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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2011

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 2011 calendar year, or tax year beginning July 1st, 2011, and ending June 30, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Rocklin Educational Excellence Foundation, Inc.</u>		D Employer identification number <u>26-3774416</u>
	Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>2615 Sierra Meadows Dr.</u>		E Telephone number <u>916-624-2428</u>
	City or town, state or country, and ZIP + 4 <u>Rocklin, CA 95677</u>		F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ rocklineducationfoundation.org

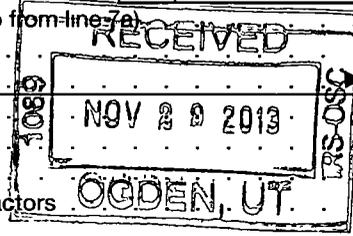
J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ▶ \$ _____

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	1,130
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$12,909 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	
c	Less: direct expenses from gaming and fundraising events	6c	4,472	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	8,437	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	9,567	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	17,631
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	1,021
	17	Total expenses. Add lines 10 through 16	17	18,652
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(9,085)
	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	19,093
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	10,008



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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)	19,093	27 10,008

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? Supporting public schools in Rocklin

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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>Technology upgrades in classrooms; Furniture for students with special needs; anti-bullying program</u> (Grants \$ <u>17,631</u>) 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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Tom DeLapp</u> <u>3005 Duchess Ct.</u> <u>Rocklin, CA 95765</u>	<u>President</u> <u>0-2</u>	<u>-0-</u>	<u>n/a</u>	<u>n/a</u>
<u>Brian Whitmore</u> <u>5504 Rockmoor Dr.</u> <u>Rocklin, CA 95767</u>	<u>vice Pres</u> <u>0-2</u>	<u>-0-</u>	<u>n/a</u>	<u>n/a</u>
<u>Ken Broadway</u> <u>2004 Denton Ct.</u> <u>Rocklin, CA 95765</u>	<u>secretary</u> <u>0-2</u>	<u>-0-</u>	<u>n/a</u>	<u>n/a</u>
<u>Ralph Laird</u> <u>4378 Pebble Beach Rd</u> <u>Rocklin, CA 95765</u>	<u>Treasurer</u> <u>0-2</u>	<u>-0-</u>	<u>n/a</u>	<u>n/a</u>

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

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
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
47 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>
49b	<input type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

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

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 . . . ▶ _____

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 Type or print name and title Ralph Laird, Treasurer	Date 11-23-13
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Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public
Inspection

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

Rocklin Educational Excellence Foundation Inc.

Employer identification number

26-3774416

Total Fundraising Expenses: \$ 4,472

Total General Operating Expenses:

Rocklin Chamber of Commerce \$ 135

Directors + Officers Insurance \$ 664

Membership in CA Consortium
of Education Foundations \$ 100

Name Badges for Board Members \$ 122

* See Also the attached which
is a copy of the check register
for Rocklin Educational Excellence
Foundation for 7/1/11 - 6/30/12.

ITEM NUMBER	DATE	TRANSACTION DESCRIPTION	✓ T	CHECK OR DEBIT (-) AMOUNT	DEPOSIT OR CREDIT (+) AMOUNT	BALANCE FWD	
						18799	57
		250 - Bosciaard					
3/4	3/4	Deposit - 80 - Post CA			330 -	19120	57
3/28	3/28	Add Back			3300 -	3300	00
10/60	3/28	RUSD		4800 -		17629	57
4/25	4/25	Deposit \$20.50 OHG \$10 Emp			30.50	17660	07
5/23	5/23	Deposit \$90 DST \$8.10 WALK			176.00	176.00	00
6/3	6/3	Deposit - Rosetta Stone			3318 -		
6/3	6/3	Deposit - Whole Foods United Way			486.77	21640	84
10/61	6/22	Rosetta Stone		4257.44		17383	40
6/23	6/23	Deposit			1710.00	19093	40
7/18	7/18	Deposit - 2340 Trash Back 80 - Employee			2430 -	21523	40
10/62	7/19	Diana Ruslin		173.91		173.91	00
						21349	49

Year 2011

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ITEM NUMBER	DATE	TRANSACTION DESCRIPTION	✓ T	CHECK OR DEBIT (-) AMOUNT	DEPOSIT OR CREDIT (+) AMOUNT	BALANCE FWD	
						21349	49
	8/15	Deposit - \$20 Trash Bash - 60-Rose Ha \$30-cont	✓		110 00	110 -	-
						21459	49
1063	8/22	Rocklin Chamber	✓	135 -		135 -	-
						21324	49
1064	9/26	World Class Inns	✓	664 -		664 -	-
						20660	49
-	9/15	Deposit \$64.50 state in federal \$40.00 RUSD EMP	✓		104 50	104 50	
						20764	99
1065	9/26	Cabot Cons. of Ed. Found	✓	100 -			
						20664	99
-	4/5 2011	DEPOSIT (not recorded earlier)	✓		90 00	20,754	99
-	11/28	Deposit - PCOE	✓		40 00	20,794	99
-	11/28 2011	Deposit - PCOE	✓		30 00	20,824	99
1066	1/12 2011	Casino 2U (RR)	✓	850 00		19,974	99
-	1/12	Deposit - MULTI 795 - Royalz 366 - Mtsc	✓		1,161 00	21,135	99
1067	1/16	RUSD - "Levered Ideas" Grants	✓	116,191 00		4,944	99

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Allocation

ITEM NUMBER	DATE	TRANSACTION DESCRIPTION	✓ T	CHECK OR DEBIT (-) AMOUNT	DEPOSIT OR CREDIT (+) AMOUNT	BALANCE FWD	
1068	1/28	DEPOSIT (Royale)	✓		310 00	5,254	99
1068	1/23	Direct 2 Press Royale	✓	211 89			
1069	1/23	Pareesh Patel (AJ) Royale	✓	300 00			
1070	1/23	Celebrations Royale	✓	379 00			
1071	1/23	Aba Baba Rents #1 Royale	✓	227 64		4,136	46
—	1/24	Deposit (Royale)	✓		1,420 00	5,556	46
—	1/30	Deposit Brown Pice 10.30 Roshay Pice 20.00 ROYALE 640.00	✓	670	670 00	6,226	46
1072	2/1	Aba Baba Rents #1 (VOID... see 2/26/12)	✓	33 75		6,192	71
1074	2/3	Casino 20 Royale	✓	1,550 00		4,642	71
—	2/2	Cash for Change (Casino Royale)	✓	200 00		4,442	71
—	2/6	DEPOSIT (Royale)	✓		2,050 00	6,492	71

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N/A

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ITEM NUMBER	DATE	TRANSACTION DESCRIPTION	✓ T	CHECK OR DEBIT (-) AMOUNT	DEPOSIT OR CREDIT (+) AMOUNT	BALANCE FWD	
1074	2/6	Patton World	✓				
1074	2-6	Elephant Ideas (Board Name Badges)	✓	122 27		6,370	44
1075	2-7	Ralph Laird (Reimburse - Royale Prizes)	✓	317 85		6,052	59
-	2-7	Deposit - Royale	✓		1,000 00	7,052	59
1076	2-13	Diana Ruslin (Reimburse: Royale expenses)	✓	161 74		6,890	85
-	2/24	Deposit Royale (includes \$1,319.20 from Puff)	✓		1,846 20	8,737	05
1077	3/2	Dave Kemp (Bhat Avid) Royale	✓	100 00		8,637	05
-	3/2	Deposit (celebrations) Royale	✓		170 00	8,807	05
1072	3/26	VOLV CHECK #1072	✓		33 75	8,840	80
-	3/26	DEPOSIT (Plaw 500 air NW 42.00 - Misc PCE 40.00 - - from bank to - 100.00 - 20)	✓		582 00	9,422	80
-	2/2	DEPOSIT (Casino Royale)	✓		360 00	9,782	80

OP

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N/A

ITEM NUMBER	DATE	TRANSACTION DESCRIPTION	✓ T	CHECK OR DEBIT (-) AMOUNT	DEPOSIT OR CREDIT (+) AMOUNT	BALANCE FWD
1078	3/26	VOID	✓			9,782 80
1079	3/26	Rachel's Challenge	✓	1,440 00		8,342 80
—	4/23	DEPOSIT (PCE)	✓		40 00	8,382 80
Paypal	4/25	PayPal "TEST"	✓		— 10	
ii	"	"	✓		— 01	
"	"	"	✓	— 11		8,382 80
—	5/16	Deposit (PCE)	✓		30 00	8,412 80
—	6/4	Deposit ^{PCE - 30} _{unrelug - 03}	✓		93 00	8,505 80
—	6/4	Transfer from Paypal (PCE)	✓		1,501 32	10,007 12
—	7/23	Deposit (MPC)	✓		57 00	
—	7/23	Deposit (Trash Bash)	✓		1,605 00	12,183 12
1080		VOID	✓			

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