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Department of the Treasury Internal Revenue Service

#### EXTENDED TO FEBRUARY 15, 2012

### **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)

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

Open to Public

Inspection.

OMB No 1545-0047

A F	or the	2010 calendar year, or tax year beginning J	UL 1, 2010 and end	ding J	UN 30, 20	11
B C	heck if oplicabl	C Name of organization			D Employer ide	ntification number
	Addre chang	BISMARCK PUBLIC SCHOOL	S FOUNDATION			
Ē	Name chang				45	-0442960
ř	Initial return	Number and street (or P.O. box if mail is not de	livered to street address) Ro	om/suite	E Telephone nur	
	Termin	•	,	oouko		1-355-3093
F	]Amen	ded a			G Gross receipts \$	1,143,629.
F	Applic				H(a) Is this a grou	
	penda	F Name and address of principal officer RTC	HARD WEBER		for affiliates	
		SAME AS C ABOVE			H(b) Are all affiliate	
īT	ax-ex	empt status: X 501(c)(3) 501(c) (	✓ (insert no.) 4947(a)(1) or	527	1	ch a list. (see instructions)
			OMATIC EXTENSION		H(c) Group exem	· · · · · · · · · · · · · · · · · · ·
		organization: X Corporation Trust A	ssociation, Diher	L Year		9 M State of legal domicile: ND
	rt I	Summary	AFFEILDFOR			
	1	Briefly describe the organization's mission or mos	t significant activities TO SUF	PORT	THE BISM	ARCK PUBLIC
Activities & Governance		SCHOOLS THROUGH THE SPONS	ORING OF VARIOUS	EDUC	ATION PRO	GRAMS AND THE
E	2	Check this box   If the organization disco	entinued its operations or disposed	d of more	than 25% of its n	et assets.
8	3	Number of voting members of the governing body	(Part VI, line 1a)			3 14
رق مع	4	Number of independent voting members of the go	overning body (Part VI, line 1b)			4 14
es	5	Total number of individuals employed in calendar	year 2010 (Part V, line 2a)			5 _ 1
<u> </u>	6	Total number of volunteers (estimate if necessary)	(			6 0
Ęţ	7 a	Total unrelated business revenue from Part VIII, c	olumn (C), line 12			7a 0.
	b	Net unrelated business taxable income from Form	990-T, line 34			7b 0.
					Prior Year	Current Year
يو	8	Contributions and grants (Part VIII, line 1h)		71,10	3. 1,097,430.	
e G	9	Program service revenue (Part VIII, line 2g)	<u> </u>		0. 8,900.	
Revenue	10	Investment income (Part VIII, column (A), lines 3,		33	2. 37,299.	
<b>E</b>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8	c, 9c, 10c, and 11e)		16,10	1. <7,777.
	12	Total revenue - add lines 8 through 11 (must equa	l Part VIII, column (A), line 12)		87,53	6. 1,135,852.
	13	Grants and similar amounts paid (Part IX, column	(A), lines 1-3)		33,94	8. 39,608.
	14	Benefits paid to or for members (Part IX, column (	A), line 4)	<u> </u>		0. 0.
es	15	Salaries, other compensation, employee benefits	(Part IX, column (A), lines 5-10)		36,57	
Expenses		Professional fundraising fees (Part IX, column (A),		<u> </u>		0. 0.
ď		Total fundraising expenses (Part IX, column D)		<u>).                                    </u>		
ш		Other expenses (Part IX, column (A), lipes I ia 11			17,78	
		Total expenses. Add lines 13-17 (ர்பூர் equal Part		<u> </u>	88,31	
	19	Revenue less expenses Subtract in 18 from Inc	112 CUIC (60)		<77	
Ssets or Balances		[w]		Be	ginning of Current Y	
Sset	20	Total labelitas (Part X, line 16)		_	169,44	
et A	21	Total liabilities (Part X, line 26)		<u> </u>	27	
رجيا		Net assets or fund balances Subtract line 21 from	n line 20		169,17	0. 1,224,495.
	<u>irt II</u>	Signature Block	<del></del>			
		illies of perjury, I declare that I have examined this return				of my knowledge and belief, it is
• Strue,	correc	et, and complete, Declaration of pregargi (other than office	er) is based on all information of which	h preparer	has any knowledge.	<del></del>
٠.		Signature of officer			Date	15/12
<b>∰</b> sigr	1	l' 17			Date	/
Her		KICHARD WEBER, PRESIDE	ENT	_		
		Type or print name and title			Date Chec	* PTIN
<b>Z</b>	_	Print/Type preparer's name	Preparer's signature	'	ļį	I
Paid	l		L			mployed
Frep		Firm's name	Firm's EIN	<u> </u>		
<b>W</b> Use	Unly	Firm's address			5.	
		<u> </u>			Phone no.	
May	the II	RS discuss this return with the preparer shown ab				Yes X No
		1 HA For Panerwork Reduction Act Not	aa aaa tha aana-ata matuustian	•		FORM 3590 (3010)

	† III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
•	SUPPORTING FOUNDATION TO SUPPORT THE BISMARCK PUBLIC SCHOOLS, TEACHERS
	AND STAFF WHO WORK WITH THE STUDENTS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the pnor Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	· · · · · · · · · · · · · · · · · · ·
	THE PROVIDING OF OVER 15 MINI-GRANTS AND SPONSORSHIPS TO EDUCATORS AND
	SCHOOLS OF THE BISMARCK PUBLIC SCHOOL SYSTEM. THE MINI-GRANTS ARE USED
	TO SUPPORT NEW AND INNOVATIVE PROGRAMS AND/OR TEACHING METHODS FOR ALL
	STUDENTS IN THE BISMARCK PUBLIC SCHOOL SYSTEM. PROVIDING A QUARTERLY
	NEWSLETTER TO ALL PARENTS, EDUCATORS AND DONORS OF THE BISMARCK PUBLIC
	SCHOOL SYSTEM TO PROVIDE PUBLIC EDUCATION ON THE ACCOMPLISHMENTS OF THE
	BISMARCK PUBLIC SCHOOL SYSTEM AND THEIR ALUMNI.
4b	(Code ) (Expenses \$ 6,154. including grants of \$ ) (Revenue \$ 0.)
75	PROVIDING 3 SCHOLARSHIPS TO GRADUATING SENIORS OF THE BISMARCK PUBLIC
	SCHOOL SYSTEM TO ASSIST THEM IN FURTHERING THEIR ACADEMIC EDUCATION.
4c	(Code ) (Expenses \$ 0 • including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 43,224.
	Form <b>990</b> (2010)

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? 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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	٠ ન	1	7 , 4
	as applicable.		( '	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	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	11b		х
С	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	11c		х
đ	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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ĺ	
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			1
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	<u>L</u> _	<u> </u>
		Form	990	(2010)

45-0442960 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 17 If "Yes," complete Schedule I, Parts I and II X 21 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 X 23 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 X 23 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 Х 25a 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 X Schedule L. Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete 27 X Schedule L, Part III 28 Was the organization a party to a business transaction 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 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701 3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? 34 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

Is any related organization a controlled entity 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," complete Schedule R, Part V, line 2 \_ Yes X No

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O

X Form 990 (2010)

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X

X

X

Form 990 (2010) BISMARCK PUBLIC SCHOOLS FOUNDATION
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V							
				Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable	1a	_ 0 ~	* **	, ,			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming		1				
	(gambling) winnings to prize winners?		1c	<u> </u>				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			,				
	filed for the calendar year ending with or within the year covered by this return	2a	' <sub>ت</sub> ر <b>1</b>	4 . P	, -,			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	s)	-	,	-			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X			
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	authonty over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	1 25	X			
Ь	b If "Yes," enter the name of the foreign country: ▶							
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.	4°	A. 1867	k. 5.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		. <u>5c</u>	ļ	<u> </u>			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit	1					
	any contributions that were not tax deductible?		6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ions or gifts	ĺ					
	were not tax deductible?		6b	ļ.,,	<u> </u>			
7	Organizations that may receive deductible contributions under section 170(c).		"		) 1			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the pa	yor? 7a	ļ	X			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	<del> </del> —-	<u> </u>			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	- 1	-				
	to file Form 8282?	1 1	7c	<del> </del>	X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	—— ··_	,	٦,			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e 7f		X			
f	, , , , , , , , , , , , , , , , , , , ,							
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			+	<del>                                     </del>			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization.		C?   7h	<del> </del>				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations D organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		7 8					
Ω.	Sponsoring organizations maintaining donor advised funds.	any time during the year		+	<del>                                     </del>			
9	Did the organization make any taxable distributions under section 4966?		9a					
a	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	1				
10	Section 501(c)(7) organizations. Enter		5.5	1	†			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter.			1	,			
а	Gross income from members or shareholders	11a	1	ľ.				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				İ			
	amounts due or received from them.)	11b	_ }					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		7.				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
С		13c		4	<u> </u>			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O	14b		<u> </u>			
			For	ո 990	(2010)			

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Form 990 (2010)

BISMARCK PUBLIC SCHOOLS FOUNDATION

45-0442960 Page
Part VI 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

	Check if Schedule O contains a response to any question in this Part VI	<u> </u>		X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	4		, , i			
b	Enter the number of voting members included in line 1a, above, who are independent	4		۔ ی			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	[ · ]	*12/1-				
	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors or trustees, or key employees to a management company or other person?	. 3		<u>X</u>			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Does the organization have members or stockholders?	6		_X_			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	į	х			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	77.4		د اوړ څر ه			
-	by the following:			ا عد ،			
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	. 10a		X			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>			
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		٠,٠	; ;			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	ļ			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise						
	to conflicts?	12b	X	ļ			
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this is done .	12c	X	<del> </del> -			
13	Does the organization have a written whistleblower policy?	13		X			
14	Does the organization have a written document retention and destruction policy?	14	X	<del> </del>			
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		₹,				
а	The organization's CEO, Executive Director, or top management official	15a	X	- V			
b	Other officers or key employees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions )						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-	ľ	x			
	taxable entity during the year?	. 16a	,				
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		2.	١.			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	. 16b					
500	exempt status with respect to such arrangements?	.   100	·	Ь			
		· -					
17	List the states with which a copy of this Form 990 is required to be filed NONE  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availa	ble for					
18	public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website X Upon request						
40	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	, and fina	incial				
19		,					
~~	statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organ	ization.	<b>-</b>				
20	KAREN BJELLA - 701-323-4093						
	806 N. WASHINGTON ST, BISMARCK, ND 58501						
_	UVU ALT TIGABLICA ULI DAI DADIGATIONI SID UUUN		000	(00.40)			

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#### BISMARCK PUBLIC SCHOOLS FOUNDATION

45-0442960

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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, if any. See instructions for definition of "key employee."
- 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

Check this box if neither the organiza  (A)	(B)			((	<b>C)</b>			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	rustee or director	Institutional trustee	Officer		Highest compensated G		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DICK WEBER			ĺ	1	ĺ					
PRESIDENT	2.00	X		X		ļ		0.	0.	0.
JOHN WESTBEE					1	١.			_	_
PAST PRESIDENT	2.00	X		X		_		0.	0.	0.
SUSAN SORENSEN									_	
TREASURER	2.00	X	<u> </u>	X				0.	0.	0.
BRIAN BERGESON						'				
VICE PRESIDENT	2.00	X	ļ	X		<u> </u>		0.	0.	0.
TAMARA USELMAN			ļ							
EX-OFFICIO DIRECTOR	2.00	X	₩		_	-	<u> </u>	0.	0.	0.
MARK THOMPSON										
VICE PRESIDENT	2.00	X	<u> </u>	Х	<u> </u>	├—	ļ	0.	0.	0.
GERALD SKOGELEY						ļ				
VICE PRESIDENT	2.00	X	<u> </u>	X		├		0.	0.	0.
KELVIN HULLET	0.00									
DIRECTOR	2.00	X	<u> </u>	├		<u> </u>	<u> </u>	0.	0.	0.
JEAN BEYER	0.00									
DIRECTOR	2.00	X	$\vdash$	<del> </del>	}	-	-	0.	0.	0.
KAREN BJELLA	20.00	7.	1	37				10 200	0.	
EXECUTIVE DIRECTOR/SECRETA	20.00	X	├	X	<del> </del>	┢		18,288.		0.
JUDY MASSET	2 00			1		ĺ		0.	0.	0.
DIRECTOR	2.00	X	-	├─		<u> </u>	-		<u> </u>	
LAWRENCE KING	2.00	X	}		ļ		]	0.	0.	0.
EX-OFFICIO DIRECTOR	2.00	^	├	╁┈╴	<del> </del>	<del> </del>				
MCKENZIE JESKE	2.00	x		ļ				0.	0.	0.
DIRECTOR	2.00	^	├	╁┈	-	-	-			
COURTNEY SIBLA	2.00	v		1	l				0.	0.
DIRECTOR NO. INC. WOLF	2.00	^	╁	<del>                                     </del>			-			
PAIGE HOWLING WOLF	2.00	x						0.	0.	0.
DIRECTOR BUDY STEID!	2.00	<del>                                     </del>	<del> </del>	$\vdash$	$\vdash$	$\vdash$	t	· · · · · · · · · · · · · · · · · · ·	··	<u>`</u>
RUDY STEIDL DIRECTOR	2.00	x			[			0.	0.	0.
MIKE MABIN		**	$\vdash$	1		†	$t^-$			<del></del>
DIRECTOR	2.00	x		}		1	1	0.	0.	0.
DIMUOTOR	2.00					_		<del></del>	·	Form 990 (2010)

Par	t VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)			
(A) (B)					((	<b>C)</b>			(D)	(E)		(F)	
	Name and title	Average hours per	(6	heck	Pos			tιλ	Reportable	Reportable	- 1	Estimate	
		week			\ \a_{ii}		П	'''	compensation from	compensation from related	1	amount other	
		(describe	Individual trustee or director					İ	the	organizations	co	mpensa	
		hours for	0.0	tee			Highest compensated employee		organization	(W-2/1099-MISC)		from th	
		related organizations	fast	Institutional trustee	]	a ke	ad mo		(W-2/1099-MISC)			rganızat ınd relat	
		ın Schedule	vdua	ruttor	<u> </u>	Key employee	hesto	퍝			- 1	ganızat	
		O)	亨	IS	Officer	Š.	울통	호			_[		
							1				ı		
				_	ļ			<u> </u>			-		
								1		l			
		<del> </del>	-		$\vdash$	-		┢					
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					-						1		
					<u> </u>	<u> </u>	<u> </u>	<u> </u>					
		<del> </del>	_	-		<u> </u>	├-						
		1	ŀ			ļ							
				_	$\vdash$			_		<del></del>	-		
		ļ					1						
		L		<u> </u>		<u> </u>		<u> </u>	10.00				
	Sub-total								18,288.	0			0.
	Total from continuation sheets to Part V	II, Section A							18,288.	0			0.
<u>a</u>	Total (add lines 1b and 1c) Total number of individuals (including but r	of limited to th		liete		hove	a) w	30 F			•		0.
2	compensation from the organization	ioi iiiiiitea to ti	1036	11316	o a	0000	5) <b>V</b> VI	10 10	eceived more than proc	,000 in reportable			0
	<u> </u>										-	Yes	No
3	Did the organization list any former officer,	director or tru	stee	, ke	y en	olqr	yee,	or h	nighest compensated er	nployee on			-
	line 1a? If "Yes," complete Schedule J for s	uch individual									_3		X
4	For any individual listed on line 1a, is the si	•							•	the organization			
_	and related organizations greater than \$15										4	-	X
5	Did any person listed on line 1a receive or	•				•		elat	ed organization or indiv	idual for services	5		x
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	ipiete Scriedui	e J !	OF S	ucn_	pers	SUII						1
1	<del></del>	mpensated in	dep	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of compe	nsatio	n from	
	the organization NONE	<u> </u>	•		_								
	(A)								(B)		_	(C)	
	Name and business	address							Description of s	services	Com	pensatio	<u></u>
								ľ					
								_	<del></del>				
								- 1					
							_						
								]					
	<del></del>							_		<del></del>			
2													
_		_	11				_				' به د. اید		

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Related or Total revenue Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns b Membership dues 1b 18,061 c Fundraising events 1c d Related organizations <u>1</u>d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1079369 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 1097430 Total. Add lines 1a-1f Business Code 2 a EDUCATION/MATINEE PROG 900099 8,900 f All other program service revenue g Total. Add lines 2a-2f 8,900 Investment income (including dividends, interest, and 37,299 other similar amounts) 37,299. Income from investment of tax-exempt bond proceeds 4 5 Royalties (ı) 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 (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ \_\_\_\_\_ 18,061. of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses <7,777. c Net income or (loss) from fundraising events <7,777.> 9 a 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** 11 a d All other revenue Total. Add lines 11a-11d 1135852. 8,900 29,522. 12 Total revenue See instructions. 032009 Form 990 (2010)

#### 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).

(D) Fundraising (A) Total expenses (C) (B) Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses **expenses** general expenses Grants and other assistance to governments and 33,454 33,454 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in d a ' 6,154 the U.S. See Part IV, line 22 6,154 Grants and other assistance to governments, organizations, and individuals outside the US. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 18,183 18,183 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 9 1,540 1,540 10 Payroll taxes Fees for services (non-employees). 11 Management Legal b Accounting Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees f g Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 Insurance 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) 2,236 2,236. POSTAGE & SHIPPING 2,081 2,081. FAMILY MATINEE PROGRAM 1,535 1,535. NEWSLETTER EXPENSES 1,458 1,458 INSURANCE 913. 913 FOOD 251 251 All other expenses 0. 67,805. 43,224 24,581 Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here 

if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Form 990 (2010)
Part X Balance Sheet

Par	t X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	68,381.	1	78,391.
	2	Savings and temporary cash investments		2	44,707.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key		<del>)</del>	に適けるは、
		employees, and highest compensated employees. Complete Part II		٠ ,	
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	17.		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary	ا ا		
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other		`. <sup>2</sup> .	
		basis Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	101,059.	11	1,104,320.
	12	Investments - other securities See Part IV, line 11	0.	12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	169,440.	16	1,227,418.
	17	Accounts payable and accrued expenses	270.	17	2,923.
	18	Grants payable		18	<del></del>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<del></del>
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	<del>                                     </del>
ĕ	22	Payables to current and former officers, directors, trustees, key employees,	,		
Lia		highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			
		•		22	
	23 24	Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties		24	<del> </del>
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	270.	26	2 923
		Organizations that follow SFAS 117, check here	N 1 .	20	2,525.
v		lines 27 through 29, and lines 33 and 34.	The state of the s	ţ	I compared the
ည	27	Unrestricted net assets	51,397.	27	77,210.
<u>a</u>	28	Temporanly restricted net assets	117,773.	28	1,147,285.
g P	29	Permanently restricted net assets		29	/
Ë	ŀ	Organizations that do not follow SFAS 117, check here			
٩		complete lines 30 through 34.			
sts	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	169,170.	33	1,224,495.
	34	Total liabilities and net assets/fund balances	169,440.		1,227,418.
					Form 990 (2010)

Form 990 (2010)

-om	990(2010) BISMARCK PUBLIC SCHOOLS FOUNDATION	_ <u>4</u> 5-04/	<b>4</b>	Pag	e 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	·	<u> </u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,135	, 8!	<u>52.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			05.
3	Revenue less expenses. Subtract line 2 from line 1	3_	1,068	,04	<u>47.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	169	1,1'	70.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<12	72	<u>22.</u> :
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,224	,49	<u>95.</u>
Pa	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				ليا
	<u>_</u>		`	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		1.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1- 58	7	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b		X
C	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		ł	
	review, or compilation of its financial statements and selection of an independent accountant?	•	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.		4	1
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			-,
	separate basis, consolidated basis, or both.		133	7,00 kg	
	Separate basis Consolidated basis Both consolidated and separate basis			' [	٠,
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Audit			
	Act and OMB Circular A-133?		. 3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit		i	
	or guidite, explain why in Schedule O and describe any stens taken to undergo such audits		26	- 1	

#### 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

Openito Rublic

Name of the organization

Employer identification number

		BISMARC	CK PUBLIC SCH	00LS	FOUND.	<u>ATION</u>			<u>4</u> 5	<u>-0442960</u>
Part:I⊕	Reason 1	or Public Chai	r <b>ity Status</b> (All organiz	ations mus	st complete	e this part	.) See inst	ructions.		
he organi	zation is not a	private foundation	because it is: (For lines	through 1	1, check c	only one be	ox.)			
1 🗀	A church, cor	vention of churche	s, or association of chur	ches descr	nbed in se	ction 170(	(b)(1)(A)(i)			
2	A school desc	cribed in section 1	70(b)(1)(A)(ii). (Attach Sc	hedule E)						
з 🗔			ital service organization		n section	170(b)(1)(	A)(iii).			
4	•	•	operated in conjunction				• • •	(b)(1)(A)(iii	i). Enter th	ne hospital's name,
	city, and state								•	
5	An organization	on operated for the	benefit of a college or u	niversity ov	vned or op	erated by	a governr	nental unit	describe	ed in
	_	<b>b)(1)(A)(iv).</b> (Comp	-	•	·	•	ŭ			
6 🔲			· ·	t described	l in section	n 170(b)(1	<b>γΑ)(ν).</b>			
7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
		b)(1)(A)(vi). (Comple				J			<b>3</b>	
8 🔲			section 170(b)(1)(A)(vi).	(Complete	Part II.)					
9 🗔	-		ceives: (1) more than 33	•		om contril	outions, m	nembershii	o fees. an	d gross receipts from
	-	-	inctions - subject to certa							-
			taxable income (less sec							=
		509(a)(2). (Complet	•				•	3-		.,
10			perated exclusively to te	st for publi	c safety S	see sectio	n 509(a)(4	<b>I</b> ).		
11 X	_	•	perated exclusively for the	•	•			•	out the	purposes of one or
	•	•	ations described in secti					•		•
	describes the	type of supporting	organization and compl	ete lines 1	e through	11h.	•	·		
	a X Type I	ь	Type II	с 🔲 Тур	e III - Func	tionally int	egrated		dШ	Type III - Other
е 🗀	By checking t	this box, I certify th	at the organization is not	controlled	directly or	r indirectly	by one or	r more disc	qualified p	ersons other than
	foundation m	anagers and other	than one or more publicl	y supporte	d organiza	tions desc	ribed in s	ection 509	9(a)(1) or s	section 509(a)(2)
f	If the organiza	ation received a wr	tten determination from	the IRS tha	at it is a Tyj	pe I, Type	II, or Type	)		
	supporting or	ganization, check t	his box							$\overline{\mathbf{x}}$
g	Since August	17, 2006, has the	organization accepted ai	ny gift or co	ontribution	from any	of the follo	owing pers	sons?	
	(i) A persor	n who directly or in	directly controls, either a	lone or tog	ether with	persons d	escribed	ın (ıi) and (i	iii) below,	Yes No
	the gove	erning body of the s	supported organization?							11g(i) X
	(ii) A family	member of a perso	n described in (i) above?	•						11g(ii) X
	(iii) A 35% d	controlled entity of	a person described in (i)	or (ii) above	∍?					11g(iii) X
h	Provide the fo	ollowing information	n about the supported or	ganızatıon	(s)					
(i) Name	of supported	(ii) EIN	(iii) Type of	P . /	rganization	, , ,	•	(vi) Is organization	the	(vii) Amount of
	inization	` '	organization (described on lines 1-9		sted in your			(i) organiz	ed in the	support
			above or IRC section	governing	document?	(i) or your	support?	U.S	.7	
			(see instructions))	Yes	No	Yes	No	Yes	No	
BISMA										
PUBLI	C SCHOO	<u>45-6000242</u>	2 6	X		X		X		33,454.
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				1		ļ <u>.</u>		ļ		
		·	1	<del> </del>		ļ	1 .	1		
		<u>.</u>	1	-	[ , <sup>*</sup>	1		1.	'.	

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

Schedule A (Form 990 or 990-EZ) 2010

Par	(Complete only if you checker fails to qualify under the tests	d the box on line 5	, 7, or 8 of Part I or	r if the organization			
Sect	tion A. Public Support			·· /			
	dar 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 notlude any "unusual grants.")	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>19</b> / 2001				
I.	Fax revenues levied for the organ- zation's benefit and either paid to or expended on its behalf						
f	The value of services or facilities furnished by a governmental unit to the organization without charge						
5 T	Fotal. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly	,			- , , .		
6	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			. (	182	H 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
6 1	Public support. Subtract line 5 from line 4	1 .	1	· .		5 7 7 5 7	
	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 /	Amounts from line 4						
8	Gross income from interest,					1	
	dividends, payments received on	-					
;	securities loans, rents, royalties		İ				
i	and income from similar sources						
	Net income from unrelated business activities, whether or not the						
ı	business is regularly carried on					<u> </u>	
•	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)	<del></del>			<del> </del>		
	Total support. Add lines 7 through 10	eto (see instruct	1	L	<u>,</u> l	12	
	Gross receipts from related activities First five years, If the Form 990 is fo	•		d fourth or fifth	tay year as a section		
	organization, check this box and sto	_	s mst, second, um	a, loaitii, or iiitii	tax year as a section	311 30 1(0)(0)	▶[
	tion C. Computation of Pub		rcentage	·	<del></del>		
	Public support percentage for 2010 (		·	column (fl)		14	
	Public support percentage from 2009			30.0 (1)	•	15	
	33 1/3% support test - 2010. If the c			n line 13. and line	14 is 33 1/3% or r		and
	stop here. The organization qualifies						▶□
	33 1/3% support test - 2009. If the o				d line 15 is 33 1/3%	or more, check this	box
	and stop here. The organization qua				,	,	►□
	10% -facts-and-circumstances tes		• • •		e 13, 16a, or 16b.	and line 14 is 10% o	r more,
	and if the organization meets the "facts-and-circumstances"	cts-and-circumstai	nces" test, check t	his box and <b>stop</b>	here. Explain in Pa		
	10% -facts-and-circumstances tes					17a. and line 15 is 1	0% 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

#### 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.)

Se	ction A. Public Support		, , , , , , , , , , , , , , , , , , , ,						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	include any "unusual grants ")	İ			j		_		
2	Gross receipts from admissions,								
	merchandise sold or services per-								
	formed, or facilities furnished in any activity that is related to the	:							
	organization's tax-exempt purpose			1					
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-		•						
•	zation's benefit and either paid to								
	or expended on its behalf					į			
-	The value of services or facilities		· · · · · · · · · · · · · · · · · · ·		<del></del>				
9									
	furnished by a governmental unit to								
_	the organization without charge								
	Total. Add lines 1 through 5								
78	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
•	) Amounts included on lines 2 and 3 received from other than disqualified persons that			1					
	exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year			<del></del>					
	Add lines 7a and 7b								
	Public support (Subtract line 7c from line 6)			<u> </u>		<u></u>			
	ction B. Total Support			T		<u> </u>	<del></del>		
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
-	Amounts from line 6								
108	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources								
1	Unrelated business taxable income			}					
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975				ļ	ļ			
	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b,								
	whether or not the business is		ļ						
	regularly carried on			. <u>.</u> .					
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 fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,		
	check this box and stop here	*.							
Se	ction C. Computation of Pub	lic Support Pe	rcentage						
15	Public support percentage for 2010	line 8, column (f) d	ivided by line 13,	column (f))		15	%		
16	Public support percentage from 2009	3 Schedule A, Part	III, line 15			16	%		
Se	ction D. Computation of Inve	stment Incom	e Percentage						
17	Investment income percentage for 2	010 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%		
18	Investment income percentage from	2009 Schedule A,	Part III, line 17			18	%		
	a 33 1/3% support tests - 2010. If the			on line 14, and lin	e 15 is more than :	33 1/3%, and line	17 is not		
	more than 33 1/3%, check this box a						ightharpoons		
1	33 1/3% support tests - 2009. If the						and		
	* *	=							
20	line 18 is not more than 33 1/3%, check this box and stop here. 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 D**

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 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** 45-0442960

	BISMARCK PUBLIC SC		45-0442960
Pai			
	organization answered "Yes" to Form 990, Part IV, lin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	ınds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Pai	t II   Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organizat		·
	Preservation of land for public use (e.g., recreation or	· · · · · · · · · · · · · · · · ·	ally important land area
	Protection of natural habitat	Preservation of a certified	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a c	conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	anization during the tax
	year ▶	-	-
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	rt holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements during	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the y	year ▶ \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)	(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	tion easements in its revenue and expense stat	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes the o	organization's accounting for
r <u></u>	conservation easements.	· · · · · · · · · · · · · · · · · · ·	
Pai	t III Organizations Maintaining Collections of		r Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	. <u> </u>
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	thibition, education, or research in furtherance o	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ribes these items	
þ	If the organization elected, as permitted under SFAS 116 (A)	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		. • \$
	(ii) Assets included in Form 990, Part X		. <b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gair	n, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		▶ \$

		K PUBLIC S				442960 Page 2		
Pai	t.III: Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or Oth	er Similar Ass	sets (continued)		
3	Using the organization's acquisition, accessi	ion, and other record	ls, check any of the	following that are a :	significant use of it	ts collection items		
	(check all that apply)							
а	Public exhibition	d	Loan or exc	hange programs				
ь	Scholarly research	e		5 . 5				
С	Preservation for future generations	_						
4	Provide a description of the organization's co	ollections and explai	n how they further ti	ne organization's ex	empt purpose in P	art XIV.		
5	During the year, did the organization solicit of							
_	to be sold to raise funds rather than to be m				Γ	Yes No		
Par	t IV Escrow and Custodial Arran				Form 990 Part IV			
	reported an amount on Form 990, Pa		oto ii tiio organizatio	TUISWOIDU TOS E	5 1 01111 000, 1 are 1	v, 0, 0.		
12		<del></del>	liany for contribution	e or other accete no	t included			
	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes No							
U	b If "Yes," explain the arrangement in Part XIV and complete the following table:							
_	Pogunas halanes				<del>   </del>	Amount		
C	Beginning balance	** *			1c	<del></del>		
d	Additions during the year	•			_1d			
e	Distributions during the year	•	••		1e	<del> </del>		
	Ending balance				1f			
	2a Did the organization include an amount on Form 990, Part X, line 21?  Yes No							
	b If "Yes," explain the arrangement in Part XIV  Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.							
Fai	t V Elidowillent Fullus. Complete			1	· · · · · · · · · · · · · · · · · · ·			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bad	ck (e) Four years back		
1a	Beginning of year balance	67,007.	67,007.	67,007.	1			
b	Contributions	997,553.			A THE STATE OF THE	1		
C	Net investment earnings, gains, and losses	10,700.	300,	250,				
đ	Grants or scholarships							
e	Other expenditures for facilities	]			, ,			
	and programs		300.	250,	<u> </u>			
f	Administrative expenses				,			
9	End of year balance	1,075,260,	67,007.	67,007,	<u> </u>	1		
2	Provide the estimated percentage of the year	ar end balance held a	ıs.					
а	Board designated or quasi-endowment		_%					
b	Permanent endowment ► 100.00	%						
C	Term endowment	%						
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	nd administered for	the organization			
	by:					Yes No		
	(i) unrelated organizations					3a(i) X		
	(ii) related organizations					3a(ii) X		
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Schedule R?	•		3b		
4	Describe in Part XIV the intended uses of the							
Par	t VI Land, Buildings, and Equipn	nent. See Form 990	), Part X, line 10.					
	Description of investment	(a) Cost or o	ther (b) Cost	or other (c) A	Accumulated	(d) Book value		
		basis (investr	ment) basis	(other) de	epreciation			
1a	Land							
b	Buildings							
	Leasehold improvements							
	Equipment							
	Other				:			
	Add lines 1a through 1e (Column (d) must e	equal Form 990 Part	X column (R) line 1	(O(c) )				

Schedule D (Form 990) 2010

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BISMARCK PUBLIC SCHOOLS FOUNDATION

Schedule D (Form 990) 2010

45-0442960 Page 3

	dule D (Form 990) 2010 BISMARCK PUBLIC SCHOOLS FOU	NDATION		<u>45-04429</u>	60 Page 4
Pai	t-XI. Reconciliation of Change in Net Assets from Form 990 to A	Audited Fina	nciai State	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	······································	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		· · · · · · · · · · · · · · · · · · ·
9	Total adjustments (net). Add lines 4 through 8		9		<del> </del>
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII. Reconciliation of Revenue per Audited Financial Statemen		10 enue per F	Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			•	
a	Net unrealized gains on investments	2a		0 La	
b	Donated services and use of facilities	2b		34,	
c	Recoveries of prior year grants	2c		7 7 1	
d	Other (Describe in Part XIV.)	2d		1 ~ 1	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			उद	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	·	] ,	
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Exp	enses per	r Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		] * •	
b	Prior year adjustments .	2b		_	
С	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			٨.	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		10 -	
b	Other (Describe in Part XIV)	4b		_	
C	Add lines 4a and 4b			4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	t XIV Supplemental Information		<del></del>		
X, lın	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comple RT V, LINE 4: THE EARNINGS OF THE ENDOWMENT	ete this part to p	rovide any ac	dditional informat	ion.
SU	PPORT VARIOUS PROGRAMS OF THE BISMARCK PUBL	IC SCHOO	L SYSTI	EM, INCLU	JDING
TH!	E CAREER AND TECHNICAL PROGRAMS.			<del></del>	
					<del> </del>
				·	

#### SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

2010

Open To Public Inspection

lame of the organization	DIIDITO COUCCIO E	^I INT	שעט	TON	45-0442	ntification number
	PUBLIC SCHOOLS F Complete if the organization answer					
Indicate whether the organization raised a Mail solicitations     Internet and email solicitations     Phone solicitations     In-person solicitations     In-person solicitations     Indicate whether the organization have a written or organization have a written organization have a written organization have a written organization have a written organization have a written organization have a written organization have a written organization have a written organization have a written organization have a written organization have a written organization raised.	e Solicitat f Solicitat g Special  oral agreement with any individual t VII) or entity in connection with products or entities (fundraisers) pursu	ion of ion of fundra (includ	non-go govern ising of ling of lonal fi	overnment grants nment grants events fficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activrty	(iii) fundr have or or con contribi	istody trol of	(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			
					·	
			· · · ·			
	•					
Fotal .			_			
List all states in which the organization or licensing.	is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from i	registration
	<del></del>				·	
					<u> </u>	
	· · · · · · · · · · · · · · · · · · ·			<del> </del>		

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events PHONE-A-THON, NONE (add col (a) through APPLE DASH ALUMNI APP col. (c)) (total number) (event type) (event type) 18,061. 13,451. 4,610 Gross receipts 13,451. 4,610 18,061. Less: Charitable contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 3,933 3,844. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) <7,777 11 Net income summary Combine line 3, column (d), and line 10 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 (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Noncash prizes Rent/facility costs Other direct expenses Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 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? Yes b If "Yes," explain. Schedule G (Form 990 or 990-EZ) 2010

Schedule G (Form 990 or 990-EZ) 2010 BISMARCK PUBLIC SCHOOLS FOUNDATION

032082 01-13-11

45-0442960 Page 2

•	· ·
Sch	edule G (Form 990 or 990 EZ) 2010 BISMARCK PUBLIC SCHOOLS FOUNDATION 45-0442960 Page 3
	Does the organization operate gaming activities with nonmembers? Yes No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed
12	to administer charitable gaming?
12	Indicate the percentage of gaming activity operated in:
	The organization's facility  13a %
	An outside facility
	Enter the name and address of the person who prepares the organization's gaming/special events books and records
14	Effet the flathe and address of the person who prepares the organization's gammy-special events books and records
	Nama N
	Name
	Address N
	Address >
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
	to the control of a control of a control of a control of the contr
ь	of "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 &
	Name
	Address N
	Address >
40	O-man management and
16	Gaming manager information
	Name
	Gaming manager compensation > \$
	Description of services provided
	☐ Director/officer ☐ Employee ☐ Independent contractor
	Mandatory distributions.
	Mandatory distributions.  a Is the organization required under state law to make charitable distributions from the gaming proceeds to
á	Mandatory distributions.  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes No
á	Mandatory distributions.  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
t 	Mandatory distributions.  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  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   \$\Begin{array}{c} \text{Yes} \\ \text{No} \\ \text{Organization's own exempt activities during the tax year } \Begin{array}{c} \text{S} \\ \text{Organization's own exempt activities during the tax year } \Begin{array}{c} \text{S} \\ \
t 	Mandatory distributions.  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  • 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 ▶ \$  • Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,
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SCHEDULE 1 (Form 990)

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

2010 OMB No 1545-0047 ,

> Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service		Сошр	Complete if the organization answered "Yes" to Form 990, Part IV, line ∠1 of ∠∠.  ▼ Attach to Form 990.	n answered "Yes" to Fo ► Attach to Form 990.	to Form 990, Par n 990.	t IV, line 21 of 22.		Upen to Public Inspection
Name of the organization	lon							Employer identification number
Part I General II	BISMARCK	PUBLIC SCHOOLS		FOUNDATION				45-0442960
1 Does the organi	Does the organization maintain records to substantiate the amount of	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
	criteria used to award the grants or assistance?	stance?	Somethouse of orant		: States		:	Yes X No
Part II Grants an	Describe in Part by the organization is procedures for inclinating the united States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	1 Organizations in the	e United States. C	omplete if the orga	Inization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient t	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part il can be duplicated if additional space is needed	\$5,000. Check this	box if no one recipier	nt received more th	an \$5,000. Part II	can be duplicated if a	additional space is nee	
1 (a) Name and a or go	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BISMARCK PUBLIC SCHOOLS	SCHOOLS							TO PROVIDE FUNDS TO ENHANCE THE QUALITY OF
800 NORTH 8TH STREET BISMARCK ND 58501	REET 01	45-6000242	501(C)(3)	33,454,	0			SCHOOL DISTRICT,
2 Enter total numi	Enter total number of section 501(c)(3) and government organizations	and government or	ganizations				:	1
3 Enter total numl	Enter total number of other organizations  For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2010)

Page 2 (f) Description of non-cash assistance 45-0442960 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed SCHEDULE I, PART I, LINE 2: REQUESTS FOR GRANTS AND PROGRAMS ASSISTANCE ARE THE REPRESENTATIVES OF THE PUBLIC SCHOOL SYSTEM A REPORT OF THE USE OF THE Part IV" Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. SUBMITTED TO THE MINI-GRANT COMMITTEE OR THE FULL BOARD OF THE FOUNDATION GRANTS/SUPPORT PROVIDED THE FOUNDATION'S EXECUTIVE DIRECTOR RECEIVES FROM THE COMMITTEE MAKES RECOMMENDATIONS TO THE FULL BOARD WHO REVIEWS AND FOR THE (d) Amount of non-cash assistance ö APPROVES ALL SUPPORT TO THE BISMARCK PUBLIC SCHOOL SYSTEM. BISMARCK PUBLIC SCHOOLS FOUNDATION 6,154 (c) Amount of cash grant FUNDS IN COMPLIANCE WITH THE ORGINAL REQUEST (b) Number of recipients COLLEGE SCHOLARSHIPS FOR GRADUATING SENIORS (a) Type of grant or assistance Schedule I (Form 990) (2010) Part III

Schedule I (Form 990) (2010)

#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

Name of the organization

BISMARCK PUBLIC SCHOOLS FOUNDATION

Employer identification number 45-0442960

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OFFERING OF MINI-GRANTS TO TEACHERS AND SCHOOLS
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PROVIDED TO THE
BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS ARE REQUIRED TO
DISCLOSE ANY POTENTIAL CONFLICTS. THE EXECUTIVE DIRECTOR AND PRESIDENT
MONITOR THE ACTIVITIES AND POTENTIAL CONFLICTS. IF A CONFLICT ARISES THE
BOARD MEMBER ABSTAINS FROM DISCUSSION AND VOTE ON THE MATTER.
FORM 990, PART VI, SECTION B, LINE 15A: ONLY ONE COMPENSATED EMPLOYEE OF
THE FOUNDATION, THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR'S
PERFORMANCE IS EVALUATED ANNUALLY AT WHICH TIME THE COMPENSATION IS
DETERMINED BY THE FULL BOARD BASED UPON PERFORMANCE AND COMPARISON TO
COMPENSATION FOR SIMILIAR POSITIONS IN THE AREA.
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE TO THE PUBLIC AT THE
OFFICE.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
PRIOR PERIOD ADJUSTMENTS: -12,722.

Form **8868** (Rev January 2011)

Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2011)

•	u are filing for an Automatic 3-Month Extension, comple	_				► X
•	u are filing for an Additional (Not Automatic) 3-Month Ex	•				
	complete Part II unless you have already been granted a		•			
	onic filing (e-file). You can electronically file Form 8868 if y					
	d to file Form 990-T), or an additional (not automatic) 3-mo		•		•	
	to file any of the forms listed in Part I or Part II with the ex	•				
	al Benefit Contracts, which must be sent to the IRS in pap		(see instructions) For more details on th	ne elec	tronic filing of thi	s form,
	www.rs.gov/efile and click on e-file for Chanties & Nonprofits					
Part						
A corp	oration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and com	plete		. —
Part I c	• •					▶ ∟
	er corporations (including 1120-C filers), partnerships, REM ncome tax returns.	IICs, and ti	rusts must use Form 7004 to request an	extens	sion of time	
Туре с	r Name of exempt organization			Empi	oyer identificati	on number
print						
BISMARCK PUBLIC SCHOOLS FOUNDATION 45-0442960						
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.						
filing your 806 N WASHINGTON STREET						
return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	BISMARCK, ND 58501					
Enter t	he Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applic	ation	Return	Application			Return
Is For			Is For			Code
Form 990			Form 990-T (corporation)			07
Form 990-BL			Form 1041-A			08
Form 990-EZ			Form 4720			09
	990-PF	03	Form 5227			10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		·	11
	990-T (trust other than above)	06	Form 8870			12
	SUSAN SORENSON	1				
• The	books are in the care of > 1717 E AVENUE	- BI	SMARCK, ND 58503			
	ephone No ► 701-223-0441		FAX No ▶			
	e organization does not have an office or place of busines	s in the Ur				▶ □
	is is for a Group Return, enter the organization's four digit			ıs ıs foi	r the whole group	check this
box >		_	ach a list with the names and ElNs of all			
	request an automatic 3-month (6 months for a corporation					
•			ition return for the organization named a		The extension	
	s for the organization's return for	<b>.</b>	•			
	calendar year or					
	➤ X tax year beginning JUL 1, 2010	ar	nd ending JUN 30, 2011			
'	tax your beginning	'				
2	If the tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return Fin	al retur	n	
2	Change in accounting period	51105111040				
	Change in accounting period					
20	If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tax less any	1		
		J. 0003, 6	and the tentative tax, loss any	3a	\$	0.
	nonrefundable credits. See instructions.  If this application is for Form 990-PF, 990-T, 4720, or 6069	onter and	rofundable credits and	Ja	Ψ	
	· ·			26	<b>d</b>	0.
	estimated tax payments made Include any prior year over			3b	\$	<u> </u>
	Balance due. Subtract line 3b from line 3a Include your p			2-		0.
	by using EFTPS (Electronic Federal Tax Payment System)	See instru	JOHOHS.	3c	EΩ for noveres:	
Caution	on. If you are going to make an electronic fund withdrawal	with this F	onn 6666, see Form 6453-EU and Form	00/9-	LO for payment i	กอเเนตเเบกร.

LHA For Paperwork Reduction Act Notice, see Instructions.