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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service 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.

Open to Public

Inter	nal Reven	ue Service ´	► Information about Form 990 and its instructions is at www.irs	s.gov/form99	0.	Inspection						
A	For the	2014 cale	ndar year, or tax year beginning January 1 , 2014, and endi	ng Decer	nber 31	, 20 14						
В	Check if	applicable	C Name of organization Loveland Parks and Recreation Foundation		D Employer identification number							
	Address	change	ge Doing business as 84-0929421									
	Name ch	-	Number and street (or P O. box if mail is not delivered to street address) Room/si	ııte	E Telephone number							
$\overline{\Box}$	Initial ret	-	500 East Third Street, Suite 200		970-962-2443							
\Box		n/terminated	City or town, state or province, country, and ZIP or foreign postal code		3/0-302-2443							
\exists					G Gross re	cointe \$						
님	Amende		Loveland, CO 80537									
ш	Applicati	on pending	F Name and address of principal officer	1		subordinates? Yes Vo						
_						s included? L Yes L No						
<u></u>		npt status	✓ 501(c)(3)			list (see instructions)						
<u>J</u>	Website				exemption							
<u>K</u>			Corporation Trust Association ✓ Other ► Foundation L Year of forma	tion 1984	M State	of legal domicile CO						
Р	art I	Summ	ary									
	1	Briefly de	escribe the organization's mission or most significant activities:									
9		Enhance	City of Loveland Park Recreation									
Ĭа												
Activities & Governance	2	Check th	is box ▶ ☐ if the organization discontinued its operations or disposed	of more than	า 25% of	its net assets.						
Š	3	Number	of voting members of the governing body (Part VI, line 1a)		3	8						
8	4		of independent voting members of the governing body (Part VI, line 1b)			8						
es	5				<u> </u>	0						
Ξ	6		nber of volunteers (estimate if necessary)		6							
Ę	7a				7a	50						
•					<u> </u>							
_	b	ivet unrei	ated business taxable income from Form 990-T, line 34	Prior Y	7b	Current Year						
	1 _			FIIOT		 						
ē	8		tions and grants (Part VIII, line 1h)		18,570	17,132						
Revenue	9	•	service revenue (Part VIII, line 2g)		10,977	12,898						
ě	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		1,437	1,296						
	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25,486	33,928						
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		56,469	65,254						
	13	Grants a	nd sımılar amounts paid (Part IX; column (A), lines 1-3)	· -	44,840	30,235						
	14	Benefits	paid to or for members (Part IX, column (A), line 4)									
s	1 4-		other compensation, employee benefits (Part IX, column (A), lines 5-10)									
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)									
ber	Ь		draising expenses (Part.IX,_column (D), line 25) ► 6060									
찣	17		penses (Part IX, column (A),\lines 11a-11d, 11f-24e)		1,465	2,565						
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	••								
		•	The state of the s		46,305	32,800						
	19	Revenue	less expenses. Subtract line 18 from line 12	Barinning of C	10,164	32,454 End of Year						
300				Beginning of Co								
ssets Salan	20		ets (Part X, line 16)		335,765	368,219						
Net Ass Fund Ba	21		olities (Part X, line 26)									
Z	22		ts or fund balances. Subtract line 21 from line 20		335,765	368,219						
P	art II	Signa	ture Block									
			ry, I declare that I have examined this return, including accompanying schedules and state			ny knowledge and belief, it is						
tru	ie, correc	t, and comp	lete Declaration of preparer (other than officer) is based on all information of which prepare	er has any know	ledge	····-						
			Mary Mally									
Sig	gn	Sign	ature of officer	Da	ate	1-15-15						
He	ere	l N	larlud Haenkers Decretary Staff L	a,501	>	1 12 - 12						
		Туре	e or print name and title									
_		17.		ate	Ch1 (PTIN						
_	aid				Check [self-emp							
	epare				<u> </u>							
Us	se Onl				n's EIN ▶							
Ma	y the I		s this return with the preparer shown above? (see instructions)	Pho	one no	□ Voc □ No						
					• • •	Yes No						
Fo	r Paperv	vork Redu	ction Act Notice, see the separate instructions. Cat	No. 11282Y		Form 990 (2014)						

Part	III ₹ Statement of Program Service		
<u> </u>		response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's miss		
	Enhance City of Loveland Parks and Rec		
2		nificant program services during the year wh	
	If "Yes," describe these new services of		
3	Did the organization cease conducti services?	ng, or make significant changes in how if	
	If "Yes," describe these changes on So	chedule O.	
4		ervice accomplishments for each of its three	e largest program services, as measured by
		(4) organizations are required to report the	amount of grants and allocations to others,
	the total expenses, and revenue, if any	, for each program service reported.	
	(0.1)	44 COA in abouting a superior of the) (December 1)
4a	(Code:) (Expenses \$	11,694 including grants of \$) (Revenue \$
		r low-income families to participate in City recre	
			· · · · · · · · · · · · · · · · · · ·
4b		12,481 including grants of \$	
4b		12,481 including grants of \$ s, benches, and equipment to community parks	
4b			
4b	Community betterment- donation of tree	s, benches, and equipment to community parks	and recreation and public areas.
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	Community betterment- donation of tree	s, benches, and equipment to community parks	and recreation and public areas.
	(Code:) (Expenses \$	including grants of \$	and recreation and public areas.
	Community betterment- donation of tree	including grants of \$	and recreation and public areas.
4c	(Code:) (Expenses \$	including grants of \$	and recreation and public areas.

Form 990 (2014)

Page 2

Part	Checklist of Required Schedules Checklist of Required			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	√	
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		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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 "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X 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		1
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		1
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		1
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 16? If "Yes," complete Schedule D, Part IX	11d		√
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		√
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		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		v
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.		_	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		√
20 a	If "Yes," complete Schedule G, Part III	19		✓
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		✓

Part	V [↑] Checklist of Required Schedules (continued)	-		ago .
$\overline{}$			Yes	No
21`	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√ √
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<i>'</i>
26	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 disqualified persons? If "Yes," complete Schedule L, Part II	26		1
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? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		,
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
36	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	35b		✓
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
J.	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	37		/
38	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	38	/	<u> </u>
			n 990	(2014)

Part	V 3 Statements Regarding Other IRS Filings and Tax Compliance			- ugc
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in Day 2 of Form 1000 Fator 0 if not applicable	_	Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
_	reportable gaming (gambling) winnings to prize winners?	10	/	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	· · ·	 	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
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		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	İ		1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	١.		1
h	If "Voc." enter the name of the feweren country.	4a	-	*
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			1
	(FBAR).	ļ		1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	İ	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
С	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			
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
_	gifts were not tax deductible?	6b		├
7 a	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			1
u	and services provided to the payor?	7a		1
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		\vdash
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<u> </u>
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
8	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. Did a donor advised fund maintained by the	7h	-	
•	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.	 		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	_	1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
a b	Gross income from members or shareholders	-		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	l		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ŀ	ŀ
b	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.	1		
а	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.			
Ь	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	-		
C	Enter the amount of reserves on hand	44.		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		\vdash
U	in 199, has a mod a 19111 rze to report these payments (ii 199, provide an explanation in Schedule C) .	1 1 7 1	1	1

 Did the organization delegate control over management duties custo supervision of officers, directors, or trustees, or key employees to a management duties of a management duties customered. Did the organization make any significant changes to its governing document of the organization become aware during the year of a significant of did the organization have members or stockholders? Did the organization have members, stockholders, or other persons 	the governing body, or committee or similar are independent . ationship or a business relationship with	No V
If there are material differences in voting rights among members of if the governing body delegated broad authority to an executive committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who 2 Did any officer, director, trustee, or key employee have a family relany other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties custo supervision of officers, directors, or trustees, or key employees to a man 4 Did the organization make any significant changes to its governing docume 5 Did the organization become aware during the year of a significant d 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons	the governing body, or committee or similar are independent . ationship or a business relationship with	No
 b Enter the number of voting members included in line 1a, above, who 2 Did any officer, director, trustee, or key employee have a family relany other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties custor supervision of officers, directors, or trustees, or key employees to a man 4 Did the organization make any significant changes to its governing documed bid the organization become aware during the year of a significant of Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons 	ationship or a business relationship with comarily performed by or under the direct hagement company or other person? ents since the prior Form 990 was filed?	<u> </u>
supervision of officers, directors, or trustees, or key employees to a man Did the organization make any significant changes to its governing docume Did the organization become aware during the year of a significant d Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons	nagement company or other person? ents since the prior Form 990 was filed?	
 5 Did the organization become aware during the year of a significant d 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons 	·	<u> </u>
	6	√ √
b Are any governance decisions of the organization reserved to stockholders, or persons other than the governing body?	(or subject to approval by) members,	✓
8 Did the organization contemporaneously document the meetings h the year by the following:		
 a The governing body?	VII, Section A, who cannot be reached at	
Section B. Policies (This Section B requests information about policies)		
	Yes	No
 Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures affiliates, and branches to ensure their operations are consistent with 		✓
11a Has the organization provided a complete copy of this Form 990 to all member	rs of its governing body before filing the form?	1
 b Describe in Schedule O the process, if any, used by the organization 12a Did the organization have a written conflict of interest policy? If "No," b Were officers, directors, or trustees, and key employees required to disclose an 	" go to line 13 12a	✓
C Did the organization regularly and consistently monitor and enforced describe in Schedule O how this was done	ce compliance with the policy? If "Yes," 12c	
 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruct Did the process for determining compensation of the following pe independent persons, comparability data, and contemporaneous substate 	ion policy?	✓
 a The organization's CEO, Executive Director, or top management office b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see in Did the organization invest in, contribute assets to, or participate in the organization invest in the organiza		✓
with a taxable entity during the year?	requiring the organization to evaluate its tax law, and take steps to safeguard the	✓
organization's exempt status with respect to such arrangements? . Section C. Disclosure	· · · · · · · 16b	
 List the states with which a copy of this Form 990 is required to be fi Section 6104 requires an organization to make its Forms 1023 (or 1 	024 if applicable), 990, and 990-T (Section 501(c)(3)s	only)
available for public inspection. Indicate how you made these availab	Other (explain in Schedule O)	
available for public inspection. Indicate how you made these available ☐ Own website ☐ Another's website ☑ Upon request 19 Describe in Schedule O whether (and if so, how) the organization material statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who		, and

_	-
Page	- 1

Form	aan	(2014)	١
rorm	990	12014)

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
•	Independent Contractors	
•	0. 1.60 1.10 1.10 1.10 1.10 1.10 1.10 1.	

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 noi	r any related	d orga	aniz	atio	n c	ompe	nsa	ted any currer	t officer, director	r, or trustee.
				(0						
(A)	(B)	١		Posi				(D)	(E)	(F)
Name and Title	Average hours per	box, office	unles	s pe	rson	than o is both or/trust	an	Reportable compensation	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) M Hilgenberg	3				,					
Secretary			\vdash	_	✓		\vdash	. 0	0	
(2) H Wigert	11				/			1		_
Chairman	-				 •	├	_	0	-0	(
(3) Scott Wilson	11	ŀ						٠ ،		
Treasurer (A)			-		┡			-	<u>_</u>	
(4)	†	i								
(5)										
(6)	<u> </u>									
(7)										
(8)	 									
(9)										
(10)										
(11)										
(12)	 									
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
(A) Name and title		(B) Average hours per week (list any) (C) Position (do not check more to box, unless person is officer and a director						one an	(D) Reportable compensation from	(E) Reportable compensation related	le	(Estir amo	(F) Estimated amount of other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		compe fror organ and r	ensation n the lization related zations	
(15)							_							
(16)														
(17)														
(18)														
(19)								\vdash						
(20)											-			
(21)													_	
(22)														
							_							
(24)														
(25)														
1b c d	Sub-total							> > >						
2	Total number of individuals (including bu reportable compensation from the organ		to th	ose	list	ted	above	e) w	ho received m	ore than \$1	00,000	of	-	
3	Did the organization list any former of employee on line 1a? If "Yes," complete								oloyee, or high		nsated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual		an \$1											
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe							ation or inc		5		✓
Section	on B. Independent Contractors		<i>p</i> .								<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>		
1	Complete this table for your five highest compensation from the organization. Repear.													x
	(A) Name and business add	fress							(B) Description of s	ervices	C	(C) ompens	ation	
			-				<u> </u>	\vdash		}				
										·				
2	Total number of independent contractor received more than \$100,000 of compen	-	-					o th	nose listed ab	ove) who				

Part VIII		Statement of Revenue								
		Check if Schedule O contains a response or note t		Part VIII	<u></u>	<u> </u>				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
nts	1a	Federated campaigns 1a								
ărai our	b	Membership dues 1b]							
s, C Am	С	Fundraising events 1c]							
Gift	d	Related organizations 1d]							
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e]			'				
tior er S	f	All other contributions, gifts, grants,								
햧		and similar amounts not included above 1f 33,928								
on tr	g	Noncash contributions included in lines 1a-1f: \$								
	h	Total. Add lines 1a–1f	33,928							
nue		Business Code	-							
eve	2a	Recreation Scholarship	12,898	12,898						
e E	b					<u> </u>				
Ž	, d									
Š	d									
Jan	e f	All other program service revenue .		-	_					
Program Service Revenue	g	Total. Add lines 2a–2f	12,898			<u> </u>				
	3	Investment income (including dividends, interest,	12,000							
		and other similar amounts)	1,296	1,296						
	4	Income from investment of tax-exempt bond proceeds ▶		•						
	5	Royalties <u></u>								
		(i) Real (ii) Personal								
	6a	Gross rents		·						
	b	Less: rental expenses								
	С	Rental income or (loss)			***					
	_ d	Net rental income or (loss) ▶								
	7a	Gross amount from sales of (i) Securities (ii) Other	4							
		assets other than inventory	4							
	b	Less: cost or other basis and sales expenses .								
	_	Gain or (loss)	-							
	d	Net gain or (loss)			-	<u></u>				
		Net gain or (loss)			*******					
venue	8a	Gross income from fundraising events (not including \$								
æ		of contributions reported on line 1c).								
Other Re	ŀ	See Part IV, line 18 a 17,132								
ਠੋ		Less: direct expenses b 6060	-							
		Net income or (loss) from fundraising events .	_11,072							
	ya	Gross income from gaming activities. See Part IV, line 19 a								
		Less: direct expenses b	-							
		Net income or (loss) from gaming activities								
		Gross sales of inventory, less								
	''-	returns and allowances a	İ							
	Ь	Less: cost of goods sold b	1							
		Net income or (loss) from sales of inventory	<u> </u>							
		Miscellaneous Revenue Business Code	1							
	11a									
	b									
	С									
	d	All other revenue								
	e	Total. Add lines 11a–11d		<u> </u>						
	l 12	Total revenue. See instructions	60 104	14 104	Ī	I .				

Form 99	0 (2014)				Page 10
Part	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , 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 domestic organizations and domestic governments. See Part IV, line 21	12,481	12,481		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	11.694	11,694		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	11,094	11,054		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11 a	Fees for services (non-employees): Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				-
f g	Investment management fees				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15 16	Royalties				·
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
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.)				
а	Postago	490		490	
b	Printing/Computer Expenses	625	-	625	
c	Office Supplies & Equipment/Phone	1,300		1,300	
ď					
е	All other expenses Legal/Fundraising	6,210		150	6,060
25	Total functional expenses. Add lines 1 through 24e	32,800	24,175	2,565	6,060
26	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)				

Pa	art X		+ Y		
	•	Check if Schedule O contains a response or note to any line in this Par	(A)		⊔ (B)
			Beginning of year		End of year
П	1	Cash—non-interest-bearing	125,457	1	156,688
İ	2	Savings and temporary cash investments	210,309	2	211,530.58
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
ı		Complete Part II of Schedule L		5	
छ	6	Loans and other receivables from other disqualified persons (as defined under section			
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
AS	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	"
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	335,765	16	368,219
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	· · · · · i
Liabilities	22	Loans and other payables to current and former officers, directors,			
틎		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
<u>.</u>	00	· · · · · · · · · · · · · · · · · · ·		23	
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
és		complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets		27	
<u>ag</u>	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
٦		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
<u>6</u>		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ę	32	Retained earnings, endowment, accumulated income, or other funds .	335,765		368,219
Ž	33	Total net assets or fund balances	335,765		368,219
_	34	Total liabilities and net assets/fund balances	335,765	34	368,219
					Form 990 (2014)

Form 9	90 (2014)			Pa	age 12
Par	t XI Reconciliation of Net Assets				
``	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		-	65,254
2	Total expenses (must equal Part IX, column (A), line 25)	2			32,800
3	Revenue less expenses. Subtract line 2 from line 1	3			32,454
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			68,218
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		36	68,218
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			<u>;_ LJ.</u>
	A " " I I I I I I I I I I I I I I I I I			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in			
_				ļ	أعيدا
2a	The state of the s		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b			2b		✓,
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	to the state of th				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	Ĺ	
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain 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			

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.

Form **990** (2014)

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.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization **Loveland Parks and Recreation Foundation** 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). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations. Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (ii) EIN (i) Name of supported organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 isted in your governing support (see other support (see document? above or IRC section instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Part	II → Support Schedule for Organiza	ations Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
•	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	
Cooti	Part III. If the organization fails to	quality unde	er the tests lis	tea below, pi	ease comple	te Part III.)	
	on A. Public Support	() 0040	#1.0044	430040	4.0.0040	430044	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
_		27,847	15,665	38,119	36,462	46,826	164,919
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf				1		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	27,847	15,665	38,119	36,462	46,826	164,919
	· ·	27,047	10,000	30,110	30,402	40,020	104,515
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly		ı				
	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.						164,919
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	27,847	15,665	38,119	36,462	46,826	164,919
8	Gross income from interest, dividends,		·				
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	4,312	1,983	1,622	1,436	1,296	10,649
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 VI.)						
11	Total support. Add lines 7 through 10						175,568
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he				<u> </u>		▶
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2014 (line		•	1, column (f))		14	93.93 %
15	Public support percentage from 2013 Scl					15	<u>%</u>
16a	331/3% support test—2014. If the organi						
_	box and stop here. The organization qua	-		-			
b	331/a% support test—2013. If the organ check this box and stop here. The organ					15 is 33 ¹ / ₃ %	or more, . ► □
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me						
	Part VI how the organization meets the "f			-	ation qualifies	as a publicly s	··
	organization						. ▶ 🗆
b	10%-facts-and-circumstances test —2						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization m				he organizatio	n qualifies as a	publicly
							. 🕨 🗆
18	Private foundation. If the organization di	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see _

	le A (Form 990 or 990-EZ) 2014						Page 3
Part	: Support Schedule for Organiza (Complete only if you checked the				ization failed	to qualify upo	ler Part II
:	If the organization fails to qualify						der Fait II.
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees				İ		
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise			ļ	ļ <u></u> .		
2	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				-		
3	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a							
	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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		<u> </u>				
	line 6.)			<u> </u>			
	on B. Total Support		1 (1) 22//	1 43 22 2	1 (5.5.5	1	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6				1		
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .			İ			
.	Unrelated business taxable income (less						
U	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	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		1	1			
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he						▶ [
	ion C. Computation of Public Support						
15	Public support percentage for 2014 (line		-				%
16 Soot	Public support percentage from 2013 Sci ion D. Computation of Investment In			· · · · ·	<u> </u>	16	%
3ect	Investment income percentage for 2014 (ov line 13 colu	mn (fl)	17	
17	myesunem meeme percentage for 2014 (mię i vo, cului	iiii (i) aiviaea (Jy IIIIC IJ, COIU		1 1/ 1	70

Investment income percentage from 2013 Schedule A, Part III, line 17

331/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

5 331/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and

Schedule A (Form 990 or 990-EZ) 2014

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	A. All	Supporting	g Organizations
---------	--------	------------	-----------------

organizations)? If "Yes," answer (b) below.

determine whether the organization had excess business holdings.)

ecti	on A. All Supporting Organizations		Voc	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	NO
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		-
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

Page 5	

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			ļ
	supported organizations played in this regard.	, 3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s):
a a	☐ The organization satisfied the Activities Test. Complete line 2 below.			-,
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		ŀ '
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	28	 	
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		ŀ]
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		ŀ	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	20		Į J
.	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_3a	\vdash	
þ	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3)	gani	izations	1 490 0
1 '. Check here if the organization satisfied the Integral Part Test as a qualifying			instructions. All
other Type III non-functionally integrated supporting organizations must co	mple	ete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	, -	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		-	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		, , , , , , , , , , , , , , , , , , , ,
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7	-	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		1
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional		tegrated Type III support	ing organization (see
instructions).	.,	g , , , cappoin	2 - 3 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
<u> 4</u>	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u>	Other distributions (describe in Part VI). See instructions.		<u>-</u>	
	Total annual distributions. Add lines 1 through 6.	L. 11		
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res	ponsive	
9	Distributable amount for 2014 from Section C, line 6			<u>. </u>
10	Line 8 amount divided by Line 9 amount			
	Line 6 arrount divided by Line 5 arrount		(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:	<u> </u>	-	
<u>a</u>				
<u>b</u> _				
d e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
<u></u>	Carryover from 2009 not applied (see instructions)			
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3			
•	and 4c.			
	Breakdown of line 7:			
<u>o</u>	DIGUNGOWII OI IIIIO 1.			
<u>a</u>	1			
<u>c</u>				
d	Excess from 2013			
e				

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. Also complete this part for any additional information. (See instructions.)	nd
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SCHEDULE 1 (Form 990)

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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OMB No. 1545-0047

% □ Employer identification number ✓ Yes 84-0929421 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance oveland Parks and Recreation Foundation Department of the Treasury Internal Revenue Service Name of the organization Part I

Part II		ssistance to Do y recipient that	mestic Organiz received more th	ations and Dom an \$5,000. Part	i estic Governm Il can be duplica	ents. Complete i ited if additional	f the organization answ space is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
_ e	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non-cash assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
C (S)	(1) City of Loveland- 500 E Third Loveland, CO 80537			12,481		Cost	Park Improvement	Park Improvement
8								
<u>6</u>								
æ								
(2)								
9								
E								
6								
6								
(10)								
<u>(1</u>								
(12)								
ત્ય છે	Enter total number of section 501(c)(3) and governmer Enter total number of other organizations listed in the	501(c)(3) and gov ganizations listed			ne 1 table		ons listed in the line 1 table	0 4

Schedule I (Form 990) (2014)

Cat. No. 50055P

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

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Determination of which recipients qualify for scholarships: Use 125% of Federal Poverty Guidelines as a qualifier for financial assistance to financially needy families. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 11,694 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 346 (a) Type of grant or assistance Non-discrimination rules also apply. 1 Recreation Scholarships Part IV Part III ß N ന 4 ø

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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.

Name of the organization Employer identification number **Loveland Parks and Recreation Foundation** 84-0929421 Treasurer provides financial information to the Secretary who prepares 990 forms. Tax return is signed and mailed in.

Scriedule O (Form 990 or 990-EZ) (2014)	Page 4
Name of the organization Loveland Parks and Recreation Foundation	Employer identification number 84-0929421
Loverand Parks and Recreation Foundation	04-0323421
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