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Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue 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

and ending JUN 30, 2015 For the 2014 calendar year, or tax year beginning JUL 1, 2014 D Employer identification number C Name of organization BOISE PUBLIC SCHOOLS EDUCATION Address change FOUNDATION, INC. Name change 82-0400689 Doing business as Initial Number and street (or P 0. box if mail is not delivered to street address) Room/suite E Telephone number (208)854-4000Final 8169 W. VICTORY ROAD 3,389,663. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende 83709 BOISE, ID H(a) Is this a group return Applica-tion pending F Name and address of principal officer: NORMAN SCHLACHTER Yes X No for subordinates? 83709 8169 W VICTORY ROAD, BOISE, H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)()◀ (insert no.) [4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.BOISESCHOOLSFOUNDATION.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation L Year of formation: 1985 M State of legal domicile: ID Trust Association Other -Part I Summary Briefly describe the organization's mission or most significant activities: TO FACILITATE DONATIONS TO Activities & Governance SUPPORT INNOVATIVE AND MOTIVATING PROGRAMS IN THE BOISE SCHOOL Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 29 Number of voting members of the governing body (Part VI, line 1a) 29 4 4 0 5 6 Total number of volunteers (estimate if necessary) 7a b Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** 1,897,864.1,836,529 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)
Investment income (Part VIII, column (A), lines 3 0 JAN 1 1 2016 279,588. 378,808 10 Other revenue (Part VIII, column (A), lines 5, 6d, &c, 9c, 10c, and 1,1e) Total revenue - add lines 8 through 11 (must equal Part VI) 3 selection (a) 2,215,337 2,177,452 1,789,432 695,931 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 . 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 120,623. 110,147. 17 1,910,055 1,806,078. 371,374. 305,282 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 3,844,651 4,019,556. 20 Total assets (Part X, line 16) 56,104. -11,79921 Total liabilities (Part X, line 26) 3,856,450. Net assets or fund balances. Subtract line 21 from line 20. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other true) of preparer is based on all information of which preparer has any knowledge. Signature of officer Sign NORMAN SCHLACHTER, TREASURER Here Type or print name and title PTIN Print/Type preparer's name rer's sionature P00267377 Paid CHRIS GOTSCH, CPA Firm's name TRAVIS JEFFRIES, P.A. 82-0358530 Preparer Firm's address 590 W WASHINGTON ST Use Only Phone no. (208) 345-5383 BOISE, ID 83702-5953 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2014)

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	BOISE PUBLIC SCHOOLS EDUCATION
	990 (2014) FOUNDATION, INC. 82-0400689 Page 2
Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO FACILITATE DONATIONS TO SUPPORT INNOVATIVE AND MOTIVATING PROGRAMS
	IN THE BOISE SCHOOL DISTRICT.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(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.
4a	(Code) (Expenses \$104,680. including grants of \$104,680.) (Revenue \$1NNOVATION GRANT AWARD PROGRAM
	THE BOISE PUBLIC SCHOOLS EDUCATION FOUNDATION AWARDED 45 INNOVATION
	GRANT AWARDS TOTALING \$113,064 TO BE FUNDED DURING THE 2015-2016 SCHOOL
	YEAR. THE FOUNDATION PAID OUT \$67,532 IN GRANTS AWARDS FOR THE YEAR
	ENDED 6/30/2015. THESE GRANTS IMPACTED 17,281 STUDENTS IN 25 DIFFERENT
	SCHOOLS/PROGRAMS WITH IN THE BOISE SCHOOL DISTRICT.
4b	(Code) (Expenses \$ 1,219,657. Including grants of \$ 1,219,657.) (Revenue \$
	DESIGNATED CONTRIBUTIONS PROGRAM
	THE FOUNDATION FACILITATES DESIGNATED DONATIONS AND SCHOLARSHIPS TO
	INDIVIDUAL CLASSROOMS, SCHOOLS, PROJECTS, STUDENTS AND DISTRICT
	PROGRAMS IN THE BOISE SCHOOL DISTRICT DURING THE 2014-2015 SCHOOL YEAR.
	· · · · · · · · · · · · · · · · · · ·
40	(Code) (Expenses \$ 237,383.) (Revenue \$
70	THANK-A-TEACHER PROGRAM
	THE FOUNDATION FACILITATES DESIGNATED DONATIONS AND SCHOLARSHIPS TO
	INDIVIDUAL CLASSROOM, SCHOOLS, PROJECTS, STUDENTS AND DISTRICT PROGRAMS
	IN THE BOISE SCHOOL DISTRICT DURING THE 2014-2015 SCHOOL YEAR.
	IN THE BOIDE BENEVE BIBLICIE BOXING THE 2017 2013 BENEVE THAN
44	Other program services (Describe in Schedule O.)
→u	(Expenses \$ 134,211 • including grants of \$ 134,211 •) (Revenue \$)
40	Total program service expenses \(\begin{array}{lllll} 134/211 & Including grants of \\ 1,695,931 & \end{array} \]

4e Total program service expenses ▶

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BOISE PUBLIC SCHOOLS EDUCATION

Form 990 (2014)

FOUNDATION, INC.

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х 1 X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 Х 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 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? Х Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X 11 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х 11c 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 X Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 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 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? ...

BOISE PUBLIC SCHOOLS EDUCATION FOUNDATION, INC.

Form 990 (2014)

Part IV	Checklist of	Required	Schedules	(continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	İ		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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		X
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		X
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		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	l	1	
	any tax-exempt bonds?	24c		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		Х
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		Х
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		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L., Part IV	28b		X
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		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	X
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	<u> </u>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	l		
•	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		——
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
0 -	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	<u> 38</u>	Х	

	990 (2014) FOUNDATION, INC. 82-0400	<u>689</u>	P	age 5
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	'		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	'		
	(gambling) winnings to prize winners?	1c	X	ļ
	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	1	ŀ	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ļ	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		.,
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ļ	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3ь	<u> </u>	
	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 account)?	4a	ļ	X
	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	l _ '		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	 	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	^
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		X
	any contributions that were not tax deductible as charitable contributions?	6a		
	were not tax deductible?	6ь		
	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 and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<u> </u>		
	to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e]
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	ļ	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9ь	ļ	<u></u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	1		1
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	┨	l	1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40	 	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	ļ
L	Note. See the instructions for additional information the organization must report on Schedule O.			
D	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			
_	organization is licensed to issue qualified health plans	1		
		14a	 ''''	Х
ca	Die mie ergementen receite ung paymente ier moder tunning eer node coning the tax year	70		

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

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FOUNDATION, INC.

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
7 4	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
J	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.	····		
	•	8a	Х	
a	The governing body?	8b	X	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- J		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
<u>560</u>	tion b. Folicies (This Section & requests information about policies not required by the internal revenue code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	.00	_	
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	The second secon	11a	Х	
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	1
b	and the second s	12b	X	
c	many that the state of the stat			
·	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	***************************************		
.5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The state of the s	15a		x
a	Other officers or key employees of the organization	15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva	taxable entity during the year?	16a	ĺ	х
.	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	İ	1
Sec	exempt states with respect to seen arrangements.		!	·
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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)	availah	ole	
10	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)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
19	statements available to the public during the tax year.	a mian	Jiul	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	THE FOUNDATION - (208)-854-4000			
	8169 W. VICTORY ROAD, BOISE, ID 83709			

FOUNDATION, INC.

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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.

C Name and Title	X Check this box if neither the organization	nor any related	orga	niza	tion	cor	nper	nsate	ed any current officer, o	director, or trustee.	
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(3) LOVELACE, SUE	(2) SOLON, PAMELA M.	2.00		ł							
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(4) SKAGGS, STEVE	(3) LOVELACE, SUE	2.00							_	_	
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SECRETARY	VICE PRESIDENT		X		X	L			0.	0.	0.
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Form 990 (2014)

Part VII Section A. Officers, Directors, Trus (A)	(B)				2111 2)	<u> </u>		(D)	(E)		(F)
Name and title	Average	١		Pos	ition			Reportable	Reportable	l Es	stimated
•	hours per	box	not c , unle	ss pe	rson	is bot	h an	1	compensation		mount of
	week	-	cer ar	id a d	irecto	or/trus	tee)	from	from related		other
	(list any	or director]		the	organizations		pensation
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	below	텵	To Ja	١.	S S	28 EG		1		Į.	anizations
	line)	Individual t	Institutional	E E	Кеу етріоуее	Highest compensated employee	를			0.9	unizations
(18) HAWLEY IV, JESS B.	0.20										
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(19) HEATH, DANA L.	0.20										
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(20) LACHIONDO, DIANA	0.20										
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(21) MARSHALL, NICK	0.20				l		ļ			ŀ	0
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(22) MICHAEL, GLENN T. DIRECTOR	0.20	X					İ	0.	0		0 .
(23) RUZICKA, JON	0.20	Ё	-	╁	\vdash	╁	├			•	
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(24) SMITH, DANIELLE	0.20	<u> </u>		一	t	T^-				1	
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(25) TATE, TRENT	0.20										
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(26) THOMPSON, MICHAEL R.	0.20	۱		ļ		1	1				_
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1b Sub-total								0.	0		0
c Total from continuation sheets to Part V								0.	0		0
d Total (add lines 1b and 1c)	•						ho.	<u> </u>		•1	
compensation from the organization	ioi iii iiitea to ti	1036	7 IISU	eu a	IDOV	e, w	110 1	received more than \$100	o,000 of reportable		(
componential from the organization											Yes No
3 Did the organization list any former officer.	, director, or tri	uste	e, k	ey e	mpk	oyee	, or	highest compensated e	mployee on	7	1
line 1a? If "Yes," complete Schedule J for	such individual	٠								3	X
4 For any individual listed on line 1a, is the s	um of reportab										
and related organizations greater than \$15	0,000? <i>If</i> "Yes,	," cc	mp	lete	Sch	edu	e J	for such individual		4	X
5 Did any person listed on line 1a receive or									idual for services		
rendered to the organization? If "Yes," con	nplete Schedu	le J	for s	uch	per	son	<u></u> .			5	<u> </u>
Section B. Independent Contractors											
1 Complete this table for your five highest co	•								•	sation	from
the organization. Report compensation for (A)	the calendar y	/ear	eno	ing	with	Of V	Atrini	(B)	year.		C)
Name and business	address	N	ON	E				Description of	services		ensation
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									Í		
											•
2 Total number of independent contractors	including but	200	Imii -			200	let-	d above) who received a	more than		
2 Total number of independent contractors \$100,000 of compensation from the organ		iot I	111111	su (C	J 1110	ose i	iole:	a above, who received r	note tildfi	_	
	N A CON	mΥ	NIII	7 m	ΤO		CI	EEEC		<u> </u>	000 (004 (

BOISE PUBLIC SCHOOLS EDUCATION FOUNDATION, INC. 82-0400689

	ON, INC							· · · · · · · · · · · · · · · · · · ·	82-040	0689
Part VII Section A. Officers, Directors, To		nplo	yee			ligh	est			
Name and title	(B) Average hours per	(cl	heck	Pos	c) ition that		ly)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related	(F) Estimated amount of other
(27) WATTE DEPORAU	week (list any hours for related organizations below line)	Individual trustae or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) WATTS, DEBORAH DIRECTOR	0.20	х						0.	0.	0
(28) WORREL, STEPHANIE DIRECTOR	0.20	х						0.	0.	0
(29) WINTERS, SANDY DIRECTOR	0.20	х						0.	0.	0
							<u> </u>			
		-	-	-		-	-			
		-	-	-		-				
		-								
		\vdash	_			-	\vdash			
		<u> </u>			<u> </u>	1	1			

82-0400689

Page 9

Form 990 (2014) FOUNDAT:
Part VIII Statement of Revenue

		 Check if Schedule O conta 	ains a response o	or note to any line		<u> </u>		<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
इइ	1 a	Federated campaigns	1a					
E E		Membership dues						
E,	c			-				
まる			1d					
S,E	e	Government grants (contributi						
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		All other contributions, gifts, grant						
돌		similar amounts not included above		1,897,864.				
들이	а	Noncash contributions included in lines	***					
a S		Total. Add lines 1a-1f			1,897,864.			
				Business Code			, ,,,,	
e	2 a							
	ь							
S č	c					-		
eve	đ							
<u>8</u>	е							
בֿ	f	All other program service reve	nue		-			
	. 9	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	st, and				
Į		other similar amounts)			74,046.			74,046.
	4	Income from investment of tax	k-exempt bond p	roceeds 🕨				
	5	Royalties		<u></u> ▶		1		
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,417,753.					
	b	Less: cost or other basis						
		and sales expenses						
	C	Gain or (loss)	205,542.					
	d	Net gain or (loss)		>	205,542.			205,542.
nue	8 a	Gross income from fundraisin including \$	g events (not of					
eve		contributions reported on line	1c). See					
Other Reve		Part IV, line 18						
the	ь	Less: direct expenses		l •				
0	c	Net income or (loss) from fund	draising events	🕨				
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities	<u> </u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sale	s of inventory	▶				
		Miscellaneous Revenu	e	Business Code				
	11 a							
	b	·						<u> </u>
	С			ļ				
		All other revenue		L	-			
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions		▶	2,177,452.	0.	. 0	. 279,588.

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Form 990 (2014) FOUNDATION, INC.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon		this Part IX	<u></u>	<u></u>
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,695,931.	1,695,931.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	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	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes [
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting	23,150.		23,150.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	34,087.		34,087.	
g	Other. (If line 11g amount exceeds 10% of line 25,			_	
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion [
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy			·	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	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 0.) GENERAL AND MANAGEMENT	52,910.		52,910.	
a		32,310.		32,910.	
b					
6				· · · · · · · · · · · · · · · · · · ·	
d	All other evenes				
	All other expenses	1,806,078.	1,695,931.	110,147.	0.
25	Total functional expenses. Add lines 1 through 24e	1,000,070.	1,000,001.	110,14/.	<u></u>
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 If following SOP 98-2 (ASC 958-720)		Í		
	Unex nere F L if following SOP 98-2 (ASC 958-720)		l l		

Part X Balance Sheet

FOUNDATION, INC.

82-0400689 Page 11

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 162,967. 65,944. 1 Cash - non-interest-bearing 73,731. 81,871. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 14,036. 14,746. 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 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 instr). Complete Part II of Sch L 6 Assets 7 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 25,464. basis. Complete Part VI of Schedule D 10a 23,342. b Less: accumulated depreciation 10b 10,610. 10c 2,122. 3,582,597. 3,855,583. 11 11 Investments · other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 Other assets. See Part IV, line 11 4,019,556. 3,844,651. 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 -11,79956,104. 17 Accounts payable and accrued expenses 17 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D -11,799.56,104. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,420,154. 1,177,054. 27 27 2,229,156. 2,582,287. 28 Temporarily restricted net assets 28 207,140. 204,111. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 3,963,452. 3,856,450. 33 33 Total net assets or fund balances 4,019,556. 3,844,651. 34 Total liabilities and net assets/fund balances .

Form 990 (2014)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form	990 (2014) FOUNDATION, INC.	82-	<u>-0400689</u>	Pa	ge 12
Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u></u>	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,17		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,80		
3	Revenue less expenses. Subtract line 2 from line 1	3			74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,85		
5	Net unrealized gains (losses) on investments	5	-26	3,4	<u>52.</u>
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		<u>-9</u>	20.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,96	3,4	<u>52.</u>
Pa	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. </u>	
				Yes	No
1	Accounting method used to prepare the Form 990: L Cash X Accrual Cother				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?			<u> X</u>	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	, []		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		ļ .		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			X	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		l I		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au			
	Act and OMB Circular A-133?		. 3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit		1

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. | Also BOISE PUBLIC SCHOOLS EDUCATION | Employer identification number

82-0400689 FOUNDATION, INC. 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). X 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization (vi) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary listed in your (described on lines 1-9 other support (see organization support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

Schedule A (Form 990 or 990-EZ) 2014 FOUNDATION, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (c) 2012 (d) 2013 (e) 2014 (f) Total Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 1 Gifts, grants, contributions, and membership fees received. (Do not 1897864 8736550. 2075863 1658129 1836529. include any "unusual grants.") 1268165. 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 1658129. 1836529. 1897864. 8736550. 1268165. 2075863. 4 Total. Add lines 1 through 3 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, 302,067. column (f) 8434483. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 1658129 2075863. 1836529 1897864 8736550. 1268165 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 74,046. 57,053. 70,460. 78,283. 113,016. 392,858. and income from similar sources 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.) 9129408. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 92.39 14 % 91.81 15 Public support percentage from 2013 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not		1			İ	ł
	include any "unusual grants.")					<u> </u>	
2	Gross receipts from admissions,						
	merchandise sold or services per-						1
	formed, or facilities furnished in						1
	any activity that is related to the organization's tax-exempt purpose						1
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513						ŀ
Δ	Tax revenues levied for the organ-	-	1				
7	ization's benefit and either paid to	İ					1
	or expended on its behalf	1			1		
F	The value of services or facilities	<u> </u>	 		 	1	<u> </u>
ວ					1		
	furnished by a governmental unit to the organization without charge	1					
_			-	 	 	 	
	Total. Add lines 1 through 5	<u> </u>	 	1	+	 	
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	ļ	 	 	<u> </u>	+	
D	Amounts included on lines 2 and 3 received from other than disqualified persons that	•					
	exceed the greater of \$5,000 or 1% of the	1			1	1	1
	amount on line 13 for the year			1	<u> </u>	_	ļ
•	Add lines 7a and 7b			ļ	ļ	-	
	Public support (Subtract line 7c from line 6)	<u> </u>	<u> </u>		1	1	1
	ction B. Total Support		· ·	,	· _ · · · · · · · · · · · · · · · · · ·		
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6		 	 			
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties	1					
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						<u> </u>
(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						1
12	Other income. Do not include gain		1		1		1
	or loss from the sale of capital	1					
13	assets (Explain in Part VI.) Total support. (Add Ilnes 9, 10c, 11, and 12.)		 		T		
	First five years. If the Form 990 is for		's first second th	ird fourth or fifth	tax vear as a secti	on 501(c)(3) organi	zation.
	check this box and stop here	~			=		▶ □
<u>Sc</u>	ction C. Computation of Pub			· · · · · · · · · · · · · · · · · · ·		······································	
				column (f)		15	%
	Public support percentage for 2014	-	•	Column (I))		16	
16				<u>,</u>	<u> </u>	101	
	ction D. Computation of Inve					147	
	Investment income percentage for 2					17	
18						18	
19	a 33 1/3% support tests - 2014. If the						17 is not
	more than 33 1/3%, check this box						▶□
l	b 33 1/3% support tests - 2013 . If the						
	line 18 is not more than 33 1/3%, ch	eck this box and s	s top here. The org	ganization qualifies	s as a publicly sup	ported organization	ı ▶ <u> </u>
20	Private foundation. If the organizati	on did not check a	a box on line 14, 1	9a, or 19b, check	this box and see in	nstructions	▶□

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 Organizations	Section A.	All Suppo	rtina O	rgani	zations
-----------------------------------------	------------	-----------	---------	-------	---------

- 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.
- 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 Vihow the organization determined that the supported organization was described in section 509(a)(1) or (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.
- 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 VIwhen and how the organization made the determination.
- c 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 VIwhat controls the organization put in place to ensure such use.
- 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.
- 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.
- c 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 VIwhat controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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.
- 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).
- 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).
- 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.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c 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.
- 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 organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3ь		
	3c		
	4a		
	4b		
	40		
	4c		****
	5a		
	5b		
	5c	· · · · ·	
	6		
	7		v
	8		
	9a		
	9b		
	9c	ļ	
	10a	<u></u>	ļ
	10b		
rm 9	90 or 99	0-FZ	2014

		32-040068	9 Pa	age 5
Pai	rt IV Supporting Organizations (continued)			
	•	g	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		
ь	A family member of a person described in (a) above?	11b		
c	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		
Sec	tion 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		
Sec	tion C. Type II Supporting Organizations			
<u> </u>	Mon O. Type if outporting or game actions		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
•	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		
800	ction D. Type III Supporting Organizations		ــــــــــــــــــــــــــــــــــــــ	L
Sec	Cition D. Type in Supporting Organizations		Yes	No
	Did the experiencian provide to each of its supported experience by the last day of the fifth month of the		163	140
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			
	• 111			
	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	'	İ
•		•		
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		1	1
_	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			
	supported organizations played in this regard.		<u> </u>	
	etion 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 ins	tructions):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
C		' (see instructions		T
2	Activities Test. Answer (a) and (b) below.	اس	Yes	No
а	•			
	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			1
	that these activities constituted substantially all of its activities.	2a	ļ	ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	ļ	ļ
3	Parent of Supported Organizations. Answer (a) and (b) below.			
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? Provide details in Part VI.	3a	<u> </u>	ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			"
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u>L</u>	<u></u>

82-0400689 Page 6 Schedule A (Form 990 or 990 EZ) 2014 FOUNDATION, INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) Add lines 1 through 3 4 4 5 Depreciation and depletion 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) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year **Section B - Minimum Asset Amount** (A) Prior 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): 1a a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) 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 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) **Current Year** Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2014 FOUNDATION, INC. 82-0400689 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount (iii) (ii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014: C e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D, a Applied to underdistributions of prior years **b** Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see Excess distributions carryover to 2015. Add lines 3 and 4c. 8 Breakdown of line 7: ь C d Excess from 2013 e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 FOUNDATION, INC.	82-0400689 Page 8
Part VI	(Form 990 or 990-EZ) 2014 FOUNDATION, INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of the supplemental Information.	or 17b: and Part III, line 12
	Also associate this part for any additional information (Conjecturations)	o. 11 b, and 1 an 111, 1110 12.
	Also complete this part for any additional information. (See instructions).	
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SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BOISE PUBLIC SCHOOLS EDUCATION FOUNDATION, INC.

Employer identification number 82-0400689

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$____ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

Sched	dule D (Form 990) 2014 FOUNDAT	ION, INC.			82-	0400689	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or O	ther Similar As	sets(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are	a significant use of	its collection	items
	(check all that apply):						
а	Public exhibition	d	Loan or excl	nange programs			
b	Scholarly research	е	Other				
C	Preservation for future generations		-				
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's e	exempt purpose in	Part XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other sim	nilar assets		
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?		Yes_	☐ No
Par	LIV Escrow and Custodial Arran	-	te if the organization	n answered "Yes"	to Form 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par						
	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets i	not included		
						Yes	U No
Ь	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:				
						Amount	
	Beginning balance						
	Additions during the year				1d		
е	Distributions during the year				. <u>1e</u>		
f	Ending balance						
	Did the organization include an amount on Fe	- · · · · · · · · · · · · · · · · · · ·	•		•	Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII.		_			,	
Par	V Endowment Funds. Complete i				 		
		(a) Current year	(b) Prior year	(c) Two years bac			years back
1a	Beginning of year balance	1,834,007.	1,610,835.	1,529,81			360,413.
b	Contributions	5,885.	110,249.	32,97	<u> </u>		54,539.
С	Net investment earnings, gains, and losses	7,673.	253,333.	128,31			326,153.
d	Grants or scholarships	17,286.	124,532.	65,53	2. 93,4	57.	144,500.
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses	12,378.	15,878.	14,73		89.	20,120.
g	End of year balance	1,817,901.	1,834,007.	1,610,83	5. 1,529,8	13. 1	576,485.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	i)) held as:			
а	Board designated or quasi-endowment	54.21	_%				
b	Permanent endowment ► 11.23	%					
C	Temporarily restricted endowment ▶ <u>3</u>	4.56 %					
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.					
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd admınistered f	or the organization	-	
	by:						Yes No
	(i) unrelated organizations					3a(i)	X
	(ii) related organizations					. 3a(ii)	X
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?			. 3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.				
Par	t VI Land, Buildings, and Equipm	nent.					
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.		
	Description of property	(a) Cost or o	1 7 7	,) Accumulated	(d) Book	c value
	· · · · · · · · · · · · · · · · · · ·	basis (investr	nent) basis	(other)	depreciation		
1a	Land						
b	Buildings						
С	Leasehold improvements						
d	Equipment		2	5,464.	23,342.		2,122.
e	Other		, <u> </u>				
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	Oc.)	<u></u> ▶ _		2,122.

BOISE PUBLIC SCHOOLS EDUCATION 82-0400689 Page 3 FOUNDATION, INC. Schedule D (Form 990) 2014 Part VII Investments - Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (b) Book value (a) Description of security or category (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) Description of investment (1) (2)(3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (a) Description (1) (2) (3) (4) (5) (6) (7) (8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal income	taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Column (b) mus	t equal Form 990, Part X, col. (B) line 25.)	▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

UPON EVALUATION, THE FOUNDATION DOES NOT BELIEVE IT HAS ANY BUSINESS

ACTIVITIES IN PLACE THAT WOULD CAUSE ITS TAX EXEMPT NONPROFIT STATUS TO

432054

NOT BE SUSTAINED UPON AUDIT.

Schedule D (Form 990) 2014	FOUNDATION, I	NC.	111011	82-0400689	Page 5
Schedule D (Form 990) 2014 Part XIII Supplemental Infor	mation (continued)				1 440 0
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SCHEDULE 1 (Form 990) Department of the Treasury

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

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

▶ Attach to Form 990.

OMB No 1545-0047	2014	Open to Public

Schedule I (Form 990) (2014) **Employer identification number** SRANTS TO TEACHERS WITHIN å DESIGNATED ASSISTANCE TO SCHOOL DISTRICT PROGRAMS 82-0400689 ROGRAMS WITHIN SCHOOL ROGRAMS WITHIN SCHOOL ASSISTANCE TO RELATED ASSISTANCE TO SCHOOL (h) Purpose of grant or assistance X Yes SCHOOL DISTRICT 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 DISTRICT ISTRICT Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection : (g) Description of non-cash assistance : : Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) : : : 0 ö ö 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 629 (d) Amount of 104,680, 1,573,425 14,657 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table BOISE PUBLIC SCHOOLS EDUCATION (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? FOUNDATION DESIGNATED TO BOISE PUBLIC SCHOOLS SCHOOLS RECEIVING QUALIFIED GRANTS 1 (a) Name and address of organization IN THE BOISE PUBLIC SCHOOL - 8169 TEMPORARILY RESTRICTED ENDOWMENTS PERMANENTLY RESTRICTED ENDOWMENTS W VICTORY ROAD - BOISE, ID 83709 PROGRAMS - 8169 W VICTORY ROAD or government 8169 W VICTORY ROAD 8169 W VICTORY ROAD Name of the organization BOISE, ID 83709 BOISE, ID 83709 BOISE, ID 83709 Internal Revenue Service Parti Part #

82-0400689

FOUNDATION, INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2014) Part III

(f) Description of non-cash assistance							
(e) Method of valuation (book, FMV, appraisal, other)				Part I, line 2, Part III, column (b), and any other additional information.	A SCHOOL, OR TEACHER MUST		
(d) Amount of non- cash assistance				(b), and any other a	SCHOOL, OR		
(c) Amount of cash grant		;		e 2, Part III, column	FOIINDATION.		
(b) Number of recipients							
(a) Type of grant or assistance				Part IV Supplemental Information. Provide the information required in	PART I, LINE 2:	BE PART OF THE BOISE PUBLIC SCHOOL DISTRICT.	

ALL GRANTEES MUST COMPLETE INFORMATION ON THE REIMBURSEMENT REQUEST FORM.

VENDOR INVOICES OR WRITTEN REQUESTS FOR PAYMENT MUST BE ALL THE RECEIPTS,

THE PRINCIPAL OF THE SCHOOL MUST INCLUDED WITH THE REQUEST FOR PAYMENT.

ALSO SIGN THE REIMBURSEMENT REQUEST VERIFYING THE EXPENDITURE WAS FOR A

GRANT WHICH WAS AWARDED TO THEIR SCHOOL.

432102 10-15-14

SCHEDULE O (Form 990 or 990-EZ)

432211 08-27-14

Department of the Treasury Internal Revenue Service Name of the organization

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.

BOISE PUBLIC SCHOOLS EDUCATION Employe FOUNDATION, INC.

Open to Public Inspection

Employer identification number 82-0400689

Schedule O (Form 990 or 990-EZ) (2014)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DISTRICT
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ADVANCED PLACEMENT (AP) TEST SCHOLARSHIPS
ADVANCED PLACEMENT CLASSES ARE CHALLENGING, RIGOROUS COLLEGE-LEVEL
OFFERINGS TAKEN BY THE BOISE SCHOOL DISTRICT HIGH SCHOOL STUDENTS IN
OVER TWENTY SUBJECTS. STUDENTS WHO SUCCEED IN A.P. COURSES ARE MORE
LIKELY TO GO TO COLLEGE AND ARE BETTER PREPARED TO RIGOROUS COLLEGE
WORK. THEY ARE ALSO MORE LIKELY TO FINISH THEIR COLLEGE COURSEWORK IN A
SHORTER TIMEFRAME.
EXPENSES \$ 23,859. INCLUDING GRANTS OF \$ 23,859. REVENUE \$ 0.
AVID PROGRAM SUPPORT AND SCHOLARSHIPS
ADVANCED PLACEMENT VIA INDIVIDUAL DETERMINATION (AVID) IS A NATIONAL
COLLEGE PREPARATORY PROGRAM. IT IS A FOURTH THROUGH TWELFTH GRADE
SYSTEM TO PREPARE STUDENTS IN THE ACADEMIC MIDDLE FOR COLLEGE
ELIGIBILITY. AVID TARGETS STUDENTS WHO HAVE THE DESIRE TO GO TO
COLLEGE AND THE WILLINGNESS TO WORK HARD. TYPICALLY, THEY ARE THE FIRST
IN THEIR FAMILIES TO PURSUE A COLLEGE EDUCATION AND MANY ARE FROM
LOW-INCOME HOMES.
EXPENSES \$ 42,950. INCLUDING GRANTS OF \$ 42,950. REVENUE \$ 0.
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STUDENT AID FOR EMERGENCIES FUND (S.A.F.E.)
S.A.F.E CREATED TO ASSIST STUDENTS IN THE BOISE SCHOOL DISTRICT AND
THETE FAMILIES WITH IMMEDIATE BASIC NEEDS. THE S.A.F.E. PROGRAM HAS A

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

VERY. SIMPLE AND FAR-REACHING GOAL, TO PROVIDE EMERGENCY FUNDS TO HELP
BOISE SCHOOL DISTRICT STUDENTS STAY IN SCHOOL. LOW-INCOME, AT-RISK

STUDENTS HAVE A VARIETY OF NEEDS RANGING FROM SCHOOL SUPPLIES, CLOTHING
AND PERSONAL NEEDS, TO PARTICIPATE IN SCHOOL ACTIVITIES TO RENT AND

UTILITY ASSISTANCE. ALTHOUGH THE BOISE SCHOOL DISTRICT RECEIVES A

FEDERAL GRANT TO SERVE HOMELESS STUDENTS, THE S.A.F.E PROGRAM TARGETS

THOSE STUDENTS WHO ARE OUTSIDE THE FEDERAL GRANT REQUIREMENTS AND AT

RISK AND OPERATING NEAR-HOMELESSNESS.

EXPENSES \$ 50,116. INCLUDING GRANTS OF \$ 50,116. REVENUE \$ 0.

RESTRICTED ENDOWMENT ADMINISTRATION ADMINISTERED BY THE FOUNDATION IN

ADHERENCE TO THE ENDOWMENT AGREEMENTS AND AT THE DIRECTION OF THE BOARD

OF DIRECTORS

EXPENSES \$ 17,286. INCLUDING GRANTS OF \$ 17,286. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

DARIN DEANGELI & NICK MARSHALL ARE CO-OWNERS OF A BUSINESS

FORM 990, PART VI, SECTION B, LINE 11:

THE FOUNDATION'S FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW AND APPROVAL PRIOR TO FILING. THE TREASURER SIGNS THE TAX RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

ANY DIRECTOR WHO HAS AN INTEREST IN A CONTRACT OR TRANSACTION PRESENTED TO

THE BOARD SHALL MAKE PROMPT AND FULL DISCLOSURE OF HIS OR HER INTEREST

PRIOR TO ITS ACTING ON THE CONTRACT OR TRANSACTION. NO SUCH DIRECTOR SHALL

CAST A VOTE ON THIS MATTER.

Name of the organization BOISE PUBLIC SCHOOLS EDUCATION FOUNDATION, INC.	Employer identification number 82-0400689
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PRIOR YEAR ADJUSTMENT TO BALANCE	-920.
FORM 990, PART XII, LINE 2(C)	
THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT I	PROCESS OR
SELECTION PROCESS DURING THE TAX YEAR.	
	

Schedule O (Form 990 or 990-EZ) (2014)

432212 08-27-14