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## Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

Employer identification number

2011

Name of the organization		Employer identification number
MO-SCI CHARITABLE FOUNDATION		43-1634828
Organization type (check of		
	Carthan	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	•
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	tion
	501(c)(3) taxable private foundation	
Check if your organization is  Note, Only a section 501(c)	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a	a Special Rule See
instructions		
General Rule		
For an organization property) from any	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or one contributor. Complete Parts I and II	more (in money or
Special Rules		
☐ For a section 501(c	)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test	t of the regulations
under sections 509	(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the y	year, a contribution of
the greater of (1) \$5	5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 9	90-EZ, line 1
Complete Parts I ar	nd II	
☐ For a section 501/c	)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from an	y one contributor,
dunno the year, tota	al contributions of more than \$1,000 for use exclusively for religious, charitable	ie, scientific, literary,
or educational purp	oses, or the prevention of cruelty to children or animals. Complete Parts I, II,	and III.
For a section 501(c	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from an intributions for use exclusively for religious, charitable, etc., purposes, but thes	se contributions did
during the year, cor	an \$1,000 If this box is checked, enter here the total contributions that were i	received during the
not total to more the	rely religious, charitable, etc., purpose. Do not complete any of the parts unler	ss the General Rule
year for an exclusiv	nization because it received nonexclusively religious, chantable, etc., contribu	utions of \$5,000 or
more during the year		▶ s
		O to date D (Forms 000
Caution. An organization th	nat is not covered to the Serieral Rule and/or the Special Rules does not file	Schedule & (Form 990,
000 DE\ but t	weeklone war "No" on Part IV The 2 of its Horn 990, of check the box on the	1101123101111330 22 01 011
Part I, line 2, of its-Form 99	O-PF to bertify that it does not meet the fing requirements of Schedule B (Fo	UIIII 33U, 33U*⊑∠, UI 33U*FF),
C. D	a, see the instructions for Form 990, 990-EZ, or 990-EF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2011)
For Paperwork Reduction Act Motion		

	mm 990 990-EZ, or 990-PF) (2011) rganization	Em	Page ployer identification number
10-SCI	CHARITABLE FOUNDATION		43-1634828
Partie	Contributors (see instructions) Use duplicate copies of Pa	art I if additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1	MOSCI CORP  4040 HYPOINT NORTH  Rolla, MO 65401	\$ 100,000	Person X Payroli Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	,		Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	•	\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person