



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



Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

A For the 2010 calendar year, or tax year beginning **JULY 1**, 2010, and ending **JUNE 30**, 2011**B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**ST. JOSEPH SCHOOL DISTRICT FOUNDATION**

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

925 FELIX STREET

City or town, state or country, and ZIP + 4

ST. JOSEPH, MO 64501**D** Employer identification number**43-1322559****E** Telephone number**816-671-4000****F** Group Exemption

Number ►

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ►**I** Website: ► <http://web.sjsd.k12.mo.us/SJSD%20Foundations/home.html>**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **28,539****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I. ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	25,394
	2	Program service revenue including government fees and contracts	2	1,200
	3	Membership dues and assessments	3	0
	4	Investment income	4	1,945
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
c	Less: direct expenses from gaming and fundraising events	6c	0	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	28,539	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	130,724
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	6,649
	13	Professional fees and other payments to independent contractors	13	4,270
	14	Occupancy, rent, utilities, and maintenance	14	0
	15	Printing, publications, postage, and shipping	15	250
	16	Other expenses (describe in Schedule O)	16	6,046
	17	Total expenses. Add lines 10 through 16	17	147,939
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(119,400)
	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	303,888
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	184,488

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

9-18 12

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	92,159	22 17,377
23 Land and buildings	164,313	23 159,990
24 Other assets (describe in Schedule O)	61,592	24 7,121
25 Total assets	318,064	25 184,488
26 Total liabilities (describe in Schedule O)	14,176	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	303,888	27 184,488

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? SEE SCHEDULE O

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 <u>CONTRIBUTIONS TO CFNWMO PROVIDES ENDOWMENT FUNDS TO BENEFIT THE SCHOOL DISTRICT OF ST. JOSEPH'S PROGRAMS AND PROJECTS. THE FOUNDATION INTENDS TO MAKE FUTURE CONTRIBUTIONS OF ITS CURRENT ASSETS TO THESE ENDOWMENT FUNDS.</u> (Grants \$ <u>97,532</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	97,532
29 <u>LONG RANGE PLANNING PROVIDES FUNDS TO DEVELOP A LONG-RANGE PLAN FOR THE SCHOOL DISTRICT OF ST. JOSEPH</u> (Grants \$ <u>28,020</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	28,020
30 <u>SEE SCHEDULE O</u> (Grants \$ <u>5,172</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	5,172
31 Other program services (describe in Schedule O) <u>0</u> If this amount includes foreign grants, check here <input type="checkbox"/>	31a	4,323
32 Total program service expenses (add lines 28a through 31a)	32	135,047

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this 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
BRAD MCANALLY 201 N BELT HWY, ST. JOSEPH, MO 64506	CHAIRMAN/DIRECTOR 1	0	0	0
DAN DANFORD 4110 HIDDEN VALLEY DR, ST JOSEPH, MO 64506	VICE CHAIRMAN/DIRECTOR 1	0	0	0
BOBBIE CRONK 2305 CHAMBERS AVE, ST. JOSEPH, MO 64506	EXECUTIVE SECRETARY/DIRECTOR 1	0	0	0
LISA ROST 4802 MITCHELL, ST. JOSEPH, MO 64506	TREASURER/DIRECTOR 1	0	0	0
LORI ZILLNER 514 N 22ND, ST. JOSEPH, MO 64501	EXECUTIVE DIRECTOR 16	6,649	0	0
JANET PULLEN 925 FELIX, ST. JOSEPH, MO 64501	FINANCE DIRECTOR 1	0	0	0
BEN BYRD 2908 WILSHIRE COURT, ST. JOSEPH, MO 64506	DIRECTOR 1	0	0	0
JIM CAROLUS PO BOX 909, ST. JOSEPH, MO 64502	DIRECTOR 1	0	0	0
HEIDI HORNADAY 4410 HUNTER DRIVE, ST. JOSEPH, MO 64506	DIRECTOR 1	0	0	0
DAWN SMITH 8571 SOUTHEAST LOUTERMILCH, GOWER, MO 64454	DIRECTOR 1	0	0	0
JANICE EATON 3900 FREDERICK, ST. JOSEPH, MO 64506	DIRECTOR 1	0	0	0
JENNIFER KENDEL 2704 MONTEREY, ST. JOSEPH, MO 64507	DIRECTOR 1	0	0	0
SETH WRIGHT 3101 FREDERICK, ST. JOSEPH, MO 64505	DIRECTOR 1	0	0	0

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		22
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets		25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?

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		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this 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
TODD MEIERHOFFER 5005 FREDERICK AVE, ST. JOSEPH, MO 64506	DIRECTOR 1	0	0	0
BARBARA MOORE 3317 PRIMROSE, ST. JOSEPH, MO 64503	DIRECTOR 1	0	0	0
RICHARD OPTICAN 3312 COLONY SQ. E, ST. JOSEPH, MO 64506	DIRECTOR 1	0	0	0
NATALIE REDMOND 3003 FREDERICK, ST. JOSEPH, MO 64506	DIRECTOR 1	0	0	0
TAMA WAGNER 5325 FARAON, ST. JOSEPH, MO 64506	DIRECTOR 1	0	0	0
ROD SAMPSON 704 S WOODBINE RD, ST. JOSEPH, MO 64507	DIRECTOR 1	0	0	0
MELODY SMITH 925 FELIX, ST. JOSEPH, MO 64501	DIRECTOR 1	0	0	0
STEVE SMITH 2621 NORTH BELT, ST. JOSEPH, MO 64506	DIRECTOR 1	0	0	0
SHANNON TRITTEN 686 LINN, UNION STAR, MO 64494	DIRECTOR 1	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☒ **X**

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	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 tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	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		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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.	40e	X
41 List the states with which a copy of this return is filed. ► NONE		
42a The organization's books are in care of ► JANET PULLEN Telephone no. ► 816-671-4000 Located at ► 925 FELIX, ST. JOSEPH, MO ZIP + 4 ► 64501		
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)?	42b	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.?	42c	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 ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions).
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
45		X
45a		X
46		X

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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 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."

	Yes	No
47		X
48		X
49a		X
49b		

(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."

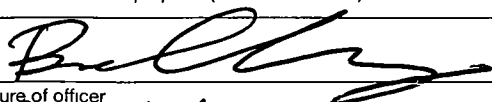
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ☒ Yes ☐ No

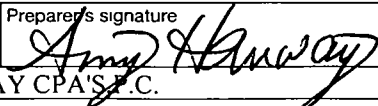
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer  Date **10-18-11**

Type or print name and title **BRAD McANANY BOARD CHAIRMAN**

Paid Preparer Use Only

Print/Type preparer's name **AMY HANWAY** Preparer's signature  Date **10/11/11** Check ☐ if self-employed PTIN **P00223836**

Firm's name **MARTIN & HANWAY CPA'S P.C.** Firm's EIN **20-4030026**

Firm's address **3725 GENE FIELD ROAD, STE B ST JOSEPH, MO 64506** Phone no **816-232-0450**

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

2010

**Open to Public
Inspection**

Name of the organization

ST. JOSEPH SCHOOL DISTRICT FOUNDATION

Employer identification number

43-1322559

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?

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

h Provide the following information about the supported organization(s).

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

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

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	119,200	155,487	75,659	86,981	25,394	462,721
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	119,200	155,487	75,659	86,981	25,394	462,721
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)						103,200
6 Public support. Subtract line 5 from line 4						359,521

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	119,200	155,487	75,659	86,981	25,394	462,721
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49,769	59,783	1,329	31,553	1,945	144,379
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						607,100
12 Gross receipts from related activities, etc. (see instructions)					12	6,000
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	59.22 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	55.52 %
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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"/>		

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 or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

- 19a** **33 $\frac{1}{3}$ % support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 $\frac{1}{3}$ %, and line 17 is not more than 33 $\frac{1}{3}$ %, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- b** **33 $\frac{1}{3}$ % support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 $\frac{1}{3}$ %, and line 18 is not more than 33 $\frac{1}{3}$ %, 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 ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions)

PART II, SECTION A, LINE 1

UNUSUAL GRANTS	2010	2009	2008	2007	2006
TRUST	0	727	960	60,075	50,000
GRANTOR	0	0	0	0	0
TRUST	0	0	15,000	15,000	13,000
GRANTOR	0	0	0	50,000	0
TRUST	0	15,000	0	0	0
TOTAL	0	15,727	15,960	125,075	63,000

► Attach to Form 990 or 990-EZ.

Employer identification number

43-1322559

Part I can be duplicated if additional space is needed.

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization.		
a	Become a director or trustee of a successor or transferee organization?	2a	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	
c	Become a direct or indirect owner of a successor or transferee organization?	2c	
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d	

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

Schedule N (Form 990 or 990-EZ) (2010)

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

- 3** Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III
- 4a** Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- b** If "Yes," did the organization provide such notice?
- 5** Did the organization discharge or pay all liabilities in accordance with state laws?
- 6a** Did the organization have any tax-exempt bonds outstanding during the year?
- b** Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?
- c** If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity	Yes	No
ENDOWMENT FUNDS		7/7/10	10,533	ACTUAL COST	27-0436182	COMMUNITY FOUNDATION OF NWMO 1014 W. ST. MAARTENS DR. ST. JOSEPH, MO 64506	501 (c) 3		
ENDOWMENT FUNDS		7/12/10	50,257	ACTUAL COST	27-0436182	COMMUNITY FOUNDATION OF NWMO 1014 W. ST. MAARTENS DR. ST. JOSEPH, MO 64506	501 (c) 3		
ENDOWMENT FUNDS		12/17/10	24,642	ACTUAL COST	27-0436182	COMMUNITY FOUNDATION OF NWMO 1014 W. ST. MAARTENS DR. ST. JOSEPH, MO 64506	501 (c) 3		
ENDOWMENT FUNDS		12/21/10	7,958	ACTUAL COST	27-0436182	COMMUNITY FOUNDATION OF NWMO 1014 W. ST. MAARTENS DR. ST. JOSEPH, MO 64506	501 (c) 3		
ENDOWMENT FUNDS		3/1/11	4,142	ACTUAL COST	27-0436182	COMMUNITY FOUNDATION OF NWMO 1014 W. ST. MAARTENS DR. ST. JOSEPH, MO 64506	501 (c) 3		

2	Did or will any officer, director, trustee, or key employee of the organization.	Yes	No
a	Become a director or trustee of a successor or transferee organization?		
b	Become an employee of, or independent contractor for, a successor or transferee organization?		
c	Become a direct or indirect owner of a successor or transferee organization?		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?		
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶		

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

ST. JOSEPH SCHOOL DISTRICT FOUNDATION

Employer identification number

43-1322559

FORM 990 EZ, PART I, LINE 16

OTHER EXPENSES IS MADE UP OF \$1,200 INSURANCE, \$30 ANNUAL REGISTRATION, \$155 SERVICE CHARGES,
\$4,323 DEPRECIATION, \$308 OFFICE SUPPLIES, AND \$30 SEMINAR FEES.

FORM 990 EZ, PART III

THE FOUNDATION WAS FORMED TO PROVIDE SUPPORT FOR THE SCHOOL DISTRICT OF SAINT JOSEPH, ITS
FACULTY AND STUDENTS AND TO PROMOTE, SPONSOR AND CARRY OUT EDUCATIONAL, SCIENTIFIC,
TECHNOLOGICAL AND RELATED ACTIVITIES AND OBJECTIVES.

FORM 990 EZ, PART III, LINE 31

THE ENRIGHT CENTER PROVIDES FOR THE OPERATION OF THE FOUNDATION'S BUILDING.

FORM 990 EZ, PART V, LINE 35

THE INCOME REPORTED ON LINE 2 AS PROGRAM SERVICES OF \$1,200 IS NOT REPORTABLE ON FORM 990-T. THIS
INCLUDES RENT RECEIVED FOR THE USE OF THE ENRIGHT CENTER. THIS IS TO PRODUCE INCOME FOR THE
SOLE PURPOSE OF THE FOUNDATION'S EXEMPT PURPOSE OF PROVIDING SUPPORT FOR THE SCHOOL DISTRICT
OF ST. JOSEPH, ITS FACULTY AND STUDENTS, AND TO PROMOTE, SPONSOR AND CARRY OUT EDUCATIONAL,
SCIENTIFIC, TECHNOLOGICAL AND RELATED ACTIVITIES AND OBJECTIVES.

FORM 990 EZ, PART V, LINE 34

UNDER THE ADMINISTRATION ARTICLE-SECTION 1, THE FOUNDATION NO LONGER ACCEPTS THIS STAFF PERSON
AS BEING ON LOAN FROM THE ST. JOSEPH SCHOOL DISTRICT STAFF. SECTION 2, ACCOUNTANT WAS REMOVED.
ARTICLE V WAS MERGED WITH ARTICLE IV AND THE ACCOUNTANT WILL SERVE AS AN EX-OFFICIO MEMBER OF
THE FINANCE COMMITTEE WAS REMOVED. THE REMAINDER OF THE ARTICLE NUMBERS WERE CHANGED.

Name of the organization

ST JOSEPH SCHOOL DISTRICT FOUNDATION

Employer identification number

43-1322559

FORM 990 EZ, PART II, LINE 26

TOTAL LIABILITIES FOR THE BEGINNING OF THE YEAR OF \$14,176 WERE ACCRUED ACCOUNTS PAYABLE.

FORM 990 EZ, PART III, LINE 30

SCHOOL GRANTS WERE AWARDED TO PROVIDE FUNDING FOR VARIOUS DISTRICT PROGRAMS THAT FURTHER PROMOTE EDUCATION. APPLESEED GRANTS PROVIDE FUNDS FOR NEW TEACHERS FOR CLASSROOM SUPPLIES AND SUPPORT EDUCATIONAL PROJECTS FOR THE SCHOOL DISTRICT OF ST. JOSEPH. FOUR SCHOOL GRANTS AND 81 APPLESEED GRANTS WERE AWARDED.

FORM 990 EZ, PART I, LINE 10

PAYMENTS FOR LONG RANGE PLANNING, LINDBERGH CLOTHING, RACHEL'S CHALLENGE, RUBY KATE WELLS CHANGE AND READING AWARD - SCHOOL DISTRICT OF ST. JOSEPH - 925 FELIX, ST. JOSEPH, MO 64501 - \$31,573 AID RECEIVED.

PAYMENTS FOR THE ENDOWMENT FUND- COMMUNITY FOUNDATION OF NWMO - 1014 W. ST. MAARTENS DR. ST. JOSEPH, MO 64506 - \$97,532 AID RECEIVED.

FORM 990 EZ, PART II, LINE 24

TOTAL OTHER ASSETS FOR THE BEGINNING OF THE YEAR OF \$61,592 WERE ACCOUNTS RECEIVABLE AND PLEDGES RECEIVABLE TOTAL OTHER ASSETS FOR THE END OF THE YEAR OF \$7,121 WERE ACCOUNTS RECEIVABLE.