

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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 2009

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

D Employer Identific:  43-157064 E Telephone number  (573) 458 G Gross receipts \$ group return for affiliate affiliates included? attach a list (see instruction number	208,006.									
43-157064 E Telephone number (573) 458 G Gross receipts \$ group return for affiliate affiliates included? attach a list (see instruction number ▶ M State of legs	8-0100 208,006. tes <sup>2</sup> Yes X No yes No									
E Telephone number (573) 458 G Gross receipts \$ group return for affiliat affiliates included² attach a list (see instruit xemption number  M State of lega	8-0100 208,006. tes <sup>7</sup> Yes X No yes No									
G Gross receipts \$ group return for affiliat affiliates included? attach a list (see instruct xemption number  M State of lega	208,006.  tes <sup>7</sup> Yes X No No									
G Gross receipts \$ group return for affiliat affiliates included? attach a list (see instruct xemption number  M State of lega	208,006.  tes <sup>7</sup> Yes X No No No									
group return for affiliate affiliates included? attach a list (see instruct exemption number  M State of lega	tes <sup>7</sup> Yes X No Yes No									
group return for affiliate affiliates included? attach a list (see instruct exemption number  M State of lega	tes <sup>7</sup> Yes X No Yes No									
group return for affiliate affiliates included? attach a list (see instruct exemption number  M State of lega	tes <sup>7</sup> Yes X No Yes No									
extract a list (see instruction number   M State of legal	uctions) Yes No									
xemption number ► M State of lega										
. M State of lega	al domicile MO									
. M State of lega	al domicile MO									
	al domicile MO									
DUCATION										
DOCATION_										
% of its assets   3   9										
4 9										
<del></del>										
	0									
7a	0.									
7b										
rior Year	Current Year									
	109,215.									
	4,121.									
	24,670.									
	70,000.									
	208,006.									
	112,523.									
	<del></del>									
	<del></del>									
	29,897.									
	142,420.									
81,752.	65,586.									
ning of Year	End of Year									
758,950.	824,687.									
758.950.	824,687									
to the best of my know	vledge and belief, it is									
1 1 -										
11/1/2	<i>310</i>									
Paid Preparer's signature Preparer's signature Preparer's No. 2000 Preparer's Preparer's No. 2000 Preparer										
eck if Prep	parer's identifying number									
If-	instructions)									
ibioleg -										
Ν -										
none no ► (573)	X Yes No									
n helm	5 6 1 7a 7b rior Year 174,19117,009. 22,387. 65,000. 244,569. 120,287.  42,530. 162,817. 81,752. nning of Year 758,950.  758,950.  to the best of my know knowledge // // // // // // // // // // // // //									

		3-13/064	0	Page 2
<u> </u>	t III Statement of Program Service Accomplishments  Brieflat describe the organization's mission:		<u> </u>	<del></del> -
	ENRICHMENT OF EDUCATION			
2	Did the organization undertake any significant program services during the year which were not listed on the p	rior	v . 🔽	M -
	Form 990 or 990-EZ?		Yes X	No
3	If 'Yes,' describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	,	Yes X	No
3	If 'Yes,' describe these changes on Schedule O		103 1	140
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allow expenses, and revenue, if any, for each program service reported.	openses Sec cations to oth	tion 501(c ers, the to	(3) otal
4 6	GRANTS TO THE ROLLA PUBLIC SCHOOLS FOR  STUDENT ACTIVITIES, FIELD TRIPS, LECTURES  TO HELP 12000 STUDENTS RECEIVE BETTER EDUCATION			
			_ <b></b> .	
			. – – – -	
41	(Code ) (Expenses \$ including grants of \$) (Reve	nue \$		)
			<b>_</b> _	
			<b>-</b>	
			. <b>_</b>	
		<b>-</b>		
		<del>-</del>		
4	c (Code:) (Expenses \$ including grants of \$) (Reve	nue \$		)
		<b></b>	<del>-</del>	
		<b></b>		
		. <b></b>		
		<b></b>		
4	d Other program services (Describe in Schedule O)			
	(Expenses \$ including grants of \$ ) (Revenue \$ e Total program service expenses ► 142,419.			
4	e Total program service expenses ► 142,419.			

	r		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		<u> x</u>
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 similar funds or 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		x
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		x
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	<u> </u> 	x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		x
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX			:
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, complete Schedule D, Part X			<u> </u>
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	ļ	x
12/	AWas the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  12 A X	<u></u>		
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 <i>a</i>	a Did the organization maintain an office, employees, or agents outside of the United States?	_14a		X
ł	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х
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		x
16	individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u> </u>	<u> </u>

Page **4** 

Note. All Form 990 filers are required to complete Schedule O

Part IV . | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 Х 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I 25b Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete 27 27 Х Schedule L, Part III 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28 a X b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х Schedule N, Part II 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 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 34 х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 35 Х Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х organization? If 'Yes,' complete Schedule R, Part V, line 2 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 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 38

Х Form 990 (2009)

38

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S 0 1 a Information Returns Enter -0- if not applicable 0 1b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c Х (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 2a 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? 2b Note. If the sum of lines 1a and 2a is 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? 3a Х b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b 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) 4a Х **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. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b Х c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a Х solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a Х b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Х Form 8282 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7q 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9 a X a Did the organization make any taxable distributions under section 4966? Х **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter. 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter. a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against 11 b 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? 12a 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Form **990** (2009)

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A.	Governing Body and Management									
										Yes	No
1 a	Enter the	number of voting members of the governing body		1 a	9						
b	Enter the	number of voting members that are independent	1	1 b	9						
2		officer, director, trustee, or key employee have a family relationship or a busines irector, trustee or key employee?	ss rel	lation	shi	p with	any o	other	2		х
3	Did the o	rganization delegate control over management duties customarily performed by s, directors or trustees, or key employees to a management company or other p	or ur	nder n?	the	dırec	t supe	rvision	3	х	
4		rganization make any significant changes to its organizational documents	•						4		Х
	since the	prior Form 990 was filed?									
5	Did the o	rganization become aware during the year of a material diversion of the organiz	zation	n's as	set	s?			5		Х
6		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	х	
b	_	decisions of the governing body subject to approval by members, stockholders,	or oth	her p	ers	ons?			7 b	Х	
8	Did the o	organization contemporaneously document the meetings held or written actions to	under	rtakeı	n d	uring	the ye	ar by			
а	The gove	erning body?							8a	Х	
b	Each cor	nmittee with authority to act on behalf of the governing body?							8 b		Х
9	Is there a	any officer, director or trustee, or key employee listed in Part VII, Section A, who tion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule</i> (	io can O	nnot t	be r	eache	ed at t	he	9		x
Sec		Policies (This Section B requests information about policies		requ	ure	ed by	√ the	Interna	al		
Reve	enue Code	2)									
										Yes	No
10 a	Does the	organization have local chapters, branches, or affiliates?							10 a	<u> </u>	<u>X</u>
t	If 'Yes,' o and bran	does the organization have written policies and procedures governing the activitiones to ensure their operations are consistent with those of the organization?	ties of	f such	h cl	hapte	rs, affi	lıates,	10b		
11	Has the	organization provided a copy of this Form 990 to all members of its governing be	ody b	efore	e fil	ing th	e form	17	11	<u> </u>	<u> </u>
		in Schedule O the process, if any, used by the organization to review this Form	n 990								
		organization have a written conflict of interest policy? If 'No,' go to line 13							12a	<u> </u>	X
t	Are office to conflic	ers, directors or trustees, and key employees required to disclose annually inter- cts?	rests t	that o	cou	ld gıv	e rise		12b		
C	Does the Schedule	organization regularly and consistently monitor and enforce compliance with the O how this is done	ne pol	licy?	If "	Yes,'	descrii	be ın	12c	L	
		organization have a written whistleblower policy?							13	<u> </u>	X
		organization have a written document retention and destruction policy?							14		<u> </u>
15	Did the p persons,	process for determining compensation of the following persons include a review comparability data, and contemporaneous substantiation of the deliberation and	and a	appro	ova 1 <sup>9</sup>	l by ır	ndeper	ndent			
ā	The orga	nization's CEO, Executive Director, or top management official							15a		X
ŀ		ficers of key employees of the organization							15b		X
	If 'Yes' to	o line 15a or 15b, describe the process in Schedule O (See instructions.)									
16 a	Did the o	organization invest in, contribute assets to, or participate in a joint venture or sir iring the year?	mılar	arrar	nge	ment	with a	taxable	16a		х
	in joint v	has the organization adopted a written policy or procedure requiring the organiz- enture arrangements under applicable federal tax law, and taken steps to safeg ith respect to such arrangements?	zation guard	to ev	valu orga	uate it anizat	ts part tion's e	icipatior exempt	16b		
Sec		Disclosures				_					
17		states with which a copy of this Form 990 is required to be filed <ul> <li>Missour</li> </ul>									
18	Section	6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 99 on. Indicate how you make these available. Check all that apply	90, ar	nd 99	70-1	Г (501	(c)(3)	s only) a	ivailabl	e for p	oublic
		website Another's website X Upon request							_		
19	statemer	e in Schedule O whether (and if so, how) the organization makes its governing donts available to the public									ncıal
20		e name, physical address, and telephone number of the person who possesses  KING 500 A Forum Drive Rolla									0100
	- PHINI	KING 500 A Forum Drive Rolla		<u>-~</u> –	۔ ۔	2 10.	<del>-</del>		<u> </u>	: = -	2 = 0,0

# 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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of 'key employees'
- 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.

X Check this box if the organization did no	t compens	ate a	ny c	urre	nt o	fficer,	dire	ector, or trustee.		
(A)	(B)			(4	c)			(D)	(E)	(F)
Name and Title	Average hours			_		hat appl		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	adividi al frustee or director	anshtuhonal trustee	Offir er	Key employee	High est coinpensated employee	Fornei	the organization (W-2/1099-MISC)	related organizations (W 2/1099 MISC)	compensation from the organization and related organizations
CAREN WHITES										
DIRECTOR	1.00	Х		ļ	,			0.	0.	0.
DR JON WILSDORF										-
Director	1.00	Х						0.	0.	0.
Joel Burken					1					
President	1.00	Х						0.	0.	0.
Dr. Jerry Giger	1.00	х						0.	0.	0.
Mark Calvert										
Director	1.00	X.	<u> </u>					0.	0,	0.
Jim Graham										
Director	1.00	Χ_						0.	0.	0.
Joe Gorman										
Director	1.00	Χ_	lacksquare					0.	0.	0.
Tracy_Phenix			1					_	_	_
Director	1.00	Х		<u> </u>	_	-		0.	0.	0.
Jamie Myers										
EX-OFFICIO	1.00	X	┝		<u> </u>	<b> </b>		0.	0.	0.
VICKI GORMAN					l					0
EX-OFFICIO	1.00	X	├	_		<del> </del>	_	0.	0.	0.
SANDRA KING		١.,	İ					0.	0.	0.
SEC-TREAS	4.00	_ X	├		<u> </u>	-		0.	0.	
SUZANNE VAUGHAN	1.00	l v						0.	0.	0.
DIRECTOR WENDY VOLING	1.00	_	$\vdash$		├	<del>                                     </del>			0.	
WENDY YOUNGDIRECTOR	1.00	<sub>v</sub>						0.	0.	0.
DIRECTOR	1.00	_	-	<del>                                     </del>	$\vdash$			0.	0.	
			<u> </u>		_					

Form 990 (2009) ROLLA PUBLIC SCHOOLS FOUN	DATI	ON							43-157064	10	F	age 8
Part VII   Section A. Officers, Directors, Trus		(ey	En			es,	, an			ployee		<u>nt.)                                    </u>
(A)	(B)	Post	tion (	obook		hat a	- Culon	(D)	(E)	_	(F)	
Name and Title	Average hours per week			Officer		employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	amo cor or a	stimated unt of of npensation the ganization nd relate anization	ther on on ed
								+				
					_							
												, ,
											_	
	_											
1 b Total							<b>&gt;</b>	0.	0.			0.
2 Total number of individuals (including but not limited from the organization	I to thos	e lis	ted	abo	ve)	who	rec	eived more than \$	\$100,000 in reporta	ible con	pensa	ition
3 Did the organization list any former officer, director	or trusta		· · · ·	amn	love		r hic	sheet compensate	d employee		Yes	No
on line 1a? If 'Yes,' complete Schedule J for such in	dıvıdual	1								3		X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th individual	ian \$150	0,00	0'? /	f 'Ye	es' c	отр	olete	Schedule J for si	uch	4		х
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	mpens edule J	atior for s	n fro suct	m a n pei	ny ι rsor	unre	late	d organization for	services	5		х
Section B. Independent Contractors  1 Complete this table for your five highest compensate	d inda-	1024	an.	cont	ran	tors	that	received more th	an \$100 000 of			
compensation from the organization.	- Indep	ena			li ac			Teceived more un				
(A) Name and business address	s							Description o	of Services	Comp	C) ensatio	on
									-			
2 Total number of independent contractors (including l	but not	limite	ed t	o the	ose	liste	ed al	bove) who receive	d more than			
\$100,000 in compensation from the organization			- •					,				

rai	t Villy Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns     1a       b Membership dues     1b     12,725.       c Fundraising events     1c     10,248.       d Related organizations     1d       e Government grants (contributions)     1e				
CONTRIBUTIO AND OTHER	f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contribus included in lns 1a-1f  h Total. Add lines 1a-1f	109,215.			
RVICE REVENUE	Business Code  2a Unrealized Gain or Loss stock dec  b  c  d	4,121.	4,121.	0.	0.
PROGRAM SE	f All other program service revenue  g Total. Add lines 2a-2f	4,121.			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> <li>Royalties</li> </ul>	24,670. 70,000.	24,670. 70,000.	0.	0.
	(i) Real (ii) Personal  6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)	-		-	
	7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ 10,248. of contributions reported on line 1c) See Part IV, line 18  b Less. direct expenses c Net income or (loss) from fundraising events				
ļ	9a Gross income from gaming activities See Part IV, line 19  b Less direct expenses  c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances  b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code				
	Miscellaneous Revenue  11 a  b  c  d All other revenue				
	e Total. Add lines 11a-11d  12 Total revenue. See instructions	208,006.	98,791.	0.	0.

Part IX | Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			<u> </u>	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	112,523.	112,523.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members 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				
c	Accounting				-
d	Lobbying				_
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees			-	
	Other				
_	Advertising and promotion				
	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
	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 )				
а	Corporation Registration	60.	60.	0.	0.
b	Events	4,741.	4,741.	0.	0.
c	Teacher Reimbursement Fund	10,000.	10,000.	0.	0.
c	Contribution Expense	11,850.	11,850.	0.	0.
e	Backpack Program	453.	453.	0.	0.
f	All other expenses	2,793.	2,793.	0.	0.
25	Total functional expenses Add lines 1 through 24f	142,420.	142,420.	0.	0.
	Joint costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form <b>990</b> (2009)

Page 11

Pa	rt X	Balance Sheet				
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		742,383.	2	<u>824,</u> 687.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors and highest compensated employees Complete Part	s, trustees, key employees, II of Schedule L		5	
	6	Receivables from other disqualified persons (as define	ed under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Comp	olete Part II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net			7	
E	8	Inventories for sale or use			8	· <del></del>
S	9	Prepaid expenses and deferred charges		:	9	
	10 a	Land, buildings, and equipment: cost or other basis.	10a			
		Complete Part VI of Schedule D				
	b	Less accumulated depreciation.	10b		10 c	
	11	Investments - publicly-traded securities			11	
	12	Investments – other securities. See Part IV, line 11		16,567.	12	0.
	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	758,950.	16	824,687.	
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
L	20	Tax-exempt bond liabilities			20	
A B	21	Escrow or custodial account liability Complete Part I	V of Schedule D		21	
ABILLI	22	Payables to current and former officers, directors, trushighest compensated employees, and disqualified per	stees, key employees, rsons Complete Part II			
Ţ		of Schedule L			22	
É	23	Secured mortgages and notes payable to unrelated the	nird parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
N E T		Organizations that follow SFAS 117, check here ▶	X and complete lines			
Ť	ļ	27 through 29 and lines 33 and 34.		at.	1	
Ş	27	Unrestricted net assets		84,091.		128,891.
S E T S	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets	674,859.	29	695,796.	
R		Organizations that do not follow SFAS 117, check he				
FUZD		lines 30 through 34.		-		
Ŋ	30	Capital stock or trust principal, or current funds		30		
B	31	Paid-in or capital surplus, or land, building, and equip		31		
Ê	32	Retained earnings, endowment, accumulated income	, or other funds		32	
BALAZCES	33	Total net assets or fund balances		758,950.	33	824,687.
Š	34	Total liabilities and net assets/fund balances		758,950.	34	824,687. Form <b>990</b> (2009

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Form **990** (2009)

ui ( / (i - )   i	maneral statements and reporting			
			Yes	No
1 Account	ng method used to prepare the Form 990 🛛 Cash 📗 Accrual 📗 Other			
If the org in Sched	anization changed its method of accounting from a prior year or checked 'Other,' explain ule O			
2a Were the	organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
<b>b</b> Were the	organization's financial statements audited by an independent accountant?	2b	X	
	line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, r compilation of its financial statements and selection of an independent accountant?	2c	х	
If the org in Sched	anization changed either its oversight process or selection process during the tax year, explain ule O			
	line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a ited basis, separate basis, or both			
X Se	parate basis Consolidated basis Both consolidated and separate basis			
	ult of a federal award, was the organization required to undergo an audit or audits as set forth in the Single and OMB Circular A-133?	3a		х
<b>b</b> If 'Yes,' or audits	lid the organization undergo the required audit or audits? If the organization did not undergo the required audit explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

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Form **990** (2009)

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of	lame of the organization Employer identification number												
ROLL.	ROLLA PUBLIC SCHOOLS FOUNDATION 43-1570640  Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions												
Part I		Reason for Pu	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See ir	nstructi	ions		
The org	gar	nization is not a priv	vate foundation becau	se it is (For lines 1 throu	igh 11, c	heck on	ily one b	ox)					
1 [		A church, convention	on of churches or asso	ociation of churches desc	ribed in	section	170(b)(1	)(A)(i).					
2		A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	<b>(</b> )								
3 [	_	A hospital or coope	erative hospital service	organization described i	ın <b>sectic</b>	n 170(b	)(1)(A)(ii	i).					
4		A medical research	organization operate	d in conjunction with a ho	ospital d	escribed	in sect	ion 170	(b)(1)(A)	(iii) Ent	er the hosp	utal's	
_	_	name, city, and sta	te	·	-								
5 [	$\neg$	An organization open 170(b)(1)(A)(iv). (C	erated for the benefit	of a college or university	owned o	or opera	ted by a	govern	mental	unit desc	cribed in se	ction	
6   7													
8				70(b)(1)(A)(vi). (Complete	e Part II	)							
9 [		from activities relat investment income June 30, 1975 See	ed to its exempt funct and unrelated busine e section 509(a)(2). (C		exception 5	ons, and i11 tax)	from bu	more th sinesse	ian 33-1/ s acquir	/3 % of r	ts support	from ar	ross
10		An organization org	ganized and operated	exclusively to test for pul	blic safe	ty. See	section	509(a)(4	4).				
11 [		more publicly supp	orted organizations d	exclusively for the benefi escribed in section 509(a ation and complete lines	(1) or s	ection 5	509(a)(2)	tions of See s	, or carr section 5	y out the 6 <b>09(a)(3).</b>	purposes Check the	of one e box t	or hat
		a Type i	<b>b</b> Type II	c 🗌 Type III	– Fund	tionally	ıntegrate	ed		d 🗌	Type III-	Other	
e [		By checking this both than foundation ma 509(a)(2)	ox, I certify that the organizers and other that	ganization is not controlle n one or more publicly su	ed direct ipported	ly or inc organiz	directly b ations d	y one o escribe	or more o d in sect	disqualifi ion 509(	ied person (a)(1) or se	s other ction	r
f		If the organization check this box	received a written det	ermination from the IRS	that is a	Type I,	Type II	or Type	III supp	orting or	ganızatıon,		
g		Since August 17, 2	006, has the organiza	tion accepted any gift or	contribi	ution fro	m any o	f the fo	llowing p	oersons?	•		
												Yes	No
		(i) a person who	directly or indirectly of	controls, either alone or t	ogether	with per	sons de	scribed	ın (ıı) aı	nd (III)	11 g (i)		
		-	ber of a person desc	upported organization?							11 g (ii)		
		• • • • • • • • • • • • • • • • • • • •		**	20102								
			· ·	described in (i) or (ii) at							11 g (III)		
<u>h</u>		· · · · · · · · · · · · · · · · · · ·	T	he supported organizatio	I					1			
	(0)	) Name of Supported Organization	(II) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in col d in your rning ment?	(v) Did you the organ col ( your su	ızatıon in (ı) of	(vi) le organizati (i) organiz U S	on in col	(vII) Amour	it of Supp	oort
					Yes	No	Yes	No	Yes	No			
					ļ	<u> </u>							
					<del>                                     </del>	<u> </u>				<b></b>	<del></del>		
					1								
					<del> </del>		<del>                                     </del>						
Total											.,		

Schedule A (Form 990 or 990-EZ) 2009 ROLLA PUBLIC SCHOOLS FOUNDATION 43-1570640

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke	d the box on line:	3, 7, 01 6 01 Fail	<u>.!/</u>							
Sec	tion A. Public Support		<u>-</u>								
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total			
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	53,136.						53,136.			
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf										
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge										
4	Total. Add lines 1-through 3	53,136.						53,136.			
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	<b>Public support.</b> Subtract line 5 from line 4							53,136.			
Sec	tion B. Total Support			,		T					
Caleı begii	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total			
7	Amounts from line 4	53,136.						53,136.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	13,979.						13,979.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	i									
11	Total support. Add lines 7 through 10							67,115.			
12	Gross receipts from related activ	ities, etc. (see inst	ructions)			<u> </u>	12				
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year as	a section 501	(c)(3	) ▶ □			
	tion C. Computation of Pul			- 11 1 20			1.6	70 170			
	Public support percentage for 20 Public support percentage from 2			ne II, column (f)		<del> </del>	14 15	79.17 % 75.81 %			
16 a	33-1/3 support test - 2009. If the and stop here. The organization	e organization did qualifies as a publ	not check the bo licly supported o	x on line 13, and rganization.	d the line 14 is 33-	1/3 % or more	, che	eck this box			
b	b 33-1/3 support test — 2008. 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										
17 a	17a 10%-facts-and-circumstances test — 2009 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 — 2008. 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.  Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.										
18	Private foundation. If the organiz	zation did not ched	ck a box on line,	13, 16a, 160, 17a				00 or 990-FZ) 2009			

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

	(Complete only if you chec	ked the box on li	ne 9 of Part I)							
	tion A. Public Support						<del>,</del>			
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total			
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')									
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2									
	and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year									
C	Add lines 7a and 7b									
8	Public support (Subtract line									
	7c from line 6)			<u> </u>						
	tion B. Total Support	<del></del>	Γ	<del> </del>	Τ	<u> </u>	т .			
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	Amounts from line 6									
10 a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources									
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
	c Add lines 10a and 10b  Net income from unrelated business activities not included inline 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.)									
	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, secon	nd, third, fourth,	or fifth tax year as	a section 501(c)	(3)			
Sec	tion C. Computation of Pu	blic Support F	Percentage		_					
15	Public support percentage for 20	09 (line 8, colum	n (f) divided by lin	ie 13, column (f))		15	%			
	Public support percentage from 2					16	%			
Sec	tion D. Computation of Inv									
17	Investment income percentage for				mn (f))	17	%			
18	Investment income percentage for					18	% %			
	a 33-1/3 support tests — 2009. If the more than 33-1/3%, check this be 33-1/3 support tests — 2008. If the support tests is a support test of the support tests is a support test of the support tests is a support test of the su	ox and <b>stop here</b>	. The organization	i qualifies as a pi	iblicly supported o	rganization				
	is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	is a publicly suppo	orted organization	) P			
20	is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

Schedule A	(Form 990 or	990-EZ) 2009	ROLLA	PUBLIC	SCHOOLS	FOUN	DATION	43-1570640	Page <b>4</b>
Part IV	Suppleme	ntal Informa	tion. Com	plete this	part to p	rovide	the explanation	s required by Part information. See i	II, line 10;
_	Part II, line	e 17a or 17b	; and Par	t III, line	12. Provid	le any	other additional	information. See i	nstructions.
								<del></del>	
		<b></b>		<del>-</del>				<b>-</b>	
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	- <b></b>							<b></b>	
						<b>-</b> -			

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions OMB No 1545 0047

Open to Public Inspection

Name of the organization Employer Identification number 43-1570640 ROLLA PUBLIC SCHOOLS FOUNDATION Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements 2с c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? Yes No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a if the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part 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 sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. Revenues included in Form 990, Part VIII, line 1 ► S (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

b if 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?								
4 Describe in Part XIV the intended uses of	of the organization's endowmen	nt funds						
Part VI Investments-Land, Building	gs, and Equipment. See	Form 990, Part X	(, line 10.					
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value				
1 a Land								
<b>b</b> Buildings								
c Leasehold improvements								
<b>d</b> Equipment								
e Other								

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

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Schodule B (Form 000) 2000 POLLA BUBLIC GOV	OOLG BOUNDARION	42 1574	0640
Schedule D (Form 990) 2009 ROLLA PUBLIC SCHO Part VII Investments—Other Securities See F	Form 990 Part X line 1	43-1570	0640 Page 3
(a) Description of security or category (including name of security)	( <b>b</b> ) Book value	(c) Method of valuate Cost or end-of-year mark	on et value
Financial derivatives			
Closely-held equity interests			
Other			
			<del></del>
	_		
	_		
Total (Column (b) must some Some OCO Book V and (D) to a 12)	_		<u>-</u>
Total (Column (b) must equal Form 990 Part X, col (B) line 12) Part VIII Investments—Program Related (See	Form 990 Part Y June	13)	
(a) Description of investment type	(b) Book value	(c) Method of valuati	ion.
(a) Description of investment type	(b) Book value	Cost or end-of-year mark	et value
			···
			<del></del>
Total (Column (b) must equal Form 990, Part X, Col (B) line 13 )			
Part IX Other Assets (See Form 990, Part X	. line 15)		
	Description		(b) Book value
			<u> </u>
	<del></del>		
			<del></del>
			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col.(B),	Ino 15)		
Part X Other Liabilities (See Form 990, Part			<del></del> _
(a) Description of Liability	(b) Amount		****
Federal Income Taxes	(b) / iniodin		
1 Capital Illicomo Taxes			

Total (Column (b) must equal Form 990, Part X, col (B) line 25) ►

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	DIED (Form 990) 2009 ROLLA PUBLIC SCHOOLS FOUNDAT		43-15/0640	Page 4
	XI - Reconciliation of Change in Net Assets from Form	990 to Financial Statements	<del></del>	
	otal revenue (Form 990, Part VIII,column (A), line 12)		<u> </u>	
	otal expenses (Form 990, Part IX, column (A), line 25)			
	excess or (deficit) for the year Subtract line 2 from line 1			
	let unrealized gains (losses) on investments			
	Onated services and use of facilities		<del></del>	
	nvestment expenses			
	Prior period adjustments			
	Other (Describe in Part XIV)		<u> </u>	
	otal adjustments (net). Add lines 4 through 8			
	excess or (deficit) for the year per audited financial statements. Combin		Poturn	
	XII Reconciliation of Revenue per Audited Financial St	- · · · · · · · · · · · · · · · · · · ·	1	
	otal revenue, gains, and other support per audited financial statement	5		<del></del>
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2a		
	let unrealized gains on investments	2b	<del>-</del>	
	Constant Services and use of facilities	2c		
	Recoveries of prior year grants	2d	<b> </b>	
	Other (Describe in Part XIV)		-	
	Add lines 2a through 2d		2e	
	Subtract line 2e from line 1	1 1	3	<del></del>
	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	nvestments expenses not included on Form 990, Part VIII, line 7b	4a 4b	<del>-</del>	
	Other (Describe in Part XIV)	40	—  <sub>42</sub>	
	Add lines <b>4a</b> and <b>4b</b>	12)	4c	
	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Reconciliation of Expenses per Audited Financial			
	otal expenses and losses per audited financial statements	Statements With Expenses p	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	Onated services and use of facilities	2a	1 1	
		2b		
	Prior year adjustments	2c		
	Other losses	2d	_	
	Other (Describe in Part XIV)	Zu	_   2e	
	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>		3	
		1 1		
	Amounts included on Form 990, Part IX, line 25, but not on line 1: investments expenses not included on Form 990, Part VIII, line 7b	4a		
	·	4b	<del></del>	
	Other (Describe in Part XIV)	[ 40]	4c	
	Add lines <b>4a</b> and <b>4b</b> otal expenses  Add lines <b>3</b> and <b>4c</b> (This must equal Form 990, Part I,	line 18 \	5	
	XIV Supplemental Information	ille 10 )	1 3 1	
Comp line 4; inform	ete this part to provide the descriptions required for Part II, lines 3, 5, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, ation	and 9, Part III, lines 1a and 4, Part I lines 2d and 4b Also complete this	V, lines 1b and 2b, Papart to provide any ad	art V,  ditional 
				000, 000
BAA	TEEA3304 02	/02/10	Schedule <b>D</b> (Form	1990) 2009

Schedule <b>D</b>	(Form 990) 2009	ROLLA PUBLIC	SCHOOLS FOUN	DATION		43-1570640	Page <b>5</b>
Part XIV	Supplementa	Information (co	SCHOOLS FOUN	•			
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SCHEDULE I
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Department of the Treasury Internal Revenue Service

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

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

Attatch to Form 990.

2009

OMB No 1545 0047

Open to Publit Inspection

Employer identification number

43-1570640

2 Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 1 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 criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part I General Information on Grants and Assistance ROLLA PUBLIC SCHOOLS FOUNDATION Name of the organization

<b>A</b>	(h) Purpose of grant or assistance					<b>A</b>
	(g) Description of non cash assistance					
	(f) Method of valuation (book, FMV, appraisal, other)					
	(e) Amount of non cash assistance					
leeded	(d) Amount of cash grant					
itional space is r	(c) IRC section if applicable					rganizations
Form 990) if add	(b) EIN					3) and government o
Part IV and Schedule I-1 (Form 990) if additional space is needed	1 (a) Name and address of organization or government					2 Enter total number of section 501(c)(3) and government organizations

Schedule 1 (Form 990) 2009

TEEA3901 02/10/10

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

3 Enter total number of other organizations

Page 2 Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete of the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) of additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 43-1570640 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance (c) Amount of cash grant ROLLA PUBLIC SCHOOLS FOUNDATION (b) Number of recipients No grant funds (a) Type of grant or assistance Schedule I (Form 990) 2009 Pt\_I\_Line\_2 Part III BAA 1