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For	m	9	9	0

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-0047 2013 Open to Public inspection

		f the Treasury nue Service	Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www irs.gov/form990.		Open to Public inspection
A	For th	e 2013 calend	ar year, or tax year beginning , and ending		
В	Check if a	applicable C Nar	ne of organization NORFOLK PUBLIC SCHOOLS FOUNDATION,	D Employ	yer identification number
	Address o	change	INC.		
	Name cha	ange	ng Business As		0742303
	, 1	Nur	nber and street (or P O box if mail is not delivered to street address)		one number
느	Initial retu 	<u>₽</u>	.O. BOX 139	402	2-644-2500
	Terminate	ed City	or town, state or province, country, and ZIP or foreign postal code		
	Amended	return NC	DRFOLK NE 68702	G Gross rece	expts 1,715,250
$\overline{\Box}$	Applicatio	on pending F Nar	ne and address of principal officer	·	ubordinates? Yes X No
<b>L</b>	, · φρ.ισα.ισ	J	ULIE ROBINSON H(a) Is this a gro	up return tor st	
		9	01 KELLARD DRIVE H(b) Are all sub	ordinates incli	uded? Yes No
		N	ORFOLK NE 68701	' attach a list	(see instructions)
ī	Tax-exer	mpt status	<b>K</b> 501(c)(3)		
J	Website	▶ N/A	H(c) Group exe	mption numbe	r <b>&gt;</b>
ĸ	Form of o	organization X	Corporation Trust Association Other ► L Year of formation 1	990	M State of legal domicile NE
	Part I	Summ			
_			the organization's mission or most significant activities		
a	,	THE FUR	THERANCE OF EDUCATION		
n n					
Activities & Governance					
ove.	2 (	Check this hox	If the organization discontinued its operations or disposed of more than 25% of its net ass	sets	
Ŏ	3		ng members of the governing body (Part VI, line 1a)	3	11
90			ependent voting members of the governing body (Part VI, line 1b)	4	11
itie			of individuals employed in calendar year 2013 (Part V, line 2a)	5	2
cts			of volunteers (estimate if necessary)	6	13
ĕ	6		business revenue from Part VIII, column (C), line 12	7a	0
	- I		business taxable income from Form 990-T, line 34	7b	0
_	- B	Net unrelated t	Prior Yea		Current Year
	eas o	Contributions a		9,871	772,329
Revenue	(C)9		pe revenue (Part VIII, line 2g)		0
Ve	210	ū		2,367	216,035
ď	<b>≥</b> 11 (		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
				2,238	988,364
_	ਪਾਤ -			7,629	66,889
	CL.		o or for members (Part IX, column (A), line 4)	7	0
	₹ 15 ¢		compensation, employee benefits (Part IX, column (A), The STATE (Part IX)	9,134	29,881
#1 Expenses	162		advance food (Red IV column (A) line (to)	7	0
Jen C	P. 102		ng expenses (Part IX, column (D), line 25 🖁		
	D 17 (		s (Part IX, column (A), lines 11a-11d, 11 (34e) MAY 2 1 2014	6,330	21,345
4	18		1001	3,093	118,115
	10.0			9,145	870,249
<u>~</u>	8	revenue less c	Beginning of Cur		End of Year
Net Assets or	[ 20 -	Total assets (F	Part X, line 16) 1,152	2,709	2,022,973
Ass	ළු <sub>21</sub> -	Total liabilities	(Part X, line 26)	369	384
ž	취 22 I	Net assets or f	und balances Subtract line 21 from line 20 1,152	2,340	2,022,589
ī	Part II		ure Block		
			, I declare than have examined this return, including accompanying schedules and statements, and to the be	est of my kn	owledge and belief, it is
			peclaration of preparer (other than officer) is based on all information of which preparer has any knowledg		•
_		Th. Wa	THE KIND OF THE PROPERTY OF TH		
Si	ign	Signature	of officer	Date	111
	ere	JU	LIE ROBINSON PRESIDENT		3115/14
•••	0.0	<b>   </b>	orint name and title		<del>-1</del>
_		Print/Type prepa	rer's name Preparer's synaktrop Date	Check	If PTIN
Pa	nid	" ' '	( ) Musical Control of the control o	/14 self-em	<b>∟</b> "
	eparer			irm's EIN	47-0778301
	e Only	Firm's name	P.O. BOX 1167	ning EIN F	
_ •	,	r	NODEOLK NE COZOO 1167	lhoos sa	402-379-9294
NA -	av the ID	Firm's address	return with the preparer shown above? (see instructions)	hone no	X Yes No
			Act Notice see the senarate instructions		Form <b>990</b> (2013
DA		WOLK IVERIOR	Act Notice, see the separate instructions.	! 1-	7 (2013

Form 990 (2013) NORFOLK PUBLIC SC		-0742303	Page Z
Part III Statement of Program Servi		o Dod III	
Check if Schedule O contains     Briefly describe the organization's mission	a response or note to any line in the	is Part III	<u>_</u>
THE FURTHERANCE OF EDUCA	TION		
2 Did the organization undertake any significant p	program services during the year which were	e not listed on the	
prior Form 990 or 990-EZ?  If "Yes," describe these new services on Sched			Yes X No
3 Did the organization cease conducting, or make services?	e significant changes in how it conducts, an	y program	Yes X No
If "Yes," describe these changes on Schedule (		44	
4 Describe the organization's program service ac expenses Section 501(c)(3) and 501(c)(4) orga the total expenses, and revenue, if any, for eac	anizations are required to report the amount		
4a (Code ) (Expenses \$ 2 GRANTS WERE AWARDED TO V. PUBLIC SCHOOL DISTRICT FO PROGRAMS AND TO PROVIDE	OR THE DEVELOPMENT OF	EDUCATIONAL	)
	41 005	<b>41,285</b> ) (Revenue \$	
TO PROVIDE INDIVIDUALS W DISTRICT SCHOLARSHIPS FO			,
4c (Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
4d Other program services (Describe in Schedule (Expenses \$ included)	e O) uding grants of \$	) (Revenue \$	)
4e Total program service expenses ▶	66,889		
DAA			Form <b>990</b> (2013)

### Form 990 (2013) NORFOLK PUBLIC SCHOOLS FOUNDATION, **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
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			
	"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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16º If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			-
	for any foreign organization? 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 other			7.7
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	,,		x
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		x
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		x
20-	If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		-
<u> 0</u>	ii 165 to line 20a, die trie organization attaon a copy or its addited infalicial statements to this fetuin.	200	000	<u> </u>

Form 990 (2013) NORFOLK PUBLIC SCHOOLS FOUNDATION, 47-0742303 Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 22 X on Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 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 X through 24d and complete Schedule K If "No," go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? X If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or X disqualified persons? If so, complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X 27 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28ь Schedule L. Part IV 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 X X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32

complete Schedule N, Part II

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

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Form **990** (2013)

X

X

X

X

X

X

X

32

33

34

35a

35b

36

37

Form 990 (2013) NORFOLK PUBLIC SCHOOLS FOUNDATION, 47-0742303 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes 0 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 1b 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 X reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X b 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) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? 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 X 7a and services provided to the payor? 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7с required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 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? Sponsoring organizations maintaining donor advised funds. 9a Did the organization make any taxable distributions under section 4966? 9b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them ) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

List the states with which a copy of this Form 990 is required to be filed 17

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 Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > JULIE ROBINSON 512 PHILIP AVENUE

NORFOLK

NE 68701

402-644-2500

000 (2012)	NOPECIA	DITRI.TC	SCHOOT.S	FOUNDATION,	47-0742303
nm 990 (2013)	NURCULA	PUDLIT	SCHOOLS	LOUNDALION.	4/-U/4LJUJ

Page 7

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

Check if Schedule O contains a response or note to any line 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

[X] Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	Pos heck ss pe	rson ı	than one is both a ir/trustee	ır.	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JULIE ROBINSON										
	0.00									
ACTING-PRESIDENT	0.00	X		X				0	0	0
(2) SANDY WOLFE						1				
	0.00								•	
SG COMMITTEE	0.00	X	_					0	0	0
(3) DON THEOPHILUS			İ		ŀ					
	0.00					1 1			^	
SG COMMITTEE	0.00	X	<u> </u>		_	<del> </del>		0	0	0
(4) DAVE MERRITT										
	0.00								^	^
SG CHAIR	0.00	X	<b> </b>		-	$\vdash$		0	0	0
(5) J. PAUL MCINTOSI	0.00	Ì						'		
HTMANON COMMUNICATION	0.00	x						0	0	0
FINANCE COMMITTEE (6) DIRK PETERSEN	0.00	<u> </u>	-	-	<del>                                     </del>	+				<u> </u>
(6) DIRK PETERSEN	0.00			l						
SECRETARY	0.00	x		x				0	0	0
(7) JAMI JO THOMPSON		1	$\vdash$		┢	1				
(//orail oo inoin oo	0.00									
EX-OFFICIO	0.00	x		ļ				0	o	0
(8) PAMELA HANDKE		1	$\vdash$		<b>†</b>	$\Box$				
(0,232222	0.00									
FINANCE COMMITTEE	0.00	x						0	0	0
(9) BECKY MAGGART										
• •	0.00									
SG COMMITTEE	0.00	X						0	0	0
(10) TROY STROM			Ī		Ī					
	0.00									
FINANCE COMMITTEE	0.00	X						0	_ 0	0
(11)MARY MEYER										
	0.00									1
TREASURER	0.00	X		X				<u> </u>	0	<u>0</u>

Par			stee	s, K			oyee	s, a	nd Highest Compensated			
	(A) Name and title	(B) Average , hours per week (list any	Average 'Position curs per (do not check more than on week box, unless person is both a officer and a director/truster						(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-21035-WIGC)	organization and related organizations	
(12)										-		
(13)			_		   							
(14)		1										
(15)												
(16)						,						
(17)												
(18)												
(19)					_							
	Sub-total Total from continuation she	eets to Part VII.	Secti	ion A	L	l		<b>&gt;</b>				
	Total (add lines 1b and 1c) Total number of individuals (if reportable compensation from	ncluding but not l	limite	d to		e lis	ted a	bove	e) who received more than	\$100,000 in		
3	Did the organization list any f employee on line 1a? If "Yes,								oyee, or highest compensa	ated	Yes 3	No X
4	For any individual listed on lir organization and related organidividual	ne 1a, is the sum	of re	port	able	com	pens	atio			4	x
5	Did any person listed on line for services rendered to the o	rganization? If "								r individual	5	х
Secti 1	on B. Independent Contract Complete this table for your f compensation from the organ	ive highest comp										
		(A) d business address	ОПР				10 00			(B) Ston of services	(C) Compensa	ation
		<u> </u>										
		<del></del>						_				
	<del></del>											
	Total number of independent received more than \$100,000	contractors (incl of compensation	uding n froi	n the	not e org	ıımıt a <u>nız</u>	ed to ation	tho:	se listed above) who	0	Form <b>99</b>	

		Check if Schedule	O con	tains á r	esponse or	<del></del>	·		
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats ste	1a	Federated campaigns	1a						
Sia Out	b	Membership dues	1b						
A, (	C	Fundraising events	1c						
텵틸	d	Related organizations	1d						
S.iii	е	Government grants (contributions)	1e						
tio S	f	All other contributions, gifts, grants,							
ള		and similar amounts not included above	1f		772,329				
di	g		-1f :	\$					
Program Service Revenue Contributions, Gifts, Grants	<u>h</u>	Total. Add lines 1a-1f			<b>•</b>	772,329			
J.				-	Busn Code				
eve	2a			-	<del></del>				
S.	ь								<del>-</del>
Ž	C			-	<del></del>				
J S	d			-	+				
Jran	e	All -16		ŀ	+				<del></del> -
Proč	T -	All other program service reve	enue	ι	<b>-</b>				
_	<u>g</u> 3	Total. Add lines 2a–2f Investment income (including	divides	de interei					
	3	and other similar amounts)	aividei	ius, interes	sı,	-230,211	21,550		-251,761
	4	Income from investment of tax	v-evem	nt hand or	nceeds				
	5	Royalties	N-CXC111	pt bolla pi					
		(i) Real		(II) P	ersonal				
	6a	Gross rents							
	b	Less rental exps		-					
	C	Rental inc or (loss)							
	ď	Net rental income or (loss)			<b>•</b>		Ì		
	7a	Gross amount from (i) Securities		(11)	Other				
		sales of assets other than inventory 1,154	,133		18,999				
	b	Less cost or other							
		basis & sales exps 726	,886						
	С	Gain or (loss) 427	,247		18,999				
	d	Net gain or (loss)			<b>&gt;</b>	446,246	446,246		
<u>o</u>	8a	Gross income from fundraising even	ents						
enc		(not including \$							
Şev		of contributions reported on line 1c	;)						
er F		See Part IV, line 18	а						
Other Revenue		Less direct expenses	b						
		Net income or (loss) from fund		events	<b>•</b>				
	9a	Gross income from gaming activitie							
	١.	See Part IV, line 19	a b						
		Less direct expenses	- 1		<b>—</b>		1		
		Net income or (loss) from gan Gross sales of inventory, less		uvilles	<del>-</del> -				
	lua	returns and allowances							
	١.	Less cost of goods sold	a b						
	ı	Net income or (loss) from sale	- 1	ventory	<b>•</b>	Ī	Ì		
	<del></del>	Miscellaneous Revenue	30 01 111		Busn Code				
	11a		=				1		
	b								
	_ 								
	ď	All other revenue							
	e	Total. Add lines 11a-11d		•	<b>&gt;</b>				
	12	Total revenue. See instruction	ns		▶ [	988,364	467,796	0	-251,761

NORFOLK PUBLIC SCHOOLS FOUNDATION, 47-0742303 Form 990 (2013)

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) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Do not include amounts reported on lines 6b, Program service Management and Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 25,604 25,604 Grants and other assistance to individuals in 41,285 41,285 the U S See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 28,026 28,026 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 1,855 1,855 10 Payroll taxes Fees for services (non-employees) a Management b Legal 630 630 Accounting d Lobbying Professional fundraising services See Part IV, line 17 8,429 8,429 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 3,558 3,558 (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 6,874 6,874 13 Office expenses Information technology 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 1,854 1,854 Depreciation, depletion, and amortization 22 Insurance 23 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) а b C d e All other expenses 51,226 118,115 66,889 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

fundraising solicitation Check here following SOP 98-2 (ASC 958-720)

Form 990 (2013) NORFOLK PUBLIC SCHOOLS FOUNDATION, 47-0742303

P	art X	Balance Sheet				
		Check if Schedule O contains a response or note to	o any line in this Part X	,		$\Box$
	•			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		16,862	1	442,087
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	Ţ	•	4	
	5	Loans and other receivables from current and former office	cers. directors.			
		trustees, key employees, and highest compensated emp				
		Complete Part II of Schedule L	,	1	5	
	6	Loans and other receivables from other disqualified person	ons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	· · · · · · · · · · · · · · · · · · ·			
		sponsoring organizations of section 501(c)(9) voluntary e	- · · · · · · · · · · · · · · · · · · ·			
w		organizations (see instructions) Complete Part II of Sche	· ·		6	
Assets	7	Notes and loans receivable, net	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7	
As	8	Inventories for sale or use	-		8	
	9	Prepaid expenses and deferred charges	•		9	
		Land, buildings, and equipment cost or			Ť	
	100	other basis Complete Part VI of Schedule D	10a 5,562			
	h	Less accumulated depreciation	10ь 2,009	5,407	10c	3.553
	11	Investments—publicly traded securities		1,130,440	11	3,553 1,577,333
	12	Investments—other securities See Part IV, line 11	ļ		12	
	13	Investments—program-related See Part IV, line 11	ļ		13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	ļ		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34	,	1,152,709	16	2,022,973
	17	Accounts payable and accrued expenses	<del>'</del>	369	17	384
	18	Grants payable	ļ		18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	Ì		20	
	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
10	22	Loans and other payables to current and former officers,	T T T T T T T T T T T T T T T T T T T			
Liabilities		trustees, key employees, highest compensated employee	· · · · · · · · · · · · · · · · · · ·			
į	İ	disqualified persons Complete Part II of Schedule L	55, 4.14	;	22	•
Ë	23	Secured mortgages and notes payable to unrelated third	narties		23	
	24	Unsecured notes and loans payable to unrelated third pa	· ·		24	
	25	Other liabilities (including federal income tax, payables to	The state of the s			
	-	parties, and other liabilities not included on lines 17-24)				
		of Schedule D	oomplete i dit it		25	
	26	Total liabilities. Add lines 17 through 25		369	26	384
	1	Organizations that follow SFAS 117 (ASC 958), check	here X and			
S		complete lines 27 through 29, and lines 33 and 34.				
Š	27	Unrestricted net assets		90,761	27	48,525
3ala	28	Temporarily restricted net assets		19,071	28	44,440
ğ	29	Permanently restricted net assets		1,042,508		1,929,624
Ē		Organizations that do not follow SFAS 117 (ASC 958)	, check here ▶ 📋 and			· · · · · · · · · · · · · · · · · · ·
Net Assets or Fund Balances	1	complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
SS	31	Paid-in or capital surplus, or land, building, or equipment	fund		31	
et /	32	Retained earnings, endowment, accumulated income, or			32	
Z	33	Total net assets or fund balances	ľ	1,152,340		2,022,589
	34	Total liabilities and net assets/fund balances	ľ	1,152,709		2,022,973

Form	990 (2013) NORFOLK PUBLIC SCHOOLS FOUNDATION, 47-0742303			Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Jotal revenue (must equal Part VIII, column (A), line 12)	1	98	38,364
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	8,115
3	Revenue less expenses Subtract line 2 from line 1	3	87	70,249
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,15	2,340
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		<del>-</del> -
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		·-	
	33, column (B))	10	2,02	22,589
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line 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
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
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	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required guidt or guidte, explain why in Schodule O and describe any stone taken to undergo such guidte		36	

Form **990** (2013)

**SCHEDULE A** 

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust...

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

NORFOLK PUBLIC SCHOOLS FOUNDATION, INC.

47-0742303

OMB No 1545-0047

Open to Public

p,	art l	Reas	on for Public Charity	Status (All organizations	must co	mplete	this na	art ) Se	e inst	ruction	ns		
				e it is (For lines 1 through 11, o		_	•	av a. y 🔾 🔾			<del></del>		_
_	(I)		•										
1	$\vdash$			ociation of churches described	iii Sectioi	1 170(D)(1	)(A)(I).						
2	H		cribed in section 170(b)(1)(		-4: 4 <b>7</b> 0	(L)(4)(A)(							
3	H	•	·	ce organization described in se									
4			- · · · · · · · · · · · · · · · · · · ·	d in conjunction with a hospital	aescribea	in sectio	מ)טיר ח	)(1)(A)(I	II). Ente	er the no	ospitars nam	€,	
	_	city, and state											
5		•	•	of a college or university owned	or operate	ed by a g	overnme	ental uni	t descri	bed in			
			b)(1)(A)(iv). (Complete Part										
6	Ц			overnmental unit described in s									
7	X	An organizati	on that normally receives a	substantial part of its support fr	om a gove	ernmental	unit or t	from the	genera	al public			
	described in section 170(b)(1)(A)(vi). (Complete Part II )												
8		A community	trust described in section 1	I <b>70(b)(1)(A)(vi)</b> . (Complete Part	t II )								
9		An organizati	on that normally receives (1	i) more than 33 1/3% of its sup	port from	contributi	ons, me	mbershi	p fees,	and gro	ss		
		receipts from	activities related to its exem	npt functions—subject to certain	exceptio	ns, and (2	2) no mo	re than	33 1/39	6 of its			
		support from	gross investment income ar	nd unrelated business taxable in	ncome (les	ss section	511 tax	c) from b	usines	ses			
		acquired by t	he organization after June 3	0, 1975 See section 509(a)(2)	. (Comple	te Part III	)						
10				exclusively to test for public safe									
11		An organizati	on organized and operated	exclusively for the benefit of, to	perform th	ne functio	ns of, or	to carry	out the	е			
		purposes of o	one or more publicly support	ed organizations described in s	ection 509	9(a)(1) or	section	509(a)(2	) See	section	1		
				he type of supporting organizati									
		a Type		c Type III-Function			d			n-funct	ionally integra	ated	
e				anization is not controlled direc			ne or m						
Ĭ		-		er than one or more publicly sup									
		or section 50		e pas, eap	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>J</b>					• •		
f				ermination from the IRS that it is	a Type I	Type II	or Type	III sago	ortina				
•		<del>-</del>	check this box		, с . , рс .,	. , ,	, , , ,	осрр	······································				
~		•		tion accepted any gift or contrib	ution from	any of th	16						لــا
g		•	•	tion accepted any girt or continu		· any or n							
		following per		ontrols, either alone or together	with nome	one decer	shod in (	u) and				Yes	No
					with beist	JIIS GESCI	ibea iii (	ii) ailu			110()	+	100
		• •	w, the governing body of the	· · ·							11g(i)		$\vdash$
			member of a person describ								11g(ii)		<del>                                     </del>
		• •	• •	described in (i) or (ii) above?							11g(ii	л	<u></u>
<u>    h</u>				he supported organization(s)	14 34 11		7.5.		<del>, , ,</del>	1			
(	-	e of supported panization	(iı) EIN	(in) Type of organization (described on lines 1–9	1 ' '	organization sted in your	. , ,	ou notify	organizat	Is the	(vii) Amount	of mone port	tary
	Oiş	ganization		above or IRC section	1 '''	document?	col (i)	of your	(i) organi	zed in the	342	,,,,,,	
			İ	(see instructions))	<u> </u>			port?	t	S?			
					Yes	No	Yes	No	Yes	No			
(A)													
					<del> </del>			<u> </u>					
(B)								1					
					<u> </u>				ļ				
(C)													
					<b> </b>	-							
(D)						1							
(E)		<u> </u>								<del>  </del>			
( <b>-</b> )													
Tota	al le		1		1	ŧ	1	1	1	ŧ ł			

Part II Support.Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	73,884	61,912	45,571	49,871	772,329	1,003,567
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	73,884	61,912	45,571	49,871	772,329	1,003,567
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						1,003,567
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	73,884	61,912	45,571	49,871	772,329	1,003,567
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	148,831	96,404	-54,569	75,534	-251,761	14,439
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10			I		······	1,018,006
12	Gross receipts from related activities, etc	(see instructions)				12	21,550
13	First five years. If the Form 990 is for the	organization's first,	, second, third, for	ırth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop her						<b>•</b>
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2013 (line 6			n (f))		14	98.58%
15	Public support percentage from 2012 Sch					15	50.26%
16a	33 1/3% support test—2013. If the organ	ization did not chec	k the box on line	13, and line 14 is 3	3 1/3% or more, c	heck this	. ==
	box and stop here. The organization qual		• •				<b>▶ X</b>
Ь	33 1/3% support test—2012. If the organ				5 is 33 1/3% or mo	ore,	. –
	check this box and stop here. The organi	•		•			▶ _
17a	10%-facts-and-circumstances test—20° 10% or more, and if the organization mee						
	Part IV how the organization meets the "fa	acts-and-circumstar	nces" test. The org	anızatıon qualıfies	as a publicly supp	orted	_
	organization						▶ _
b	10%-facts-and-circumstances test—20					d line	
	15 is 10% or more, and if the organization				-		
	Explain in Part IV how the organization me	eets the "facts-and-	circumstances" te	st The organization	n qualifies as a pu	blicly	. –
	supported organization						▶ _
18	Private foundation. If the organization di	d not check a box o	n line 13, 16a, 16l	o, 17a, or 17b, che	ck this box and se	е	
	instructions						P [_

Page 3

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)

<u> </u>	tion A. Dublic Cumpert	1					
	tion A. Public Support	(=) 2000	(b) 2010	(a) 2011	(4) 2012	(a) 2012	(6) Total
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	,,					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				_		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				_		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
<del></del>	line 6)		<u> </u>	<u></u>	<u> </u>	<u> </u>	<u>.                                    </u>
	tion B. Total Support  ndar year (or fiscal year beginning in) ▶	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(6) 2013	(i) rotar
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ye	ear as a section 50	1(c)(3)	
	organization, check this box and stop her						
Sec	tion C. Computation of Public St						<del></del>
15	Public support percentage for 2013 (line 8			nn (f))		15	%%
16_	Public support percentage from 2012 Sch						%
	tion D. Computation of Investme					47	
17	Investment income percentage for 2013 (I			s, column (t))		17	% %
18	Investment income percentage from 2012			o 14. and line 15 ::	o more than 22 4/2	18 and line	
19a	33 1/3% support tests—2013. If the orga						▶ □
b	33 1/3% support tests—2012. If the orga		=				
IJ	line 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation. If the organization di		-	•		=	<b> </b>

Schedule A (Form 990 or 990-EZ) 2013 NORFOLK PUBLIC SCHOOLS FOUNDATION, 47-0742303

Page 4

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

470742303 NORFOLK PUBLIC SCHOOLS FOUNDATION,
Federal Statements

FYE: 12/31/2013

Schedule A, Part II, Line 1(e)

-253,853 2,092 -251,761 Amount <sub>የ</sub>

Description

Total

UNREALIZED GAIN (LOSS) ON INV OTHER

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.qov/form990.

OMB No 1545-0047 Open to Public Inspection

	of the organization		Employer	dentification number
	ORFOLK PUBLIC SCHOOLS FOUNDATION, NC.		47-07	742303
	Organizations Maintaining Donor Advised Full Complete if the organization answered "Yes" to F	nds or Other Similar Funds or A		
	Complete if the organization answered Tes to 1	(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			_
2	Aggregate contributions to (during year)			<del> </del>
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
	Did the organization inform all donors and donor advisors in writing that	It the assets held in donor advised		
•	funds are the organization's property, subject to the organization's excl			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	_		
	only for charitable purposes and not for the benefit of the donor or donor			
	conferring impermissible private benefit?			Yes No
Pa	art II Conservation Easements.			
	Complete if the organization answered "Yes" to F	Form 990, Part IV, line 7		
1	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 imp	ortant lan	d 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 conse	ervation contribution in the form of a conser	vation	·
	easement on the last day of the tax year		<u> </u>	Held at the End of the Tax Year
а	Total number of conservation easements		2a	
þ	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic structure inc		2c	·
d	Number of conservation easements included in (c) acquired after 8/17/	/06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organization	ion during	the
	tax year ▶			
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mon	nitoring, inspection, handling of		п, п,
	violations, and enforcement of the conservation easements it holds?			☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during the ye	ear	
_	• A state of the second			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing   \$\black\$\$	conservation easements during the year		
	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)		
0	(i) and section 170(h)(4)(B)(ii)?	the requirements of section 170(1)(4)(b)		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easem	nents in its revenue and expense statemen	t and	
9	balance sheet, and include, if applicable, the text of the footnote to the	•		he
	organization's accounting for conservation easements			
P	art 川 Organizations Maintaining Collections of Art,		Similar /	Assets.
	Complete if the organization answered "Yes" to F		-lene •	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r			ieet
	works of art, historical treasures, or other similar assets held for public public service, provide, in Part XIII, the text of the footnote to its finance		anice of	
<b>.</b>	If the organization elected, as permitted under SFAS 116 (ASC 958), t		nce sheet	
D	works of art, historical treasures, or other similar assets held for public			
	public service, provide the following amounts relating to these items	occupation, equivation, or research in fulfile	Janue UI	
	(i) Revenues included in Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical treasures, or	r other similar assets for financial dain, pro	vide the	•
-	following amounts required to be reported under SFAS 116 (ASC 958)	•	TIGO LITO	
a	Revenues included in Form 990, Part VIII, line 1	, .c.zg to those tomb	•	\$
	Assets included in Form 990, Part X		•	\$

Scheo	lule D (Form 990) 2013 NORFOLK F						742303	Page 2
Par								ts (continued)
	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other record	s, check	any of the foil	owing that a	re a signifi	cant use of its	
а	Public exhibition	d 🗍	Loan or	exchange prog	grams			
b	Scholarly research	e 🗍	Other		-			
С	Preservation for future generations							
	Provide a description of the organization's co	ollections and explain	n how the	ev further the o	organization'	s exempt i	ourpose in Part	
	XIII						,	
	During the year, did the organization solicit o assets to be sold to raise funds rather than to							Yes No
	t IV Escrow and Custodial Arr							
	Complete if the organization 990, Part X, line 21		" to For	m 990, Par	t IV, line 9	, or repo	orted an amoun	t on Form
12	Is the organization an agent, trustee, custodi	an or other intermed	liany for o	contributions o	r other asset	ts not		
	included on Form 990, Part X?	an or other intermet	ioi c					Yes No
	•	and complete the fe	llovana t	able				
D	If "Yes," explain the arrangement in Part XIII	and complete the ic	mowing to	able			<u> </u>	Amount
	Danier and Alaman						10	7 inodite
	Beginning balance						1c	
	Additions during the year						1d	
е	Distributions during the year						1e	
	Ending balance						1f	
	Did the organization include an amount on F							Yes No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	n has been pr	rovided in Pa	ırt XIII		
Pa	rt¥ Endowment Funds.							
	Complete if the organization	answered "Yes	<u>" to For</u>	<u>m 990, Par</u>	<u>t IV, line 1</u>	0		
		(a) Current year	(t	) Prior year	(c) Two yea	ars back	(d) Three years back	(e) Four years back
1a	Beginning of year balance				_			
b	Contributions							
С	Net investment earnings, gains, and							
_	losses							
d	Grants or scholarships							
	Other expenditures for facilities and	<del></del>	<del> </del>					
·	programs							
			<b>†</b>					
	Administrative expenses		<del>                                     </del>				<u> </u>	
_	End of year balance		- () 4	(-)\	<u> </u>			
2	Provide the estimated percentage of the curi	-	æ (line 10	g, column (a))	neio as			
а	Board designated or quasi-endowment ▶	%						
	Permanent endowment ▶ %							
C	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c show	•						
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	t are held and	administere	d for the		<u></u>
	organization by							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(II), are the related organization	s listed as required	on Sched	fule R?				3b
4	Describe in Part XIII the intended uses of the	e organization's end	owment f	funds				
Pa	rt VI Land, Buildings, and Equ							
- +-	Complete if the organization		" to Fo	rm 990. Par	rt IV. line 1	1a See	Form 990. Par	t X, line 10
	Description of property	(a) Cost or other		(b) Cost or o			Accumulated	(d) Book value
		(investment)		(oth			epreciation	• •
4-	Lond	<del></del>			<u> </u>			
	Land				<del></del>		+	
	Buildings					<del> </del>		
	Leasehold improvements		··			<b></b>		
	Equipment			<u></u>		1		
	Other			L		<u> </u>		
<u>Total</u>	. Add lines 1a through 1e (Column (d) must	equal Form 990, Pa	rt X, colu	mn (B), line 10	U(c) )		<u> </u>	

•	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
I) Financial d		<u> </u>	
	eld equity interests		
3) Other			
(A)			
(B)			<del></del>
(C)			
(D)			· · · · · · · · · · · · · · · · · · ·
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12 ) I	<b>&gt;</b>	
Part VIII	Investments—Program Related.		
	Complete if the organization answered "	<u>es" to Form 990, Part IV, line 1</u>	1c See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	-		
(9)			
(9) otal. (Columi	n (b) must equal Form 990, Part X, col (B) line 13 )	•	·
	n (b) must equal Form 990, Part X, col (B) line 13 ) l Other Assets.	•	
otal. (Columi	Other Assets.		1d See Form 990, Part X, line 15
otal. (Columi		es" to Form 990, Part IV, line 1	1d See Form 990, Part X, line 15
otal. (Column Part IX	Other Assets.  Complete if the organization answered "	es" to Form 990, Part IV, line 1	1
otal. (Column Part IX	Other Assets.  Complete if the organization answered "	es" to Form 990, Part IV, line 1	1
Part IX  (1) (2)	Other Assets.  Complete if the organization answered "	es" to Form 990, Part IV, line 1	1
Total. (Column Part IX (1) (2) (3)	Other Assets.  Complete if the organization answered "	es" to Form 990, Part IV, line 1	1
(1) (2) (3) (4)	Other Assets.  Complete if the organization answered "	es" to Form 990, Part IV, line 1	1
(1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "	es" to Form 990, Part IV, line 1	1
(1) (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "	es" to Form 990, Part IV, line 1	1
otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "	es" to Form 990, Part IV, line 1	1
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "	es" to Form 990, Part IV, line 1	1
otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "\ (a) Desc	es" to Form 990, Part IV, line 1	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "\( (a) Desc.  (a) Desc.	es" to Form 990, Part IV, line 1	1
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "\ (a) Desc (a) Desc (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.	Yes" to Form 990, Part IV, line 1	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "\ (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "\	Yes" to Form 990, Part IV, line 1	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answered "\ (a) Desc  in (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. Complete if the organization answered "\ line 25	Yes" to Form 990, Part IV, line 1	(b) Book value
otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization answered "\ (a) Description of liability  Other Liabilities. Complete if the organization answered "\ line 25  (a) Description of liability	Yes" to Form 990, Part IV, line 1	(b) Book value
otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization answered "\ (a) Desc  in (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. Complete if the organization answered "\ line 25	Yes" to Form 990, Part IV, line 1	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X	Other Assets. Complete if the organization answered "\ (a) Description of liability  Other Liabilities. Complete if the organization answered "\ line 25  (a) Description of liability	Yes" to Form 990, Part IV, line 1	(b) Book value
1) (2) (3) (4) (5) (6) (7) (8) (9) (a) (b) (c) (d) (d) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Other Assets. Complete if the organization answered "\ (a) Description of liability  Other Liabilities. Complete if the organization answered "\ line 25  (a) Description of liability	Yes" to Form 990, Part IV, line 1	(b) Book value
1) 2) 3) 4) (5) (6) (7) (8) (9) (1) Federal (2) (3)	Other Assets. Complete if the organization answered "\ (a) Description of liability  Other Liabilities. Complete if the organization answered "\ line 25  (a) Description of liability	Yes" to Form 990, Part IV, line 1	(b) Book value
otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal (2) (3) (4) (5)	Other Assets. Complete if the organization answered "\ (a) Description of liability  Other Liabilities. Complete if the organization answered "\ line 25  (a) Description of liability	Yes" to Form 990, Part IV, line 1	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (1) Federal (2) (3) (4) (5) (6) (6) (7) (6) (7) (7) (8) (7) (8) (9) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Other Assets. Complete if the organization answered "\ (a) Description of liability  Other Liabilities. Complete if the organization answered "\ line 25  (a) Description of liability	Yes" to Form 990, Part IV, line 1	(b) Book value
(1) (2) (3) (4) (5) (6) (7) Federal (2) (3) (4) (5) (6) (7) (7) (8) (9) (7) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "\ (a) Description of liability  Other Liabilities. Complete if the organization answered "\ line 25  (a) Description of liability	Yes" to Form 990, Part IV, line 1	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (1) Federal (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "\ (a) Description of liability  Other Liabilities. Complete if the organization answered "\ line 25  (a) Description of liability	Yes" to Form 990, Part IV, line 1	(b) Book value
otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "\ (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "\ line 25 (a) Description of liability Income taxes	Yes" to Form 990, Part IV, line 1  Yes" to Form 990, Part IV, line 1	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal (1) Federal (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) Federal (1) (2) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9)	Other Assets. Complete if the organization answered "\ (a) Description of liability  Other Liabilities. Complete if the organization answered "\ line 25  (a) Description of liability	Yes" to Form 990, Part IV, line 1	(b) Book value

Schedule D (Form 990) 2013 NORFOLK PUBLIC SCHOOLS FOUNDATION, 47-0742303 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" to Form 990, Part JV, line 12a ·Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2a 2b b Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d 2e e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII ) 4c c Add lines 4a and 4b 5 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a a Donated services and use of facilities 2b b Prior year adjustments c Other losses 2c 2d Other (Describe in Part XIII ) 2e Add lines 2a through 2d 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1

4b

4c

Part XIII Supplemental Information

b Other (Describe in Part XIII )c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2013 NORFOLK PUBLIC SCHOOLS FOUNDATION, 47-0742303

Page 5

Part XIII Supplemental Information (continued)

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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.

Open to Public Inspection OMB No 1545-0047 2013

> ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. NORFOLK PUBLIC SCHOOLS FOUNDATION,

Employer identification number 47-0742303

å X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance the selection criteria used to award the grants or assistance? INC. Part

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Dar ..

(1) MADISON COUNTY SCH	(d) Indrie dru doness of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	SCHOOL DISTRICT #2							EDUCATIONAL
NORFOLK	NE 68701	47-6004162		25,604				
(2)								•
(3)								
(4)								
(5)								
(9)								
(7)								
(8)							:	
(6)								

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

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

Schedule I (Form 990) (2013)

Page 2

Schedule I (Form 990) (2013) NORFOLK PUBLIC SCHOOLS FOUNDATION, 47-0742303

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed

		3000				
	(a) Type of grant or assistance	(p) Numper of	(c) Amount ot	(a) Amount of	(e) Method of Valuation (book,	(e) Method of Valuation (book,   (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
1 COLLE	1 COLLEGE SCHOLARSHIP		400			
						•
2			2,400			
:						
ო			200			•
			7			
4			000'T			
2			1,000			
			•			•
9			1,900			
						•
7			1,500			
Part IV	Supplemental Information. Provide the information re	vide the information re	quired in Part I, line	2, Part III, column (b)	equired in Part I, line 2, Part III, column (b), and any other additional information	Information

47-0742303 Schedule 1 (Form 990) (2013) NORFOLK PUBLIC SCHOOLS FOUNDATION,

(e) Method of valuation (book, (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 (d) Amount of (c) Amount of Part III can be duplicated if additional space is needed (b) Number of (a) Type of grant or assistance Part III

•		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
-			725			
2			200			
ო			2,100			•
4			1,000			
£ 50			1,000			
			1,400			•
7			1,000			•
Part IV	Supplemental Information. Provide the information	ide the information re	quired in Part I, line	2, Part III, column (b),	required in Part I, line 2, Part III, column (b), and any other additional information	nformation

Schedule I (Form 990) (2013)

Page 2

47-0742303 Schedule I (Form 990) (2013) NORFOLK PUBLIC SCHOOLS FOUNDATION,

Part III	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22	Individuals in the U	Inited States. Compl	ete if the organizatio	n answered "Yes" to Form	990, Part IV, line 22
	Part III can be duplicated if additional space is needed.	nal space is needed.		•		
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
-			1,000			
,			£			
2			00C / T			•
က			000'I			•
4			1,000			
				-		
ĸ			2,000			
9			1,125			
						•
7			1,000			
Part IV	Supplemental Information. Provide the information required in Part I. line 2. Part III. column (b), and any other additional information.	ide the information re	guired in Part I, line 2	2, Part III, column (b)	, and any other additional	information.

470742303 05/15/2014 10 22 AM

######################################	Grants and Other Assistance to Individuals in the	Individuals in the U	nited States. Compl	lete if the organizatio	<b>United States</b> . Complete if the organization answered "Yes" to Form 990, Part IV, line 22	. 990, Part IV, line 22
	Fan III can be duplicated if additional space is needed	nal space is needed				
	(a) Type of grant or assistance	(p) Numper of	(c) Amonut of	(q) Amonnt of	š	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
			,			
-			1,000			
			i i			•
2			1,500			•
3			200			•
4			200			
ĸ			500			•
9			200			
				=		•
7			1,000			
Part IV	Supplemental Information. Provide the information	_	quired in Part I, line 2	2, Part III, column (b)	equired in Part I, line 2, Part III, column (b), and any other additional information	information

.03	tuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22	
47-07423	omplete if the o	
NORFOLK PUBLIC SCHOOLS FOUNDATION, 47-0742303	Grants and Other Assistance to Individuals in the United States. Co	フェルコニュード トゥーム・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
NORFOLK P	Other Assistar	A Landon Land
Schedule I (Form 990) (2013)	Grants and	1 100
Schedule 1 (I	Part	

	Part III can be duplicated if additional space is needed	nal space is needed				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book,   (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
-	-		9, 600			
,			1.000			
7			L			
က			4,035			-
4						
•						
5						
U						
7						
Part IV	Supplemental Information. Provide the information is		quired in Part I, line	2, Part III, column (b)	equired in Part I, line 2, Part III, column (b), and any other additional information.	information.

Schedule I (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NORFOLK PUBLIC SCHOOLS FOUNDATION, INC.

Employer identification number 47-0742303

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

EVERY BOARD MEMBER IS INFORMED AS THE DUAL LIABILITY TO REVIEW THE FORM 990

AND ENCOURAGED TO TIMELY REVIEW. FINAL REVIEW BY BOARD PRESIDENT.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

BOARD MEMBERS MUST COMPLETE A DISCLOSURE FORM TO DISCLOSE ANY POSSIBLE

CONFLICTS OF INTEREST.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form **4562** 

Department of the Treasury Internal Revenue Service

### **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

2013

nment 4

See separate instructions.

Attach to your tax return.

Attachment Sequence No

179

Name(s) shown on return NORFOLK

NORFOLK PUBLIC SCHOOLS FOUNDATION, INC.

Identifying number 47-0742303

	ess or activity to which this form relates  ndirect Depreciat	tion							
	et Election To Expe		erty Under Se	ction 179					
		any listed property			compl	ete Part	1.		
1	Maximum amount (see instruction	ons)						1	500,000
2	Total cost of section 179 propert	y placed in service (se	e instructions)					2	
3	Threshold cost of section 179 pr	operty before reduction	n in limitation (see	instructions)				3	2,000,000
4	Reduction in limitation Subtract	line 3 from line 2 If ze	ro or less, enter -0	<b>-</b>				4	
5	Dollar limitation for tax year Subtract	line 4 from line 1 If zero o	r less, enter -0- If ma	rned filing separately,	see ınst	ructions		5	
6	(a) Descript	ion of property		(b) Cost (business use	only)	(c)	Elected cost		
7	Listed property Enter the amoun	nt from line 29			7				
8	Total elected cost of section 179	property Add amount	s ın column (c), lır	es 6 and 7				8	
9	Tentative deduction Enter the s	maller of line 5 or line	8					9	
10	Carryover of disallowed deduction							10	
11	Business income limitation Enter				5 (see	instructio	ns)	11	
12	Section 179 expense deduction	Add lines 9 and 10, bu	ut do not enter moi	re than line 11				12	
13	Carryover of disallowed deduction				13				
	: Do not use Part II or Part III beld								<del></del>
P		<u>ition Allowance a</u>				lude liste	ed prope	rty)(	See instructions)
14	Special depreciation allowance f	for qualified property (o	ther than listed pro	operty) placed in se	rvice				
	during the tax year (see instructi	ions)						14	
15	Property subject to section 168(	f)(1) election						15	4 054
16	Other depreciation (including AC		<del></del>					16	1,854
Pa	art III MACRS Deprecia	ation (Do not inclu			uctions	s )			
			Secti	-					
17	MACRS deductions for assets p							17	0
18	If you are electing to group any assets place					and Dana	pointing S	L	
	Section B-	-Assets Placed in Ser	r		7	erai Depr	eciation 5	ystem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprei (business/investme only-see instructi	nt use	(e) (	Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property	_			-		<del> </del>		
<u>b</u>	5-year property	_					<del> </del>		
С	7-year property						<u> </u>		
d	10-year property	_			<del>  -</del>				<del> </del>
е	15-year property	_			+-				<del> </del>
<u>f</u>	20-year property						0.0		
_9	25-year property			25 yrs			S/L		
h	Residential rental			27 5 yrs	+	MM	S/L		
	property	<del></del>		27 5 yrs	+	MM MM	S/L		
i	Nonresidential real property			39 yrs	+		S/L		
		 Assets Placed in Serv	ion During 2012 7	Tay Year Using the	Altorn	MM Pativo Dor	S/L	Systo	
		ASSELS FIACEU III SEIV	ice During 2013	ax rear osing the	Aiten	iative Det			
	Class life	-		12 vm	+		S/L		
	12-year	-		12 yrs	+	NANA	S/L		
	40-year	notruotione \		40 yrs		MM	S/L		
	art IV Summary (See in							24	
21	Listed property Enter amount fr		lines 40 cmd 20 in	naturan (s) and the	. 24 F	ntor bass		21	
22	Total. Add amounts from line 12					nter nere		22	1,854
00	and on the appropriate lines of y				''S	Ī		22	1,634
23	For assets shown above and plants of the basis attributable	-	trie current year, e	nter the	22	1			
	portion of the basis attributable	to section 263A costs			23				4500

470742303 NORFOLK PUBLIC SCHOOLS FOUNDATION, 47-0742303 Federal Asset Report

05/15/2014 10:22 AM

FYE: 12/31/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Dep 1 SO	oreciation: FTWARE Total Other Depreciation	12/03/12 _	5,562 5,562			5,562 5,562	3 MOAmort	155 155	1.854 1.854
	Total ACRS and Other Depr	eciation =	5,562			5,562		155	1,854
	Grand Totals Less: Dispositions and Trans Less: Start-up/Org Expense	fers _	5,562 0 0			5.562 0 0		155 0 0	1,854 0 0
	Net Grand Totals		5,562		-	5,562		155	1,854

470742303 NORFOLK PUBLIC SCHOOLS FOUNDATION, 47-0742303 **Depreciation Adjustment Report** 05/15/2014 10:22 AM All Business Activities FYE: 12/31/2013 AMT Adjustments/ Preferences AMT Form Unit Asset Description There are no assets that meet the criteria of this report

470742303 NORFOLK PUBLIC SCHOOLS FOUNDATION, 47-0742303 Future Depreciation Report FYE: 12/31/14

05/15/2014 10:22 AM

Form 990, Page 1

FYE: 12/31/2013

Asset	Description	Date In Service	Cost	Tax	AMT
Other I	Depreciation:				
1	SOFTWARE	12/03/12	5,562	1,854	0
	<b>Total Other Depreciation</b>		5,562	1,854	0
	Total ACRS and Other Depreciation		5,562	1,854	0
	Grand Totals		5,562	1,854	0

28. Total liabilities

29. Retained earnings

32. Number of employees

33. Number of volunteers

30. Number of voting members of governing body

31. Number of independent voting members of governing body

Two Year Comparison Report 2012 & 2013 Form **990** For calendar year 2013, or tax year beginning ending Taxpayer Identification Number Name\* NORFOLK PUBLIC SCHOOLS FOUNDATION, 47-0742303 INC. 2013 Differences 2012 49,871 772,329 722,458 1. 1. Contributions, gifts, grants 2. 2. Membership dues and assessments 3. 3. Government contributions and grants 4. Program service revenue 4. -323,858 93,647 -230,211 5. 5. Investment income 6. 6. Proceeds from tax exempt bonds 28,720 446,246 417,526 7. 7. Net gain or (loss) from sale of assets other than inventory 8. Net income or (loss) from fundraising events 8. 9. 9. Net income or (loss) from gaming 10. 10. Net gain or (loss) on sales of inventory 11. 11. Other revenue 172,238 988,364 816,126 12. 12. Total revenue. Add lines 1 through 11 19,260 47,629 66,889 13. Grants and similar amounts paid 13. 14. 14. Benefits paid to or for members 15. 15. Compensation of officers, directors, trustees, etc. 29,134 29,881 747 16. Salaries, other compensation, and employee benefits 16. 17. 17. Professional fundraising fees 2,861 9,756 12,617 18. 18. Other professional fees 19. 19. Occupancy, rent, utilities, and maintenance 155 1,854 1,699 20. 20. Depreciation and Depletion 6,419 6,874 455 21. 21. Other expenses 93,093 25,022 118,115 22. 22. Total expenses. Add lines 13 through 21 79,145 870,249 791,104 23. 23. Excess or (Deficit). Subtract line 22 from line 12 172,238 988,364 816,126 24. Total exempt revenue 24. 25. 25. Total unrelated revenue 172,238 216,035 43,797 26. 26. Total excludable revenue 1,152,709 2,022,973 870,264 27. Total assets 27. 369 384 15 28.

29.

30.

31.

32.

33.

1,152,340

12

12

1

15

2,022,589

11

11

2

13

870

249

Form **990T** 

### **Two Year Comparison Report**

2012 & 2013

Taxpayer Identification Number

For calendar year 2013, or tax year beginning

ending

Name'

### NORFOLK PUBLIC SCHOOLS FOUNDATION,

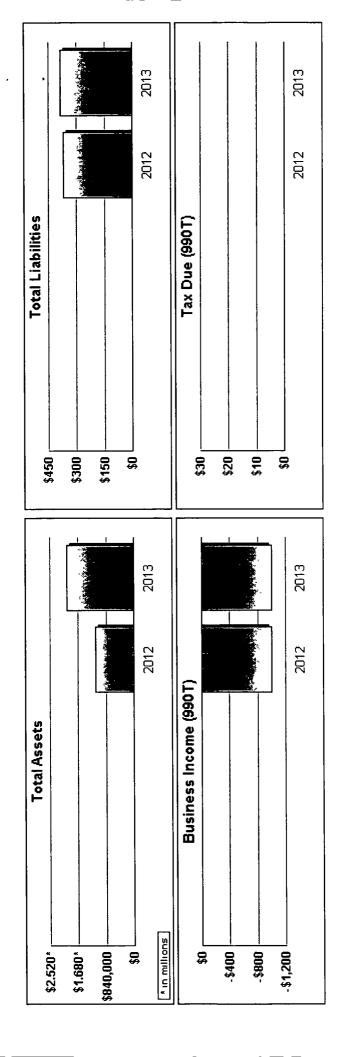
47-0742303

I	N	C			47-0	742303
				2012 201	3	Differences
	1.	Gross profit/loss on business activities	1.			
	2.	Capital gains/losses	2.			
e C		Income/loss from partnerships and S corporations	3.			
_		Rental income (net of expense)	4.			
<b>&gt;</b>	§ .	Unrelated debt-financed income (net of expense)	5.			
æ		Interest, and other income from controlled organizations (net of expense)	6.			
_		Investment income of specific organizations (net of expense)	7.			
		Exploited exempt activity income (net of expense)	8.			
		Advertising income (net of expense)	9.			
	ı	Other income	10.			
	11.	Total trade or business income. Combine lines 1 through 10	11.			
	1	Compensation of officers, directors, and trustees	12.			
		Other salaries and wages	13.			
		Repairs and maintenance	14.			
		Bad debts	15.			<u> </u>
s		Interest	16.			
Φ	ı	Taxes and licenses	17.		_	
S	1	Charitable contributions	18.			
ре	ı	Depreciation and Depletion	19.			
ж		Contributions to deferred compensation plans	20.			
ш		Employee benefit programs	21.		_	
		Other deductions	22.			
	Γ	. Total deductions. Add lines 12 through 22	23.			
		Taxable income before NOL. Subtract line 23 from 11	24.			
		Net operating loss deduction	25.			
		Specific deduction	26.	1,000	1,000	
	1	Unrelated business taxable income.	27.		1,000	
_	_	Income tax (corporate or trust)	28.			
t s	1	. Proxy tax	29.			
Ď	1	. Alternative minimum tax	30.			
l e	1	. Total taxes	31.			
O	Į.	. Other credits	32.			
್ ×	1	. General business credit	33.			
g	Ι'	. Credit for prior year minimum tax	34.			
	1	. Total credits	35.			
		. Net tax after credits	36.			
		. Recapture taxes	37.			
		. Total Taxes	38.			
_	_	Prior year overpayment and estimated tax payments	39.			
	1	. Payment made with extension	40.			
_		. Backup withholding and foreign withholding	41.			
Refun	1	Other payments	42.			
	1	. Total payments	43.			
- F	1	. Balance due/(Overpayment)	44.			
s o		. Overpayment applied to next year	45.			
		. Penalties	46.			
		. Total due/(Refund)	47.			
_			<u> </u>	<del></del>		

Form <b>990</b>			Tax Return History	, ro		2013
Name NORFOLK INC.	NORFOLK PUBLIC SCHOOLS FOUNDATION, INC.	FOUNDATION,			Employer 47-0	Employer Identification Number 47-0742303
	2009	2010	2011	2012	2013	2014
Contributions, gifts, grants				49,871	772,329	,
Membership dues						
Program service revenue					- 1	
Capital gain or loss				J	٦.	•
Investment income			-	93,647	-230,211	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				- 1		,
Total revenue				172,238	988,364	,
Grants and similar amounts paid				47,629	688'99	
Benefits paid to or for members						•
Compensation of officers, etc				- 1		
Other compensation				29,134	-	į
Professional fees					12,617	
Occupancy costs						
Depreciation and depletion				155	1,854	
Other expenses				_ ~	6,874	
Total expenses				_ ~	٧	
Excess or (Deficit)				79,145	870,249	
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				172 238	988 364	
Total carallated associate				221111		
Total unificialed revenue				172,238	216,035	•
Total Assets					2,022,973	
Total Liabilities				369	384	
				7 4 60	0000 000	

Form <b>990T</b>		•	Tax Return History			2013
Name NORFOLK INC.	NORFOLK PUBLIC SCHOOLS FOUNDATION, INC.	FOUNDATION,			Employe 47-(	Employer Identification Number 47-0742303
	2009	2010	2011	2012	2013	2014
Other deductions						
Net operating loss deduction						,
Specific deduction				1,000	1,000	
Income after expense and deductions				-1,000	-1,000	•
Income tax (corporate or trust)						
Other taxes						٠
Total taxes						
General business credit						-
Other credits						•
Net tax after credits						
Estimated tax payments						•
Other payments						

<sup>\*</sup> Income shown net of expenses



# 470742303 NORFOLK PUBLIC SCHOOLS FOUNDATION, 47-0742303

47-0742303 FYE: 12/31/2013

## Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	FOREIGN TAXES CREDIT CARD FEE OTHER	Total \$ ===
Total xpenses	411 231 2,916	3,558
Program Service	ᡐ	w.
E 0		0
Manag Ge	ഗ	ς»
/lanagement & General	411 231 2,916	3,558
Fund . Raising	• •	٠ \$

### 470742303 NORFOLK PUBLIC SCHOOLS FOUNDATION, 17 0742303 47-0742303

FYE: 12/31/2013

### Schedule A, Part II, Line 12