanc		Organizations that do not follow SFAS 117, che	ck here 🕨 🗓 and		23	••••••	······································	********
o. F		complete lines 30 through 34.						
Net Assets or	30	Capital stock or trust principal, or current funds		0.	30			0.
SS	31	Paid-in or capital surplus, or land, building, or equi	pment fund	0.	31			0.
¥ ¥	32	Retained earnings, endowment, accumulated inco	•	2,404,374.	32	40	9,5	
ž	33	Total net assets or fund balances	,	2,404,374.	33	40	9,5	14.
	34	Total liabilities and net assets/fund balances		2,404,374.	34	40	9,5	14.
Pa	rt XI	Financial Statements and Reporting					Yes	No
4	۸	visting method used to proper the Form 000.] Cook	7000			103	
1		ounting method used to prepare the Form 990: X		_ Other		2a		Х
_	 Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? 							X
		es" to lines 2a or 2b, does the organization have a c	•	marbility for avamish of the	audit	2b		<u> </u>
·					audit,	2c		ł
3a	review, or compilation of its financial statements and selection of an independent accountant? As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							_
		and OMB Circular A-133?						
b		es," did the organization undergo the required audit	or audits?	• •		. 3a 3b		X
92201	1 10 10	00			-		000	2008/

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008
Open to Public Inspection

Name of the organization

Employer identification number

- 44				LT HIGH SCHO						4.	2-1239735
Pa	ert I	Reason	tor Public Char	ity Status (All organiz	zations mu	st complet	e this par	t) (see ins	tructions)		
The	organ	ization is not a	a private foundation	because it is: (Please ch	eck only o	ne organiz	ation.)				
1	\square	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)	١.		
2		A school des	scribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)						
3		A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii). (At	tach Sche	dule H.)	
4		A medical res	search organization	operated in conjunction	with a hos	pıtal descr	ıbed ın se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's name,
		city, and stat	te:								
5		An organizati	on operated for the	benefit of a college or ui	niversity ov	wned or op	erated by	a governi	mental uni	t describ	ed in
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
6				ent or governmental uni	t described	d in sectio	n 170(b)(I)(A)(v).			
7	X			<u> </u>					or from the	general i	oublic described in
		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8				section 170(b)(1)(A)(vi).	(Complete	Part II.)					
9	同	-		eives: (1) more than 33		•	rom contri	butions n	nembershi	n fees ar	nd aross receipts from
•		-	•	nctions - subject to certa						-	
			·	axable income (less sec							
			509(a)(2). (Complete	•		,	011100000	aoquii ca b	y the orge	anzanon (and dune ou, roro
10	\Box			perated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(4	1) (see ins	tructions	١
11	一	-		perated exclusively for the	· · · · · · · · · · · · · · · · · · ·	-					•
•	_			ations described in secti							
		-				-		_,. 000 30	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4,(0). One	SON THO DON THAT
	describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III - C Type III - Functionally integrated d Type III - Other										
•				at the organization is not				-	r more dis		
•	·	•		han one or more publicly		•	•	•			•
1	,		-	tten determination from		_				J(4)(1) O1	300tion 505(a)(2).
		-	organization, check th		ine ino in	atitis a ry	pe i, Type	ii, oi Type	- III		
_	_		=		ov alft or o	ontabution	from on	of the fell	oudna nan	2000	<u></u>
Ę	,			organization accepted ar							Yes No
			-	lirectly controls, either al	one or tog	etiler with	persons	rescribed	iii (ii) aiio (iii) below,	
		-		upported organization?	1						11g(i)
		•	•	n described in (i) above?		-0					11g(ii)
	_			person described in (i)	• •						11g(iii)
r	1	Provide the t	rollowing information	about the organizations	tne organ	ization sup	oports.				
				(iii) Type of	Visit to Alba a		(v) Did vo		() 10	, tha	
(i	•	of supported	(ii) EIN	organization		organizatıon sted in your		u nothy the tion in col	(vi) is organizati	on in col	(vii) Amount of
	orga	anization		(described on lines 1-9		document?		r support?	(i) organız U S	ed in the f	support
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No	
			1	(acc manuchona))			100				 .
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Tot				<u> </u>		l	L	<u> </u>	<u> </u>		
LHA	\ For F	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see t	he Instruc	tions for F	Form 990.	ı	Schedul	e A (Forr	n 990 or 990-EZ) 2008

Schedule & (Form 990 or 990 EZ) 2008 ROOSEVELT HIGH SCHOOL FOUNDATION 42-1239735 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not <u>156,295.</u> 167,382. 1003946. 1949881. 752,125. include any "unusual grants.") 4029629. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 156,295. 167,382. 1003946. 1949881. 752,125. 4029629. 4 Total. Add lines 1 · 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public Support. Subtract line 5 from line 4 4029629. **Section B. Total Support** Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 156,295. 167,382. 1003946. 1949881. 752,125. 4029629. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 404. 2,328. 12,002. 34,905. 10,308. 59,947. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 4089576. 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.53 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 16a 33 1/3% support 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 $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a 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

Schedule A (Form 990 or 990-EZ) 2008

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Pε	ort III Support Schedule for C	Organizations	Described in	Section 509(a	(Complete ont	y if you checked the b	ox on line 9 of Part I)	
Se	ction A. Public Support							
Cal	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
1	Gifts, grants, contributions, and			ļ				
	membership fees received (Do not							
	include any "unusual grants ")							
2	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							
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf		_					
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 · 5							
7 a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons					<u> </u>		
t	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							
	Add lines 7a and 7b		· · · · · · · · · · · · · · · · · · ·					
	Public support (Subtract line 7c from line 6)							
Sec	ction B. Total Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				:			
t	Unrelated business taxable income							
	(less section 511 taxes) from businesses				1			
	acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support (Add lines 9, 10c, 11, and 12)							
	First five years. If the Form 990 is fo	r the organization'	s first, second, thii	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ration,	
	check this box and stop here		_				▶□	
<u>Sec</u>	ction C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2008 (line 8, column (f) d	livided by line 13, o	column (f))		15	. %	
<u>16</u>								
Sec	ction D. Computation of Inve	stment Incom	e Percentage					
17								
18								
19a	33 1/3% support tests - 2008. If the				e 15 is more than	33 1/3%, and line 1	7 is not	
	more than 33 1/3%, check this box a						▶ □	
t	33 1/3% support tests - 2007. If the						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								
					Sc	hedule A (Form 99	0 or 990-EZ) 2008	

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

ROOSEVELT HIGH SCHOOL FOUNDATION

Employer identification number 42–1239735

Schedule D (Form 990) 2008

Pa		ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	<u> </u>	used only
	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		torically important land area
	Protection of natural habitat	Preservation of certifie	
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a cons	servation easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the taxable
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, violations, ar	nd
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	nd enforcing easements during the year	·
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing easements during the year ▶\$	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170((h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	the organization's accounting for
P	conservation easements.	·	
Pai	<u>t III</u> Organizations Maintaining Collections o	f Art, Historical Treasures, or Of	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and ba	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of put	olic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balance	ce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

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

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Internal Revenue Service	,	,,,,					• ,		Inspection
Name of the organization			_					Employer id	dentification number
	ROOSEVE	LT HIGH S	SCHO	OL FO	JND	DATIC	N _	42-123	9735
Part I Fundraisin	g Activities	. Complete if the	organiz	ation answ	ered	'Yes' t	o Form 990, Part IV,	line 17.	
1 Indicate whether the c	organization rai	sed funds through	n any of	the follow	ing a	ctivities.	Check all that apply	' .	
a X Mail solicitation	ıs		e [Solicita	ation	of non-g	overnment grants		
b Email solicitation	ons		f				rnment grants		
c Phone solicitati			g L	X Specia	l fun	draising	events		
d X In-person solici									
2 a Did the organization I		•		•	•	•	,	C==-1	
key employees listed							•		
b If "Yes," list the ten h compensated at leas	•		-			•			o be
	т ф3,000 by the	Torganization. For		LZ IIICIS ai	1	require	u to complete this ta		
(i) Name of Indivior entity (fundra		(ii) A	Activity		ft. hav	(iii) Did undraiser ve custody control of itributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		FUNDRAIS	ING		Ye	s No			
CAPITOL RESOUR	RCES	SERVICES		THE (X	0.	25 , 297	<25,297.
	_	FUNDRAIS:							
RSB_ASSOCIATES	5	SERVICES	FOR	THE (]	X	0.	25,000	<25,000.
						1			
					+				
			_						+
								·	
	.		_	·-·	\perp				
					┿	_		<u> </u>	
		<u> </u>			1			-	
T-4-1								50,297	<50,297.
Total	45				·	4			
3 List all states in which	uie organizatio	is registered of	ncense	u to solicit	iunc	us or nas	s been notified it is ex	kempt from registr	ation or licensing.
							<u> </u>		

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

Schedule G (Form 990 or 990-EZ) 2008

		draising Events. Complete if the property of t			,	moro triair q	713,00	0
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Tota	al Even	ts
			D DADMY	DIDED GUD	1	(Add col.	(a) thre	ough
			R PARTY (event type)	RIDER CUP (event type)	(total number)	col	. (c))	
en l			((-	
Revenue	1 Gross red	celpts	57,701.	22,413.	33,031.	11	3,1	45.
	2 Less: Cha	aritable contributions						
	3 Gross rev	renue (line 1 minus line 2)	57,701.	22,413.	33,031.	11	3,1	45.
	4 Cash priz	es						
ses	5 Non-cash	prizes						
Direct Expenses	6 Rent/facil	ity costs						
	7 Other dire	ect expenses	14,706.	6,037.	23,634.	4	4,3	77.
	8 Direct exp	pense summary. Add lines 4 throug	h 7 in column (d)		•	(4	4,3	77.
	9 Net incom	ne summary. Combine lines 3 and 8	3 in column (d)		•	6	8,7	68.
Pa		ning. Complete if the organization		990, Part IV, line 19, or r	eported more than			
	<u></u> \$15,0	000 on Form 990-EZ, line 6a.		<u> </u>				
9			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total ga		
enueveu				ogo, progression a single			ogn o	J. (J)
_	1 Gross rev	renue .						
33	2 Cash priz	es						
Expenses	3 Non-cash	prizes						
591	4 Rent/facil	ity costs						
-	5 Other dire	ect expenses .						
			Yes %	Yes %	Yes %		·	
	6 Volunteer	labor	No No	No	No No			
	7 Direct exp	pense summary. Add lines 2 throug	h 5 ın column (d)		•	(
	8 Net gamı	ng income summary. Combine lines	1 and 7 in column (d)		.			
							Yes	No
		e(s) in which the organization opera	· · · —					
	If "No," Expla	ation licensed to operate gaming a in:	ctivities in each of these s	states?		9a		
_	M/ 5:					_		
	If "Yes," Explain	he organization's gaming licenses r ain:	evokea, suspended or te	rminated during the tax y	ear7	10a		
								
						F	ł	

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2008 ROOSEVELT HIGH SCHOOL FOUNDATION 42-123	9735		age 3
		Yes	No
13 Indicate the percentage of gaming activity operated in:	1		
a The organization's facility 13a %			
b An outside facility 14. Provide the name and address of the name with account the assessment of the name with a second side of the name with a second si			
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ►			
Address ▶			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	~	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
c If "Yes," enter name and address:			
Cir Tes, effectuatile and address.			
Name ▶			
Address ►			
16 Gamıng manager information:			
Name ▶			
Gaming manager compensation > \$			
Description of services provided 🕨			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	17a	ĺ	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the			

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE								OMB No 1545-0047
(Form 990)			Grants and Govern	Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	e to Organization: Juals in the U.S.	ó		2008 .
Department of the Treasury Internal Revenue Service		▲ Comb	► Complete if the organizatic	on answered "Yes," on F Attach to Form 990.	," on Form 990, P. m 990.	ganization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.		Open to Public inspection
Name of the organization	on ROOSEVELT HIGH		SCHOOL FOUNDATION	NOT				Employer identification number 42-1239735
Part General Inf	General Information on Grants and Assistance	and Assistance		1				2017031 31
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	stance, and the selec	
criteria used to av	criteria used to award the grants or assistance?	stance?	oring the use of great	finds is the Lotte.	001010			X Yes No
Part II Grants and	Part II Grants and Other Assistance to Governments and Organizations in the United States Complete if the presentation answered "Yes" on Form 000 Bart IV line 21 for any	Governments and	Organizations in the	Initial States	omolete if the org	V" beservance nottexton	se' on Form 000 Par	IV line 21 for any
recipient th	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	\$5,000 Check this	box if no one recipier	nt received more th	ian \$5,000 Use Pa	irt IV and Schedule I-	(Form 990) if addition	nal space is needed
1 (a) Name and ad	1 (a) Name and address of organization or government	(9)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
								MONEY WAS RAISED BY A
DES MOINES PUBLIC 901 WALNUT ST	PUBLIC SCHOOLS	_						CAPITAL CAMPAIGN TO HELP WITH THE COST OF
-	50309			2,501,842.	0.			RENOVATING THE SCHOOL
		_			-			
	Enter total number of section 501(c)(3) and government organizations	ind government or	ganizations					0
۳ı	Enter total number of other organizations	S						A
LHA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTI	Paperwork Reduction Act Notice, see the SEE PART IV FOR COLUMN	see the Instructions LUMN (H) DE	ructions for Form 990. H) DESCRIPTIONS	മ			Schedule I (Form 990) 2008
832101 12-18-08				25				

Schedule | (Form 990) 2008 ROOSEVELT HIGH SCHOOL FOUNDATION

Page 2

42-1239735

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

Part III

(f) Description of non-cash assistance (book, FMV, appraisal, other) ONCE THE FOUNDATION APPROVES THE DISBURSEMENT OF FUNDS, CHECKS ARE ISSUED Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information THE FOUNDATION REQUIRES RECIPIENTS OF GRANTS AND SCHOLARSHIPS TO PROVIDE IN WRITING WHAT THE FUNDS WILL BE USED FOR. (d) Amount of non-cash assistance ö ö 4 072. 37,000 (c) Amount of cash grant 41 (b) Number of recipients TEACHERS TO ATTEND PROGRAMS OUTSIDE OF ROOSEVELT DOLLAR FOR SCHOLARS-SCHOLARSHIPS TO STUDENTS TO POWELL AND OTHER GRANTS-GRANTS TO STUDENTS AND ATTEND POSTSECONDARY EDUCATIONAL INSTITUTIONS, 2: THAT FURTHER EDUCATION AND DEVELOPMENT (a) Type of grant or assistance LINE ĭ PART SCHEDULE I,

PART II, LINE 1, COLUMN (H):

IN THE NAME OF THE BENEFICIARY AND THE EDUCATIONAL INSTITUTION

SCHOOLS ORGANIZATION OR GOVERNMENT: DES MOINES PUBLIC OF NAME

CAPITAL Ø GRANT OR ASSISTANCE: MONEY WAS RAISED BY OF (H) PURPOSE CAMPAIGN TO HELP WITH THE COST OF RENOVATING THE SCHOOL BUILDING AND

832102 12-18-08

Schedule 1 (Form 990) 2008	ROOSEVELT	HIGH	SCHOOL	FOUNDATION	42-1239735	Page 2
Scheduled (Form 990) 2008 Part IV Supplemental Inform	nation					
		_				
SURROUNDING GROUNDS.						
						
				-		
	· · ·	••••	•			
	-		-			
-						
						
						
						
						
						
					-	
						_
		_				
				<u> </u>		

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Name of the organization

ROOSEVELT HIGH SCHOOL FOUNDATION

Employer identification number 42-1239735

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IN ORDER TO ADVANCE, SUPPORT, AND ASSIST IN THE DEVELOPMENT AND GROWTH
OF THE STUDENTS AND FACULTY AT ROOSEVELT HIGH SCHOOL.
FORM 990, PART VI, SECTION A, LINE 10: ROOSEVELT FOUNDATION PREPARES ITS
ANNUAL FINANCIAL STATEMENTS. THE FINANCIAL STATEMENTS ARE USED IN
PREPARING THE 990. THE PREPARED 990 IS REVIEWED AND SIGNED BY A FOUNDATION
OFFICER BEFORE SUBMITTING TO THE IRS.
FORM 990, PART VI, SECTION C, LINE 19: MEETINGS ARE OPEN TO THE PUBLIC AND
DOCUMENTS RELATED TO THE FOUNDATION CAN BE REVIEWED UPON REQUEST.
SCHEDULE G, PART I, LINE 2B, COLUMN (V): PAYMENTS MADE TO FUNDRAISERS
AND THE SERVICES BOTH FUNDRAISERS PROVIDED WERE A PRIMARY REASON THE
FOUNDATION WAS ABLE TO RAISE AND CONTRIBUTE OVER \$2.5 MILLION TO THE
RENOVATION PROJECT FOR ROOSEVELT HIGH SCHOOL. FEES PAID TO THE
FUNDRAISERS HAD A FIXED FEE AND BONUS ELEMENT IF CERTAIN DONATION
THRESHOLDS WERE MET.