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# 990

#### **Return of Organization Exempt From Income Tax**

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

Open to Public

OMB No 1545-0047

benefit trust or private foundation)

Department of the Treasure ▶The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service For the 2011 calendar year, or tax year beginning 7/1/2011 and ending 6/30/2012 C Name of organization D Employer identification number Check if applicable BISMARCK PUBLIC SCHOOLS FOUNDATION Doing Business As Address change 45-0442960 Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change Initial return 806 N WASHINGTON STREET 701 355.3093 City or town, state or country, and ZIP + 4 Terminated BISMARCK ND 58501 G Gross receipts \$ Amended return 142,766 F Name and address of principal officer Application pending H(a) Is this a group return for affiliates? Yes X No RICHARD WEBER SAME AS C ABOVE H(b) Are all affiliates included? X 501(c)(3) If "No." attach a list (see instructions) 527 Tax-exempt status 501(c) ) (insert no) 4947(a)(1) or J Website: ► N/A H(c) Group exemption number ▶ X Corporation K Form of organization Trust Association Other ▶ L Year of formation M State of legal domicile 1989 ND Part I Summarv Briefly describe the organization's mission or most significant activities TO SUPPORT THE BISMARCK PUBLIC SCHOOLS THROUGH THE SPONSORING OF VARIOUS EDUCATION PROGRAMS AND THE OFFERING OF MINI-GRANTS TO Activities & Governance TEACHERS AND SCHOOLS Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) . . . 4 14 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 5 1 Total number of volunteers (estimate if necessary) . 0 6 Total unrelated business revenue from Part VIII, column (C), line 12. 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Current Year 129,078 1.097.430 8 Program service revenue (Part VIII, line 2g) . . . 9 8.900 7.769 37,299 Investment income (Part VIII, column (A) lines 3, 4, and 7d) 10 5,919 Other revenue (Part VIII, column (A), line's 5, 6d, 8c, 9c, 10c, and 11e). 11 -7.777-6,236 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1.135.852 136,530 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 39,608 53,277 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 21.451 Professional fundraising fees (Part IX, column (A), line 11e) . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 8.474 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 22.235 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 67,805 96,963 19 Revenue less expenses Subtract line 18 from line 12 1.068.047 39,567 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . . . 1,227,418 1,268,457 21 Total liabilities (Part X, line 26) . . . 2,923 4,395 Net assets or fund balances. Subtract line 21 from line 20 1.224.495 1,264,062 Signature Block Part II Under penalties of perjugated 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 thanyofficer) is based on all information of which preparer has any knowledge Sign Hëre ARD WEBER, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Paid self-employed JENNIFER EATON Preparer ► SENGER ASSOCIATES, PC Firm's EIN ► 20-1459155 **Use Only** Firm's address ► 1640 E CAPITOL AVE, BISMARCK, ND 58501 Phone no (701) 222-4100 X No May the IRS discuss this return with the preparer shown above? (see instructions) . Yes

For Paperwork Reduction Act Notice, see the separate instructions. (HTA)

Form **990** (2011)

orm 9	00 (2011)	BISMARCK PUBLIC SCHOOLS FOUNDATION	45-0442960	Page 2
Pai	t III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III		<u>. LL</u>
1	SUPPO	describe the organization's mission. PRTING FOUNDATION TO SUPPORT THE BISMARCK PUBLIC SCHOOLS, TEACHERS, AND THE STUDENTS		
	the prio	organization undertake any significant program services during the year which were not listed or Form 990 or 990-EZ?	on Yes	X No
3	Did the services	organization cease conducting, or make significant changes in how it conducts, any program	· · Yes	X No
4	expense	e the organization's program service accomplishments for each of its three largest program ser es. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to and allocations to others, the total expenses, and revenue, if any, for each program service reports.	report the amount	
	PUBLIC TEACH NEWSI PUBLIC	) (Expenses \$ 56,513 including grants of \$ 0 ) (Reversolving of over 15 Mini-Grants and Sponsorhips to Educators and School School System. The Mini-Grants are used to support new and innovative ing Methods for all Students in the Bismarck public school System. Provetter to all parents, Educators, and Donors of the Bismarck public school Systems and Education on the Accomplishments of the Bismarck public school Systems.	LS OF THE BISMA PROGRAMS AND IDING A QUARTE OOL SYSTEM TO M AND THEIR ALL	/OR RLY PROVIDE JMNI.
4b	PROVI	) (Expenses \$ 7,700 including grants of \$ 0 ) (Rever DING 6 SCHOLARSHIPS TO GRADUATING SENIORS OF THE BISMARCK PUBLIC SCHOOL THERING THEIR ACADEMIC EDUCATION	SYSTEM TO ASS	SIST THEM
4c	(Code	) (Expenses \$ 0 including grants of \$ 0 ) (Rever	nue \$	0.)
4d	Other p	rogram services. (Describe in Schedule O ) ses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	

GH 6	To the defined of the duties			
4	to the experiencian described in section 501/o\/2\ or 4047/o\/1\ (other than a private foundation)? If "Vec."		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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		Х
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 for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			١.,
	"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,"	8		x
_	complete Schedule D, Part III  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	┝ <mark>॰</mark>		<del>  ^</del>
9	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	Ť		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	** }	,	-
	VII, VIII, IX, or X as applicable	11 St	~ q~	٠,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		İ	
	Schedule D, Part VI	11a	ļ	X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			١
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11c	İ	X
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		<del>  ^</del>
a	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	_	X
	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		X
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,"		1	
	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b		X
4=	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	140	<del>  -</del> -	+^
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	<u></u>	<del>                                     </del>	<del>  ^</del>
10	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			1
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
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?		1	
	If "Yes," complete Schedule G, Part III	19	1	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_	X
h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	1

#### Part IV Checklist of Required Schedules (continued)

			163	140
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	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	х	
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? <i>If "Yes," complete Schedule J</i> .	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		
	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		Х
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 Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
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):		4/4	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i> Schedule L, Part IV	28b		Х
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II.	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
Ь	Did the organization receive any payment from or engage in any transaction with a controlled entity within			V
26	the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 504(a)(2) organizations. Did the examination make any transfers to an example and characteristic related.	35b		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	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? <i>If</i> "Yes," complete Schedule R, Part			.,
	VI	37	$\dashv$	<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	
		Far-	aan .	2044

45-0442960 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V. . . . . . Nο Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return . If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . 3a Х За If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a Х 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b C 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Х 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Х 7c If "Yes." indicate the number of Forms 8282 filed during the year . . . d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . f Χ g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . . . . . . . . . . 8 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? . . . Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12.... Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . b 10b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders. а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . [12b] 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. Enter the amount of reserves the organization is required to maintain by the states in which Enter the amount of reserves on hand . . . 13c Did the organization receive any payments for indoor tanning services during the tax year? . . . . . Х

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

BISMARCK PUBLIC SCHOOLS FOUNDATION 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 Part VI

Sect	ion 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	<b>1</b> a 1	4		
	If there are material differences in voting rights among members of the governing body, or		1		ı
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O		ļ	•	
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 1	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	onship with			
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or und				
	supervision of officers, directors, or trustees, or key employees to a management company or o	ther person?.	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X
5	Did the organization become aware during the year of a significant diversion of the organization	's assets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint			
	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb	ers,			
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions underta	ken during			
	the year by the following:	_			}
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	e reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule (	)	9		Χ_
Sect	ion B. Policies (This Section B requests information about policies not required by the li	nternal Revenue C	ode.)		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	•	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes,"			
	describe in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and app				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and decision?	-		
_	The organization's CEO, Executive Director, or top management official.		15a	Х	
b	Other officers or key employees of the organization		15b		<u> </u>
	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 arra	angement			
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev				
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa	afeguard	ļ		
	the organization's exempt status with respect to such arrangements?		16b		
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 501)	c)(3)s	only)	
	available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documen	ts, conflict of interes	t		
••	policy, and financial statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the boo				
	organization:   KAREN BJELLA	701.323 40	93		
	806 N WASHINGTON ST. BISMARCK, ND 58501				

# 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 organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule	box,	unles er and	Pos neck is pe	rson	n oth st Highest compensated en so of employee	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	O)	Ф	tee			sated				
(1) DICK WEBER PRESIDENT	2 00	х		х				0	0	0
(2) JOHN WESTBEE										
PAST PRESIDENT	2 00	Х		Х				0	0	0
(3) MILO WIESTOCK				l						_
TREASURER	2 00	Х		X		<b></b>		0	0	0
(4) BRIAN BERGESON VICE PRESIDENT	2 00	x		x				0	0	0
(5) TAMARA USELMAN	2 00			<del> ^</del>	-					
EX-OFFICIO DIRECTOR	2.00	х						О	О	0
(6) MARK THOMPSON										
VICE PRESIDENT	200	х		Х				o	0	0
(7) GERALD SKOGELEY										
VICE PRESIDENT	2 00	Х		Х				0	0	0
(8) KELVIN HULLET										
DIRECTOR	2 00	X			ļ	i		0	0	0
(9) JEAN BEYER										
DIRECTOR	2.00	X	<u> </u>		L.		<u></u> .	0	0	0
(10) KAREN BJELLA	1		,	l	ł					
EXECUTIVE DIRECTOR/SECRETARY	20 00	Х	L	X			_	19,202	0	0
(11) JUDY MASSET										
DIRECTOR	2.00	Х	L	<u>L.</u>				0	0	0
(12) LAWRENCE KING						1				
EX-OFFICIO DIRECTOR	2 00	X	lacksquare			Ļ,		0	0	0
(13) MCKENZIE JESKE										
DIRECTOR	2 00	X		<u> </u>	<b> </b>	<u> </u>	<u> </u>	0	0	0
(14) COURTNEY SIBLA										
DIRECTOR	2 00	Х	<u> </u>		<u> </u>	<u> </u>		0	0	
										Form 990 (2011)

Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd	High	<u>est</u>	Compensated	Employees (d	continued)	_
(A) Name and title	(B) Average hours per week	(do r box, office	not ch unles	Pos neck ss pe d a d	c) ition more rson irecti	than o	one n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	compensation from the organization and related organizations	
(15) PAIGE HOWLING WOLF DIRECTOR	2 00	x						0		0	0
(16) RUDY STEIDL DIRECTOR	2 00							0			0
(17) MIKE MABIN DIRECTOR	2.00							0		0	0
(18) JANE JESPERSON DIRECTOR	2.00							0		0	0
(19)											
(20)											
(21)											
(22)											
(23)	-										
(24)											
(25)											
1b Sub-total c Total from continuation sheets to Part VII,						•	<b>&gt;</b>	19,202			0
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not reportable compensation from the organization)</li> </ul>						ho re	cen	19,202 ved more than \$		0	0
3 Did the organization list any former officer, di employee on line 1a? If "Yes," complete Sche					yee	e, or h	nigh	nest compensate	ed	Yes No	
4 For any individual listed on line 1a, is the sum the organization and related organizations greindividual										4 ×	, -
5 Did any person listed on line 1a receive or action for services rendered to the organization? If "									ndıvidual	5 X	
Section B. Independent Contractors											
Complete this table for your five highest components of compensation from the organization. Report of year.											
(A) Name and business add	lress							(B) Description of se	rvices	(C) Compensation	
											0
							$oldsymbol{\perp}$				0
	<u> </u>										0
	<u></u>						+-				0
2 Total number of independent contractors (include more than \$100,000 of compensation from the	•	nited	l to 1	thos	se li	sted a		ve) who receive	d		,

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Par	t VIII	Statement of Revenue			,		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns <u>1a</u>	0				
tributions, Gifts, Grants Other Similar Amounts	b	Membership dues 1b	0				,
S, C	С	Fundraising events <u>1c</u>	12,166				
Sift lar	d	Related organizations 1d	0				
is, (	е	Government grants (contributions) . 1e	0				
tion	f	All other contributions, gifts, grants, and					
ğ f		similar amounts not included above 1f	116,912				
Contributions, Gifts, and Other Similar An	g	Noncash contributions included in lines 1a-1f <sup>-</sup> \$	0				
Cont	h	Total. Add lines 1a-1f	. •	129,078			
9			Business Code				
Program Service Revenue	2a	EDUCATION/MATINEE PROGRAMS	900099	7,769	7,769		
8	b			0			
5	С			0			
Sen	d			0			
Ē	е			0			
- Go	f	All other program service revenue		0			
<u>~</u>	g	Total. Add lines 2a–2f	. >	7,769	1		
	3	Investment income (including dividends, interes	t, and				
		other similar amounts)		5,919			5,919
	4	Income from investment of tax-exempt bond pro	oceeds▶	0			
	5	Royalties		0			
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less. rental expenses					
	С	Rental income or (loss) .	0				
	ď	Net rental income or (loss)	•	0			
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory 0	0				
	b	Less. cost or other basis					
		and sales expenses0					
	С	Gain or (loss) 0	0				
	ď	Net gain or (loss)	▶	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ 12,166					
er Re		of contributions reported on line 1c) See Part IV, line 18 a					
Ę	b	Less: direct expenses b	6,236				
U		Net income or (loss) from fundraising events .	▶	-6,236			-6,236
		Gross income from gaming activities See Part IV, line 19 a		,			
	h	Less: direct expenses b					
		Net income or (loss) from gaming activities	•	0			
		Gross sales of inventory, less				-	
	IVA	returns and allowances a	l				
	h	Less: cost of goods sold b	<u> </u>				
		Net income or (loss) from sales of inventory		0			
	·	Miscellaneous Revenue	Business Code				
i	11a		Dusiness code	0			
	b			0			
			<b> </b>	0			
	d	All other revenue	<u> </u>	0	<u> </u>	·	
		Total. Add lines 11a–11d		0		· .	
	12	Total revenue See instructions		136 530	7 769	0	-317

### 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).	, , , , , , , , , , , , , , , , , , , ,

	Check if Schedule O contains a response to any	question in this Pa	rt IX	<u> </u>	· · L.
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			3	
	organizations in the United States See Part IV, line 21	45,577	45,577		
2	Grants and other assistance to individuals in the		10,017		
_	United States. See Part IV, line 22	7,700	7,700		
3	Grants and other assistance to governments,	7,700	7,700		
•	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,		-		
•	trustees, and key employees	19,202		19,202	
6	Compensation not included above, to disqualified	13,202		19,202	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	- Cu	0			<del></del>
8	Other salaries and wages Pension plan accruals and contributions (include				
٠		o			
9	Other employee benefits	0	-		
10	` `	2,249	<del></del>	2,249	
11	Payroll taxes	2,249		2,249	
''a	Management	o			
b	Legal			<del></del>	
	_ <b>_</b>	4,094	-	4.004	
c d		4,094		4,094	
u	Professional fundraising services. See Part IV, line 17	0			<del></del>
f	· · · · · · · · · · · · · · · · · · ·	0			
	Investment management fees Other	0			· · ·
_ g	,			2.440	
12 13	Advertising and promotion	2,142 174		2,142	
14	Office expenses			174	<del></del>
	<u> </u>	0			······································
15 16	Royalties	0			
	Occupancy	0			
17					
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	0			
20	Interest			<del></del>	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	1,508		1,508	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)	4 400			<del>_</del>
a	FOOD FAMILY MATINES PROCESAM	1,420		1,420	
b	FAMILY MATINEE PROGRAM	3,584	3,584	-	
C	NEWSLETTER EXPENSES	7,352	7,352		
d	ADMINISTRATOR	807	-	807	
e	All other expenses	1,154		1,154	
25	Total functional expenses. Add lines 1 through 24e .	96,963	64,213	32,750	0
26	Joint costs. Complete this line only if the	1			
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

Part X		······································	45	-0442960 Page <b>11</b>
raitA	Dalance Street	(A)		/B)
		Beginning of year		(B) End of year
1	Cash—non-interest-bearing	78,391	1	75,885
2	Savings and temporary cash investments .	44,707	2	26,583
3	Pledges and grants receivable, net	0	3	20,000
4	Accounts receivable, net	0	4	
5	Receivables from current and former officers, directors, trustees, key			•
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		ļ	
	employers and sponsoring organizations of section 501(c)(9) voluntary			
<u>v</u>	employees' beneficiary organizations (see instructions)		6	· · · · · · · · · · · · · · · · · · ·
Assets	Notes and loans receivable, net	0	7	(
8   As			8	
9			9	
10a			- 9	
IVa				
Ь		0	10c	
11	· · · · · · · · · · · · · · · · · · ·			4.405.000
	Investments—publicly traded securities	1,104,320		1,165,989
12	· · · · · · · · · · · · · · · · · · ·	0	12	
	Investments—program-related. See Part IV, line 11	0	13	
14	Intangible assets	0	14	(
15	Other assets. See Part IV, line 11	0	15	1 222 45
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,227,418		1,268,457
17	Accounts payable and accrued expenses	2,923		4,395
18	Grants payable		18	
19	Deferred revenue		19	·
20	Tax-exempt bond liabilities	<del></del>	20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	<del> </del>
S 22	Payables to current and former officers, directors, trustees, key			
Liabilities	employees, highest compensated employees, and disqualified			
這一。	persons. Complete Part II of Schedule L		22	
-0	Secured mortgages and notes payable to unrelated third parties	0	23	
24	Unsecured notes and loans payable to unrelated third parties .	0	24	<u>C</u>
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete  Part X of Schedule D		0.5	_
26		2 022	25	4 205
26	Total liabilities. Add lines 17 through 25	2,923	26	4,395
တ္က	Organizations that follow SFAS 117, check here ► X and		İ	
ည	complete lines 27 through 29, and lines 33 and 34.			
<u>e</u>   27	Unrestricted net assets	77,210		46,241
മ്   28	Temporarily restricted net assets	1,147,285	28	1,217,821
[ 29	Permanently restricted net assets		29	
죠	Organizations that do not follow SFAS 117, check here ▶		1	
ة	and complete lines 30 through 34.			
\$ 30	Capital stock or trust principal, or current funds		30	
8 31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del></del>
Net Assets or Fund Balances 2	Retained earnings, endowment, accumulated income, or other funds.		32	<del></del>
Ž 33	Total net assets or fund balances	1,224,495		1,264,062
34	Total liabilities and net assets/fund balances	1,227,418	1	1,268,457
		1,221,410		Form <b>990</b> (2011)

Form 9	990 (2011) BISMARCK PUBLIC SCHOOLS FOUNDATION	45	-0442960	Pa	ge <b>12</b>
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	ایا		420	2 520
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,530
3		3			5,963 5,567
4	Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			9,567
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,224	4,49 <u>5</u>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,	-			
Ü	column (B))	6		1.264	4,062
Part	XII Financial Statements and Reporting			.,	.,00=
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_		
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	·	Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain it	ר			
	Schedule O.				
þ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2011)

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

# **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.

2011

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Employer Identification number **BISMARCK PUBLIC SCHOOLS FOUNDATION** 45-0442960 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II ) 8 a An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a X Type I ь Type II c | Type III—Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. Х Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Nο and (iii) below, the governing body of the supported organization? . . . 11g(ı) A family member of a person described in (i) above?. 11g(iı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (II) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support col (i) of your (i) organized in the above or IRC section governing document? (see instructions)) US? support? Yes Yes No Yes (A) BISMARCK PUBLIC St 45-6002426 Х 45.577

0

0

0

0

Total

(B)

(C)

(D)

(E)

Schedule A (Form 990 or 990-EZ) 2011 BISMARCK PUBLIC SCHOOLS FOUNDATION Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants"). . . Tax revenues levied for the organization's 2 benefit and either paid to or expended on its behalf . . . . . . 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . 0 Total. Add lines 1 through 3 0 ol 0 0 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) Public support. Subtract line 5 from line 4 0 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Amounts from line 4 . . . . 0 0 0 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 0 Net income from unrelated business activities, whether or not the business is regularly carried on . 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . 0 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) . . . 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 0 00% Public support percentage from 2010 Schedule A, Part II, line 14. 15 . . . 15 0.00% 16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box . ▶ 📗 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this b box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported . . . . . . . . . . . 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in

Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

#### 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.)

Sec	tion A. Public Support	ider the tests	iisted below,	picase comp	icte i art ii.)		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	-					
·	received (Do not include any "unusual grants ")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
3	organization's tax-exempt purpose .  Gross receipts from activities that are not an					-	0
3	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						<u> </u>
	benefit and either paid to or expended on					-	
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						•
•	organization without charge .	0	0	0	0	0	<u>0</u> 0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3		U		U	U	
, a	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
с 8	Add lines 7a and 7b  Public support (Subtract line 7c from	0	0	0	0	0	0
•	line 6)						0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)  ▶ ┃	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	0	. 0	o	0	ol	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources					***************************************	0
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11,			· · · · · · · · · · · · · · · · · · ·			
	and 12)	0	0	0	0	o	0
14	First five years. If the Form 990 is for the organization, check this box and stop here.	tion's first, secor	nd, third, fourth,	or fifth tax year a	s a section 501(	c)(3)	►□
Sec	tion C. Computation of Public Support F	Percentage	-		<del> </del>	<del></del>	
15	Public support percentage for 2011 (line 8, column		e 13, column (f))			15	0 00%
16	Public support percentage from 2010 Schedule A, F					16	0 00%
Sec	tion D. Computation of Investment Inco						
17	Investment income percentage for 2011 (line 10c, o			ımn (f))		17	0.00%
18	Investment income percentage from 2010 Schedule			d l 45	45 00 4/00/	18	0 00%
19a	33 1/3% support tests—2011. If the organization of						<b>⊾</b> □
ь	not more than 33 1/3%, check this box and stop he 33 1/3% support tests—2010. If the organization of						≠ 🗀
-	line 18 is not more than 33 1/3%, check this box an						▶□
20	Private foundation. If the organization did not ched						

	990 or 990-EZ) 2011	BISMARCK P	UBLIC SCHOO	LS FOUNDATION	NNC		45-0442960	Page 4
Part IV	Supplemental	Information.	Complete this	part to provide	the explanation	ons required		0;
	Part II, line 17a instructions).	or 17b; and P	art III, line 12.	Also complete	this part for a	ny additional	information. (Se	ee
					******			
			· · · · · · · · · · · · · · · · · · ·					
							• • • • • • • • • • • • • • • • • • • •	
			••••					

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

# **Political Campaign and Lobbying Activities**

OMB No 1545-0047

**Open to Public** 

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	Section 501(c)(4), (5), or (6) on the of organization	organizations complete rate in	<del></del>	Employe	r identification number
	MARCK PUBLIC SCHOO	I S FOUNDATION			45-0442960
		the organization is exempt und	er section 501(	c) or is a section 527 o	
1		the organization's direct and indirect			
2	Political expenditures	<del>-</del>			
3	Volunteer hours				
Pa	rt I-B Complete if t	the organization is exempt und	er section 501(	c)(3).	
1		excise tax incurred by the organization			<del></del>
2		excise tax incurred by organization i			
3		red a section 4955 tax, did it file Forn			. Yes No
4a	Was a correction made?				. Yes No
b	If "Yes," describe in Part				
		the organization is exempt und	er section 501(	c), except section 501	(c)(3).
1	Enter the amount directl	y expended by the filing organization	for section 527 e	exempt function	
	activities .			▶ \$	
2		filing organization's funds contributed		ations	
		unction activities		▶\$	
3	· · · · · · · · · · · · · · · · · · ·	penditures. Add lines 1 and 2. Enter	here and on Forr	n 1120-POL,	
				. ▶\$	0
4		n file Form 1120-POL for this year?			. UYes No
5		sses and employer identification num			
		nents. For each organization listed, e ontributions received that were prom			
		ed fund or a political action committee			
	-	<u> </u>	, ,		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
			:		delivered to a separate political organization If
					none, enter -0-
(1)					
···	<u> </u>		<del></del>	0	0
(2)					
				0	0
(3)				0	0
(4)					
(4)				0	0
(5)		ļ			
. ,				0	0
(6)		L			

f Grassroots lobbying expenditures

2CU	edule C (Form 990 or 990-EZ) 2011					Page 2
Р	art II-A Complete if the organization	ı is exempt un	der section 5	01(c)(3) and filed	d Form 5768 (elect	
_	under section 501(h)).  Check ▶ ☐ If the filing organization below.	longs to an offil	usted group (s	nd list in Doct IV a	and officiated are un	
^	name, address, EIN, expe					members
В	Check ▶ if the filing organization che					
				troi provisions ap	ppiy.	
	Limits on Lobb				(a) Filing	(b) Affiliated
_	(The term "expenditures" me			<del> </del>	organization's totals	group totals
1a	Total lobbying expenditures to influence pul		•	•		0
þ	Total lobbying expenditures to influence a le					0
C	Total lobbying expenditures (add lines 1a a	,		•	0	0
d	Other exempt purpose expenditures			• • •		0
e	Total exempt purpose expenditures (add lin	•			0	0
f	Lobbying nontaxable amount. Enter the am columns	ount from the fol	lowing table in	both		_
Г		The lebbers of			<u> </u>	0
ŀ	If the amount on line 1e, column (a) or (b) is:		nontaxable amou	Int is:		
ŀ	Not over \$500,000  Over \$500,000 but not over \$1,000,000	20% of the amo	15% of the excess	- Over \$500 000		
ŀ	Over \$1,000,000 but not over \$1,500,000			s over \$1,000,000		
İ	Over \$1,500,000 but not over \$17,000,000		5% of the excess			
İ	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25%	of line 1f)			o	0
h						0
i	Subtract line 1f from line 1c If zero or less,	enter -0			0	0
j	If there is an amount other than zero on eith	ner line 1h or line	e 1i, did the orga	anization file Form 4	720 reporting	
	section 4911 tax for this year?					Yes No
	(Some organizations that ma		1(h) election d	o not have to com		
	columns below.	See the instruct	tions for lines	2a through 2f on p	age 4.)	
	Lobbying	Expenditures	During 4-Year	Averaging Period	1	
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount				0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))					0
_ c	Total lobbying expenditures				0	0
d	Grassroots nontaxable amount				0	0
е	Grassroots ceiling amount (150% of line 2d, column (e))					0

Schedule C (Form 990 or 990-EZ) 2011

0

Pai		mplete if the organization is exempt under section 501(c)(3) and has NOT ection under section 501(h)).	filed	For	n 576	3	
***		esponse to lines 1a through 1ı below, provide in Part IV a detailed description	(6	a)		(b)	
	e lobbying a		Yes	No	Α	moun	t
1		ear, did the filing organization attempt to influence foreign, national, state or local					
		cluding any attempt to influence public opinion on a legislative matter or through the use of:					
а	Volunteers?						
b	Paid staff or	management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media adver						
d	Mailings to n	nembers, legislators, or the public?					
е	Publications	or published or broadcast statements?					
f	Grants to oth	er organizations for lobbying purposes?					
g		ct with legislators, their staffs, government officials, or a legislative body?					
h		onstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activiti						
j		nes 1c through 1i					С
		tries in line 1 cause the organization to be not described in section 501(c)(3)?					
		er the amount of any tax incurred under section 4912					
		er the amount of any tax incurred by organization managers under section 4912					
		ganization incurred a section 4912 tax, did it file Form 4720 for this year?	- \ (5)		4		
гац		mplete if the organization is exempt under section 501(c)(4), section 501(l(c)(6).	c)(5), -	or se	ection		
						Yes	No
1		ntially all (90% or more) dues received nondeductible by members?			1		
2		nization make only in-house lobbying expenditures of \$2,000 or less?			2		
3		nization agree to carry over lobbying and political expenditures from the prior year?.			3		L
r aı	50° ans	mplete if the organization is exempt under section 501(c)(4), section 501( I(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" C swered "Yes."					s, is
1		sments and similar amounts from members		1			
2		e) nondeductible lobbying and political expenditures (do not include amounts of enses for which the section 527(f) tax was paid).					
а	Current year			2a			
b	Carryover fro	m last year		2b			
C	Total .			2c			0
3		mount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	excess does	re sent and the amount on line 2c exceeds the amount on line 3, what portion of the the organization agree to carryover to the reasonable estimate of nondeductible					
_		political expenditure next year?		4			
5				5			0
		·					
		to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, line for any additional information	Part II	-A, an	d Part	II-B, Ii	ne 1
Part Com	V Suppolete this part complete this	· · · · · · · · · · · · · · · · · · ·		-A, an			
	· • • • • • • • • • • • • • • •			· <b></b>			

DISIV	MACK POBLIC SCHOOLS POUNDATION	45-0442960
	orm 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information (continued)	
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# SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2011

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, c

► Attach to Form 990. ► See separate instructions.

Employer identification number BISMARCK PUBLIC SCHOOLS FOUNDATION 45-0442960 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 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) . . Aggregate value at end of year . . . . 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements . . . 2a Total acreage restricted by conservation easements . . . 2b Number of conservation easements on a certified historic structure included in (a) . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization dunng the tax year Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 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 year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1. Assets included in Form 990, Part X.

Part	Organizations Maintaining	Collections of A	rt, Histori	cal Trea	asures, or C	Other:	<u>Similar Assets</u>	(contin	ued)	
3	Using the organization's acquisition, a use of its collection items (check all the		er records,	check a	ny of the follo	owing t	hat are a signific	ant		
а	Public exhibition	11 37	d $\square$	Loan	or exchange	progra	ms			
b	Scholarly research		e 🗀	Other		5				
	= '		₽	Other						
C	Preservation for future generation									
4	Provide a description of the organizati Part XIV.	ion's collections an	d explain l	now they	further the o	rganiza	ation's exempt p	urpose ir	ו	
5	During the year, did the organization sassets to be sold to raise funds rather								es 🔲	No
Part	IV Escrow and Custodial Arra IV, line 9, or reported an amo		•	_	ization ansv	vered	"Yes" to Form	990, Pa	rt	<del></del>
1a	Is the organization an agent, trustee,	custodian or other	intermedia	ry for co	ntributions or	other	assets not			
b	included on Form 990, Part X? If "Yes," explain the arrangement in P				 de			Y€	es	No
•	ii 100, Oxpidir the dirangement ii 1	are xirv and comple		ownig tak				Amount		
С	Beginning balance					10		unounc		
ď	Additions during the year		•	• •	•	10				
e	Distributions during the year .					10	<del></del>			
f	Ending balance					1	<del></del>			0
2a	Did the organization include an amount	nt on Form 990 Pr	ert Y line 2	12				Πv	s X	No
b	If "Yes," explain the arrangement in P	art XIV							,s [\(\triangle\)	110
Part	V Endowment Funds. Comple					<del> </del>				
		(a) Current year	(b) Prior		(c) Two years		(d) Three years back		ur years	back
1a	Beginning of year balance	1,075,260		67,007		7,007	67,00	17		
b	Contributions	90,729		997,553						
C	Net investment earnings, gains,					ĺ				
_	and losses	-36,199		10,700		300	25	60		
d	Grants or scholarships .									
е	Other expenditures for facilities					- 1				
	and programs					300	25	50		
f	Administrative expenses									
g	End of year balance	1,129,790		075,260	•	7,007	67,00	<u>                                      </u>		
2	Provide the estimated percentage of t	•	d balance	(line 1g,	column (a)) l	neld as	<b>:</b> :			
а	Board designated or quasi-endowmer	nt 🕨	<u>%</u>							
b	Permanent endowment	100%								
C	Temporarily restricted endowment	<b>&gt;</b> %								
	The percentages in lines 2a, 2b, and 2	•								
3a	Are there endowment funds not in the	possession of the	organizati	on that a	re held and a	admını	stered for the			
	organization by·								Yes	No
	(i) unrelated organizations .							3a(i)		Χ
	(ii) related organizations							3a(ii)		Χ
b	If "Yes" to 3a(ii), are the related organ	izations listed as re	equired on	Schedul	le R?			3b		
4	Describe in Part XIV the intended use	s of the organization	on's endow	ment fur	nds.					
Part	VI Land, Buildings, and Equip	ment. See Form	990, Par	t X, line	10		<del></del>			
	Description of property	(a) Cost or ot		. ,	st or other s (other)		Accumulated depreciation	(d) B	ook valu	e
1a	Land	<u> </u>	0		0					0
b	Buildings	🖯	ő	<del>.</del>	0		0			0
c	Leasehold improvements		0		0		0			0
d	Equipment		0		0		0			0
e	Other	·	0		0	<del></del>	0			0
	. Add lines 1a through 1e (Column (d)	must equal Form		Column		(c) )	▶			0
			<del>-</del> ,	.,	. , _ /,	~//				

BISMARCK PUBLIC SCHOOLS FOUNDATION 45-0442960 Schedule D (Form 990) 2011 Page 3 Part VII Investments—Other Securities. See Form 990, Part X, line 12 (a) Description of security or category (c) Method of valuation (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives 0 (2) Closely-held equity interests 0 ol (3) Other 0 0 0 ol 0 0 0 0 0 Total (Column (b) must equal Form 990, Part X, col (B) line 12) 0 Investments—Program Related. See Form 990, Part X, line 13 Part VIII (c) Method of valuation (a) Description of investment type (b) Book value Cost or end-of-year market value (1) 0 (2) ol 0 (3) (4) 0 0 (5) (6)0 (7)0 (8) 0 0 (9) (10)ol Total (Column (b) must equal Form 990, Part X, col. (B) line 13.) ol Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1)0 (2) 0 (3)0 0 (4)(5) 0 (6) 0 (7) 0 0 (8) 0 (9)0 (10)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) 0 Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes 0 0 (2) (3) 0 (4) 0 (5) 0 (6) 0 (7) 0 (8) 0

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

0

0

(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

(10) (11)

Sched	ule D (Form 990) 2011		Page <b>4</b>
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	0
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	0
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	0
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	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	0
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er 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		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	_	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	<b>→</b>	
b	Other (Describe in Part XIV )		_
_ C	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per 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	<b>→</b>	
b	Prior year adjustments	<b></b>	
C	Other losses	<b></b>	
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	0
Com and	Supplemental Information  plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b part to provide any additional information.		
Part	V Line 4 THE EARNINGS OF THE ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT VARIO	<u>uş</u>	
PRO	GRAMS OF THE BISMARCK PUBLIC SCHOOL SYSTEM, INCLUDING THE CAREER AND TECHNI	CAL	
PRO	GRAMS.		
	•••••••••••••••••••••••••••••••••••••••		

#### **BISMARCK PUBLIC SCHOOLS FOUNDATION**

45-0442960

Schedule D (Form	990) 2011 Pa	ige <b>5</b>
	Supplemental Information (continued)	
	eappromental information (continued)	
		· ·
		- <b></b> -
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<b></b>		

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

TO PROVIDE FUNDS Yes X No (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 45-0442960 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 0 0 0 C 0 (e) Amount of non-cash assistance 45,577 (d) Amount of cash grant **General Information on Grants and Assistance** the selection criteria used to award the grants or assistance? (c) IRC section can be duplicated if additional space is needed 501(c)(3) ıf applicable 45-6000242 BISMARCK PUBLIC SCHOOLS FOUNDATION (b) EIN 800 NORTH 8TH STREET BISMA (1) BISMARCK PUBLIC SCHOOL 1 (a) Name and address of organization Parti Part II

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

Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2011)

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Schedule I (Form 990) (2011)

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FOUNDATION. THE COMMITTEE MAKES RECOMMENDATIONS TO THE FULL BOARD WHO REVIEWS AND APPROVES ALL SUPPORT TO THE BISMARCK PUBLIC SCHC SYSTEM FOR THE GRANTS/SUPPORT PROVIDED THE FOUNDATION'S EXECUTIVE DIRECTOR RECEIVES FROM THE REPRESENTATIVES OF THE PUBLIC SCHOOL (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part I Line 2 REQUESTS FOR GRANTS AND PROGRAMS ASSISTANCE ARE SUBMITTED TO THE MINI-GRANT COMMITTEE OR THE FULL BOARD OF THE Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance SYSTEM A REPORT OF THE USE OF THE FUNDS IN COMPLIANCE WITH THE ORIGINAL REQUEST 7,700 (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients 1 COLLEGE SCHOLARSHIPS FOR GRADUATING (a) Type of grant or assistance Part IV Part III

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

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

Open to Public Inspection

Name of the organization Employer identification number BISMARCK PUBLIC SCHOOLS FOUNDATION 45-0442960 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 THE 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 SIMILAR POSITIONS IN THE AREA. Form 990 Part VI Section C Line 19 AVAILABLE TO THE PUBLIC AT THE OFFICE

Scriedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
BISMARCK PUBLIC SCHOOLS FOUNDATION	45-0442960
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