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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE JEFFERSON CITY PUBLIC SCHOOLS FOUNDATION		D Employer identification number 43-1832237
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number (573) 650-3549
		325 EAST DUNKLIN ST		F Group Exemption Number ▶
		City or town, state or country, and ZIP + 4 JEFFERSON CITY, MO 65101		

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

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ JCPSFOUNDATION.ORG

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 203,971.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Revenue Expenses	1 Contributions, gifts, grants, and similar amounts received	1	73,942.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	8,128.
	5a Gross amount from sale of assets other than inventory STMT 3	5a	56,725.
	b Less: cost or other basis and sales expenses	5b	57,825.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<1,100.>
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	65,176.
	b Less: direct expenses other than fundraising expenses	6b	12,935.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	52,241.
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ _____)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	133,211.
	10 Grants and similar amounts paid (attach schedule) STMT 6	10	56,594.
11 Benefits paid to or for members	11		
12 Salaries, other compensation, and employee benefits	12	31,050.	
13 Professional fees and other payments to independent contractors	13	7,413.	
14 Occupancy, rent, utilities, and maintenance	14	2,576.	
15 Printing, publications, postage, and shipping	15	11,471.	
16 Other expenses (describe ▶ _____)	16	109,104.	
17 Total expenses. Add lines 10 through 16	17	24,107.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18		
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	306,119.	
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	20	71,350.	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	401,576.	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	72,457.	96,519.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 2)	233,662.	313,551.
25 Total assets	306,119.	410,070.
26 Total liabilities (describe ▶ ACCOUNTS PAYABLE)	0.	8,494.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	306,119.	401,576.

932171
02-08-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

9-8 21

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

What is the organization's primary exempt purpose? **SEE STATEMENT 10**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	SEE STATEMENT 8		
	(Grants \$ 10,722.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	SEE STATEMENT 9		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	2,984.
30	TEACHER MINI-GRANT PROGRAM TO ENCOURAGE PARTICIPATION IN PROFESSIONAL DEVELOPMENT AND TRAINING ACTIVITIES THAT HAVE DIRECT APPLICATION TO THE CLASSROOM.		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	9,598.
31	Other program services (attach schedule) SEE STATEMENT 11		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	33,290.
32	Total program service expenses (add lines 28a through 31a)	32	45,872.

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LORELEI SCHWARTZ, 325 EAST DUNKLIN ST, JEFFERSON CITY, MO 65101	PRESIDENT	3.00	0.	0.
DONNA LYNCH, 325 EAST DUNKLIN ST, JEFFERSON CITY, MO 65101	BOARD MEMBER	0.50	0.	0.
ED RESER, 325 EAST DUNKLIN ST, JEFFERSON CITY, MO 65101	VICE PRESIDENT/DEVELOPMENT	0.50	0.	0.
RACHEL PRESTON, 325 EAST DUNKLIN ST, JEFFERSON CITY, MO 65101	VICE PRESIDENT/COMMUNITY R	0.50	0.	0.
CONNIE PERCH, 325 EAST DUNKLIN ST, JEFFERSON CITY, MO 65101	SECRETARY	0.50	0.	0.
DAN RENFROW, 325 EAST DUNKLIN ST, JEFFERSON CITY, MO 65101	TREASURER	1.50	0.	0.
KARLENE DIEKROEGER, 325 EAST DUNKLIN ST, JEFFERSON CITY, MO 65101	VICE PRESIDENT/PROGRAMS	0.50	0.	0.
WILLIAM GAMBLE, 325 EAST DUNKLIN ST, JEFFERSON CITY, MO 65101	BOARD MEMBER	0.50	0.	0.
DAVID MEYER, 325 EAST DUNKLIN ST, JEFFERSON CITY, MO 65101	VICE PRESIDENT/ADMINISTRATION	0.50	0.	0.
BARBARA KUEBLER, 325 EAST DUNKLIN ST, JEFFERSON CITY, MO 65101	BOARD MEMBER	0.50	0.	0.
MARK KAISER, 325 EAST DUNKLIN ST, JEFFERSON CITY, MO 65101	BOARD MEMBER	0.50	0.	0.
ASHLEY LAFARGE, 325 EAST DUNKLIN ST, JEFFERSON CITY, MO 65101	BOARD MEMBER	0.50	0.	0.
SAUNDRA ALLEN, 325 EAST DUNKLIN ST, JEFFERSON CITY, MO 65101	BOARD MEMBER	0.50	0.	0.
RITA RUTH STARNES, 325 EAST DUNKLIN ST, JEFFERSON CITY, MO 65101	BOARD MEMBER	0.50	0.	0.
PAM HENRICKSON, 325 EAST DUNKLIN ST, JEFFERSON CITY, MO 65101	BOARD MEMBER	0.50	0.	0.
KAREN ENLOE, 325 EAST DUNKLIN ST, JEFFERSON CITY, MO 65101	EXECUTIVE DIRECTOR	20.00	0.	0.

**THE JEFFERSON CITY PUBLIC
SCHOOLS FOUNDATION**

43-1832237

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	0.	
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	0.	
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed	NONE	
42a	The organization's books are in care of	KAREN ENLOE, EXECUTIVE DIREC	Telephone no
	Located at	325 EAST DUNKLIN ST, JEFFERSON CITY, MO	ZIP + 4
b	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)?		X
	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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
	If "Yes," enter the name of the foreign country		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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 **Yes No**
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46 47 48 49a 49b**
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **X**
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **X**
- b If "Yes," was the related organization a section 527 organization? **X**
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 0

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 0

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

Lorelei Riley Schwartz 2/15/10
Signature of officer Date

Lorelei Riley Schwartz, President
Type or print name and title

Paid Preparer's Use Only Preparer's signature *Debra K. Mason* Date *2/9/2011* Check if self-employed ☐ Preparer's identifying number (See Instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 **WILLIAMS-KEEPERS LLC** EIN 3220 W EDGEWOOD SUITE E
JEFFERSON CITY, MO 65109 Phone no JEFFERSON CITY, MO 65109

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **THE JEFFERSON CITY PUBLIC
SCHOOLS FOUNDATION**

Employer identification number
43-1832237

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ 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 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in col (i) listed in your governing document?		(V) Did you notify the organization in col (I) of your support?		(VI) Is the organization in col (I) organized in the U.S.?		(VII) Amount of support
			Yes	No	Yes	No	Yes	No	
JEFFERSON CITY PUBLIC	44-60030786		X		X		X		29,924.
Total									29,924.

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

Schedule A (Form 990 or 990-EZ) 2009

THE JEFFERSON CITY PUBLIC

Schedule A (Form 990 or 990-EZ) 2009 **SCHOOLS FOUNDATION**

43-1832237 Page 2

Part II 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	200,368.	88,304.	59,215.	66,877.	73,942.	488,706.
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						
4 Total. Add lines 1 through 3	200,368.	88,304.	59,215.	66,877.	73,942.	488,706.
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)						78,866.
6 Public support. Subtract line 5 from line 4						409,840.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	200,368.	88,304.	59,215.	66,877.	73,942.	488,706.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,865.	9,900.	7,851.	7,950.	8,128.	41,694.
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.)		5,856.	1,203.	915.		7,974.
11 Total support. Add lines 7 through 10						538,374.
12 Gross receipts from related activities, etc. (see instructions)					12	280,547.

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	76.13	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	69.79	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
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 ▶ <input type="checkbox"/>			
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 ▶ <input type="checkbox"/>			
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 ▶ <input type="checkbox"/>			
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 ▶ <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2009

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

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and 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 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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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)						
14 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

Open To Public Inspection

Employer identification number
43-1832237

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

THE JEFFERSON CITY PUBLIC

Schedule G (Form 990 or 990-EZ) 2009

SCHOOLS FOUNDATION

43-1832237 Page 2

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

		(a) Event #1 MAJOR SAVER FUNDRAISER	(b) Event #2 ANNUAL GALA	(c) Other events 2	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	39,315.	19,335.	6,526.	65,176.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	39,315.	19,335.	6,526.	65,176.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages		6,084.	148.	6,232.
	8 Entertainment		222.		222.
	9 Other direct expenses		2,539.	3,942.	6,481.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(12,935)
	11 Net income summary. Combine line 3, column (d), and line 10				52,241.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

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?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

13a %

b An outside facility

13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

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 of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
INSURANCE	1,891.
OFFICE EXPENSES	3,833.
ADVERTISING	725.
WEBSITE MAINTENANCE & HOSTING	196.
INVESTMENT ADMINISTRATIVE FEES	2,086.
DEPRECIATION	240.
BAD DEBTS	2,500.
TOTAL TO FORM 990-EZ, LINE 16	11,471.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
SECURITIES-CENTRAL BANK TRUST	233,209.	254,440.
HAWTHORN BANK CD	0.	9,556.
UNCONDITIONAL PROMISES TO GIVE	0.	49,342.
OTHER DEPRECIABLE ASSETS	453.	213.
TOTAL TO FORM 990-EZ, LINE 24	233,662.	313,551.

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	3
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	56,725.	57,825.	0.	<1,100.>
TO FORM 990-EZ, LINE 5	56,725.	57,825.	0.	<1,100.>

FORM 990-EZ	PAYMENTS TO AFFILIATES	STATEMENT	4
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AFFILIATE'S NAMEAFFILIATES ADDRESS

JEFFERSON CITY PUBLIC SCHOOLS

315 EAST DUNKLIN ST
JEFFERSON CITY, MO 65101PURPOSE OF PAYMENTAMOUNT

MIDDLE SCHOOL AFTER SCHOOL TRANSPORTATION PROGRAM

2,984.

AFFILIATE'S NAMEAFFILIATES ADDRESS

JEFFERSON CITY PUBLIC SCHOOLS

315 EAST DUNKLIN ST
JEFFERSON CITY, MO 65101PURPOSE OF PAYMENTAMOUNT

TEACHER TRAINING, STUDENT INSTRUCTION/RECOGNITION PROGRAMS

20,179.

AFFILIATE'S NAMEAFFILIATES ADDRESS

JEFFERSON CITY PUBLIC SCHOOLS

315 EAST DUNKLIN ST
JEFFERSON CITY, MO 65101PURPOSE OF PAYMENTAMOUNT

EARLY CHILDHOOD SPECIAL EDUCATION

6,761.

AFFILIATE'S NAMEAFFILIATES ADDRESS

JEFFERSON CITY PUBLIC SCHOOLS

315 EAST DUNKLIN ST
JEFFERSON CITY, MO 65101PURPOSE OF PAYMENTAMOUNT

CHARACTER PLUS PORGRAM BANNERSQ

600.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

30,524.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
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DESCRIPTION	AMOUNT
UNREALIZED GAINS ON INVESTMENTS	19,508.
CHANGE TO ACCRUAL RECOGNITION OF PLEDGES	51,842.
TOTAL TO FORM 990-EZ, LINE 20	71,350.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	6
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CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
ANNUAL EDUCATOR RECOGNITION PROGRAM	EMPLOYEE OF SCHOOL DISTRICT	2,000.
ANNUAL EDUCATOR RECOGNITION PROGRAM	EMPLOYEE OF SCHOOL DISTRICT	2,000.
BOBBI HOWARD PROFESSIONAL DEVELOPMENT GR JEFFERSON CITY PUBLIC SCHOOLS 315 EAST DUNKLIN ST JEFFERSON CITY, MO 65101	EMPLOYEES OF SCHOOL DISTRICT	1,750.
CAMPUS INITIATIVES GRANTS JEFFERSON CITY PUBLIC SCHOOLS 315 EAST DUNKLIN ST JEFFERSON CITY, MO 65101	INDIVIDUAL SCHOOL PROGRAMS	10,722.
DISTRICT INITIATIVE GRANTS JEFFERSON CITY PUBLIC SCHOOLS 315 EAST DUNKLIN ST JEFFERSON CITY, MO 65101	EMPLOYEES OF SCHOOL DISTRICT	5,013.

THE JEFFERSON CITY PUBLIC SCHOOLS FOUNDA

43-1832237

TEACHER GRANTS

EMPLOYEES OF
SCHOOL DISTRICT

4,585.

JEFFERSON CITY PUBLIC SCHOOLS
315 EAST DUNKLIN ST
JEFFERSON CITY, MO 65101

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

26,070.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2

STATEMENT 8

CAMPUS INITIATIVE GRANTS WHICH REFLECT THE SCHOOL DISTRICT'S COMPREHENSIVE STRATEGIC PLAN. THE SUCCESS OF THE GRANT IS EVALUATED BY THE SCHOOL AND REPORTED TO THE FOUNDATION.

990-EZ PG 2

STATEMENT 9

MIDDLE SCHOOL AFTER SCHOOL TRANSPORTATION PROGRAM TO ALLOW TIME FOR STUDENTS TO PARTICIPATE IN EXTRA-CURRICULAR ACTIVITIES OR SPEND TIME WITH TUTORS AFTER THE NORMAL SCHOOL HOURS.

990-EZ PG 2

STATEMENT 10

TO PROMOTE AND HELP PROVIDE EXCELLENCE IN TEACHING IN EACH CLASSROOM OF THE
JEFFERSON CITY PUBLIC SCHOOL DISTRICT.

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 11

DESCRIPTIONGRANTSEXPENSES

PROMOTION OF TEACHING EXCELLENCE PROGRAMS AND
OPPORTUNITIES TO PROFESSIONAL STAFF OF JEFFERSON CITY
PUBLIC SCHOOL DISTRICT.

0. 33,290.

TOTAL TO FORM 990-EZ, LINE 31

33,290.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

Part I only ☐

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

Type or print File by the due date for filing your return See instructions	Name of exempt organization THE JEFFERSON CITY PUBLIC SCHOOLS FOUNDATION	Employer identification number 43-1832237
	Number, street, and room or suite no. If a P.O. box, see instructions. 325 EAST DUNKLIN ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JEFFERSON CITY, MO 65101	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 3

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KAREN ENLOE, EXECUTIVE DIRECTOR

- The books are in the care of ► **325 EAST DUNKLIN ST, JEFFERSON CITY, MO - 65101**
Telephone No. ► **573-650-3549** FAX No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)