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EXTENDED TO FEBRUARY 15, 2017

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

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

Do not enter social security numbers on this form as it may be made public.

		the Treasury ue Service	Do not enter social security numbers on this form as it may	•	Open to Public Inspection
			Information about Form 990 and its instructions is at www. ar year, or tax year beginning JUL 1, 2015 and ending	JUN 30, 2016	inspection
B (	Check If	C Name o	forganization	D Employer identificati	on number
r—	applicable → Addres:	_	DE GOUGOI DEGEDEGE FOUNDAMENT INC		
누	_]change □Name	POUD	RE SCHOOL DISTRICT FOUNDATION, INC.	84-155	5092
늗	change lnitial return		and street (or P.O. box if mail is not delivered to street address)  Room/suit	<del></del>	
Ē	Final return/	1630	STOVER STREET	1 '	0-3292
	termin- ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	180,887.
	☐Amendi return ☐Applica	FORT	COLLINS, CO 80525	H(a) Is this a group return	
L_	tion pending	F Name a	nd address of principal officer: JAMES R. HAYES  AS C ABOVE	for subordinates?  H(b) Are all subordinates include	Yes X No
		mpt status:		27 If "No," attach a list	(see instructions)
			PSDFOUNDATION.ORG	H(c) Group exemption nu	
		organization: L Summary	X Corporation Trust Association Other ► L Yes	ar of formation; 2000 M St	ate of legal domicile: CO
تتا			e the organization's mission or most significant activities: IN PARTNE	RSHIP WITH POU	DRE
Ş	2	SCHOOL	DISTRICT, POUDRE SCHOOL DISTRICT FOUNDA	TION MOBILIZES	
Governance	2 (	Check this bo	x Fig. if the organization discontinued its operations or disposed of more	re than 25% of its net assets	•
Š	1 8		ing members of the governing body (Part VI, line 1a)	3	18
ص ح	1		ependent voting members of the governing body (Part VI, line 1b)	. 4	18
es	ľ		of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
Activities &	1		of volunteers (estimate if necessary)	6	0.
Act	J		d business revenue from Part VIII, column (C), line 12	. 7a	0.
	0.1	vet unrelated	business taxable income from Ferm 990 T. line 34	Prior Year	Current Year
	8 0	Contributions		117,164.	153,367.
Revenue	9 F		oo revenue (Port VIII line 2019)	0.	0.
Š	10		come (Part VIII, column (A), lines 3, 4, and 7d) 7 2017	29,237.	-2,550.
æ	11 (		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,930.	7,059.
			- add lines 8 through 11 (must equal Par MI), column (A), line 12)	149,331.	157,876.
	13 (	Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)	54,471.	<u>74,935.</u>
	14 E	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
es	15 5		compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a F		undraising fees (Part IX, column (A), line 11e)	0.	0.
Š	1 b		ng expenses (Part IX, column (D), line 25)	84,855.	90,114.
	J '' `		es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)	139,326.	165,049.
		•	expenses. Subtract line 18 from line 12	10,005.	<u>-7,173.</u>
5	4			Beginning of Current Year	End of Year
Assets or	20 1	Total assets (I	Part X, line 16)	944,364.	937,191.
TASS.	21	Total liabilities	(Part X, line 26)	0.	0.
E E			fund balances. Subtract line 21 from line 20	944,364.	937,191.
_	art II	Signatur			and a decided to
			I declare that I have examined this return, including accompanying schedules and state		owiedge and belief, it is
true	, correct	, and complete	Declaration of preparer (other than officer) is based on all information of which prepare	ti nas any knowledge.	2017
Sig	<sub>n</sub>	(Signatur	e of officer.	Date	2017
Her	- 1	JAME	S R. HAYES, TREASURER	<u> </u>	
			orint name and title	<del></del>	<del></del>
		Print/Type pre		Date Check	PTIN
Paid	ս ի	BRADLEY	N. EADS, CPA BRADLEY N. EADS, CPA	12/12/16 self-employed	P00481171
Prej	· •	Firm's name	► EADS & ASSOCIATES, INC.	Firm's EIN ▶ 7	4-2928427
Use	Only	Firm's address	▶ 3003 E. HARMONY RD., #310	1	004 44
		<del></del>	FORT COLLINS, CO 80528	Phone no. 970 -	
			s return with the preparer shown above? (see instructions)	<del></del>	X Yes No
5320	01 12-16	-15 LHA I	or Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2015)

Form	990 (2015) POUDRE SCHOOL DISTRICT FOUNDATION, INC. 84-1555	092 Page 2
	rt III   Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	[ ]
	Bnefly describe the organization's mission:	
1	IN PARTNERSHIP WITH POUDRE SCHOOL DISTRICT, POUDRE SCHOOL DISTRI	ርጥ
	FOUNDATION MOBILIZES COMMUNITY RESOURCES TO PROVIDE STUDENTS WIT	
		<u> </u>
	EDUCATIONAL OPPORTUNITIES THAT MAY NOT OTHERWISE EXIST.	
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 X No
	If "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?	Yes X No
	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 ex	nances
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	
		115 <del>6</del> 5, a110
	revenue, if any, for each program service reported.	<del></del>
4a	(Code) (Expenses \$	)
	SUPPORTING PARTNERSHIPS IN INNOVATIVE EDUCATION (SPIE) GRANTS FO	
	INNOVATIVE CLASSROOM PROJECTS AND EXPERIENCES. AWARDED 264 (SPI	
	GRANTS SINCE 2001. EXCELLENCE IN EDUCATION EVENT TO SUPPORT POUD	RE
	SCHOOL DISTRICT EDUCATORS	
		<del></del>
4b	(Code) (Expenses \$	)
	PROGRAM EXPENSES RELATED TO VARIOUS EVENTS, GRANTS AND SCHOLARSH	IPS
	AWARDED THROUGHOUT THE YEAR. INCLUDES EIE AND SPIE EVENTS.	
		-
		<del></del> -
		<del></del>
4c	(Code) (Expenses \$6,900. Including grants of \$6,900. (Revenue \$	)
	SCHOLARSHIPS. MANAGED SEVERAL SCHOLARSHIP FUNDS TO SUPPORT STUDE	
	PURSUING HIGHER EDUCATION AND STUDENT PARTICIPATION IN DISTRICT	OR
	SCHOOL ACTIVITIES.	
		<del></del>
		<del></del>
	<del></del>	
		<del></del>
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ► 134, 298.	<del></del>
		Form <b>990</b> (2015)

Form 990 (2015)			DISTRICT	FOUNDATION,	INC.	84-1555092	Pa	ige 3
Part IV Checklist of I	Required Sci	hedules						
							Yes	No

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	ļ		
	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	1		Í
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		17	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		<del>  ^</del> -
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8	i	x
	Schedule D, Part III	-	-	
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes." complete Schedule D. Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			<del> </del> -
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.		_	L
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			ļ
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			ſ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	_ <u>X</u> _	<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1		۱
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d	_	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		<u> </u>
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		X
h	Schedule D, Parts XI and XII	120		<del></del> -
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X
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	1	ľ	ľ
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15_	L	X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	}		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ ا	{	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	<del> </del>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"	19		X
	complete Schedule G. Part III		990	(2015

Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a 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

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

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

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

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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

\_b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .

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 .....

29 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

31 Did the organization liquidate, terminate, or dissolve and cease operations?

If "Yes," complete Schedule N, Part I

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

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

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

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

If "Yes," complete Schedule R, Part V, line 2

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Form **990** (2015)

No X

X

X

Х

X

X

X

X

X

X

X

X

X

X

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

35a

35b

36

37

X

12b

13b

130

13a

14a

X

Form 990 (2015)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

14a Did the organization receive any payments for indoor tanning services during the tax year?

Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the

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

Section 501(c)(29) qualified nonprofit health insurance issuers.

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

532005
12-16-15

Form 990 (2015) POUDRE SCHOOL DISTRICT FOUNDATION, INC. 84~1555092 Pag
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			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 18			1
	If there are material differences in voting rights among members of the governing body, or if the governing			1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			1
ь	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			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	TITIS Section b requests information about policies not required by the internal revenue code.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	ŀ
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			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		-	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ļ		
	taxable entity during the year?	16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CO			
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) as	/ailabl	e	
	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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
-	THE ORGANIZATION - 970-490-3292			
	1630 STOVER STREET, FORT COLLINS, CO 80525			

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POUDRE SCHOOL DISTRICT FOUNDATION, INC.

84-1555092

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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	- [
CiteON II Conteaded of Conteating a respective of riote to any line in and risk the	ь

#### 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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

(A) Name and Title	(B) Average hours per	(do	not cl	Posi Posi heck i	tion		one nan	(D) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) SUSAN GUTOWSKY DIRECTOR	1.00	x						0.	0.	0.
(2) ERIC THOMPSON	2.00	-	$\neg \neg$			-		<del></del>	<del></del>	
PAST PRESIDENT	<del> </del>	$ \mathbf{x} $						0.	0.	0.
(3) DEBBIE BOSTAK	5.00									
PRESIDENT	J	x		x		ļ		0.	0.	0.
(4) DIANNE HARPER	1.00									
DIRECTOR		X		}	ļ			0.	0.	0.
(5) NANCY VAHRENWALD	1.00					\				
DIRECTOR		X	_					0.	0.	0.
(6) DR SANDRA SMYSER	1.00									
SECRETARY	l	X		X	<u>_</u>	L		0.	0.	0.
(7) JAN MARQUETTE	1.00				}	Į.	}		}	
DIRECTOR	<u> </u>	X		_	L_	L_	_	0.	0.	0.
(8) KATHY MASON	1.00				l	ŀ	}	_		
DIRECTOR	<u> </u>	X	L	<u>_</u>		<u> </u>		0.	0.	0.
(9) DAVID CAMPBELL	1.00			}		}				_
DIRECTOR	L	X	_	<u> </u>		<u> </u>	_	0.	0.	0.
(10) JIM HAYES	1.00	'		l	ì	ļ			1	
TREASURER	1	X		X	<u> </u>	┞-		0.	0.	0.
(11) MISTENE NUGENT	1.00	<u></u> ا			l	ł	l	1		1
VICE PRESIDENT	1	X		X	⊢	├-	L_	0.	0.	0.
(12) MICHELLE AMRHEIN	1.00		Ì '	1	(	Ì		1		
DIRECTOR	1 00	X	_	<b> </b>	<b>-</b>	├	<b>├</b> -	0.	0.	0.
(13) KRISTI BOHLENDER	1.00		(		ĺ	1	ſ			,
DIRECTOR	1 00	X	├-	-	├—	<b>├</b>	<del>[</del>	0.	0.	0.
(14) MARTY MARSH	1.00	x	ſ	[	l	1		0.	0.	0.
(15) KURT SPIELER	1.00	^	├-		├-	├-	├	U •	U •	J
DIRECTOR	1.00	X	ļ	}	}	,	1	0.	0.	0.
(16) ASHLEY STILES	1.00	^	├-	-	$\vdash$	$\vdash$	├	<del> </del>	ļ	<u>-</u> -
DIRECTOR	1.00	x	}	]	)	1	]	0.	0.	0.
(17) VALLENE KAILBURN	1.00	┢		-	-	1	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>
DIRECTOR	1.00	x	)		Į		ļ	0.	0.	0.
500007 40 40 45	<del></del>	1 2	Ь—	Ь—			Ь	<u> </u>	<u> </u>	Form 990 (2015)

								-	DATION, INC.	84-15	<u> 555</u>	092	P	age 8
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	(do	not c	Pos heck i ss per	ition more rson i		one n an	(D)  Reportable compensation from	(continued) (E) Reportable compensatio from related			(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e ion ed
	NEAL LUJAN	1.00	Ų.								0.			0.
DIRE	CTOR		X						0.		0.			<u> </u>
										<u> </u>				
C	Sub-total  Total from continuation sheets to Part VI	 I, Section A			•			<b>\</b>	0.		0. 0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	<u> </u>	000 of reportable				
	compensation from the organization											_	Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s		⊔ste	e, ke	y en	nplo	yee,	or	highest compensated e	nployee on		3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportabl							-	he organization		4		X
5	Did any person listed on line 1a receive or a	accrue comper	nsatı	on f	rom	any	unre			dual for services		5		X
Sec	rendered to the organization? If "Yes." contion B. Independent Contractors	ipiete Scheduk	eJi	or si	IGN J	oers	ion							
1	Complete this table for your five highest co the organization. Report compensation for										ensa	tion fro	mc	
	(A) Name and business			INC				-	(B) Description of s		C		C) nsatio	n
	·													
	Total number of independent contractors (i	ncluding but n	ot lu	mite	d to	thor	ما مع	ted	above) who received m	ore than				
	\$100,000 of compensation from the organi		III				0			Gro uidit			900	(O.C.)
												Form	33U (	(2015)

84~1555092 POUDRE SCHOOL DISTRICT FOUNDATION, INC. Page 9 Form 990 (2015) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 10 d Related organizations 1d 1<u>e</u> e Government grants (contributions) f All other contributions, gifts, grants, and 153,367 similar amounts not included above 35,741. g Noncash contributions included in lines 1a-1f \$ \_ 153,367. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 900099 f All other program service revenue g Total Add lines 2a-2f Investment income (including dividends, interest, and 14,343. 14,343. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory b Less: cost or other basis 16,893. and sales expenses -16,893. c Gain or (loss) -16,893. -16,893.d Net gain or (loss) .. . . . 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See 13,177 Part IV, line 18 Other b Less: direct expenses 7,059. 7,059. c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue

157,876.

-2,550.

e Total. Add lines 11a-11d

532009 12-16-15

Total revenue. See instructions.

0.

Form 990 (2015) POUDRE SCHOOL DISTRICT FOUNDATION, INC.

Part IX | Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		3.75	50,000	
	and domestic governments. See Part IV, line 21	68,035.	68,035.		
2	Grants and other assistance to domestic				
	ındividuals. See Part IV, line 22	6,900.	6,900.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	{	Ì		
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		ł		
	trustees, and key employees				
6	Compensation not included above, to disqualified	}	}		
	persons (as defined under section 4958(f)(1)) and	Ì	{		
	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				<del></del>
10	Payroll taxes	<del></del>			<del></del>
11	Fees for services (non-employees):	}	}		
a	Management	<del></del>	<del></del>		
b	Legal	11,400.		11,400.	
C	Accounting	11,400.		11,400.	
ď	Lobbying Professional fundraising services. See Part IV, line 17	<del></del>	<del></del>		
e f	Investment management fees	8,035.	8,035.		
-	Other. (If line 11g amount exceeds 10% of line 25,	0,033.	0,033.		<del></del>
9	column (A) amount, list line 11g expenses on Sch O.)	9,441.	1	9,441.	
12	Advertising and promotion	3/1110			
13	Office expenses	1,314.	1,298.	16.	
14	Information technology	2,531.		2,531.	<del></del>
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	2,739.		2,739.	
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				<del></del>
23	Insurance .	1,663.		1,663.	
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.)	,			
а	IN KIND	35,741.	34,227.	1,514.	
ь	BREAKFAST/EIE/SPECIAL E	15,803.	15,803.		
C	BANK SERVICE FEES	934.		934.	
d	DUES AND SUBSCRIPTIONS	360.		360.	
е	All other expenses	153.		153.	
25	Total functional expenses. Add lines 1 through 24e	165,049.	134,298.	30,751.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	ſ		{	
	educational campaign and fundraising solicitation.	ļ			
	Check here if following SOP 98-2 (ASC 958-720)				

Part X_	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	109,935.	1	113,486
2	Savings and temporary cash investments		2	
з	Pledges and grants receivable, net		3	<del>-</del>
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
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			
Ì	employers and sponsoring organizations of section 501(c)(9) voluntary			
<u>"</u>	employees' beneficiary organizations (see instr) Complete Part II of Sch L	<del>-</del>	6	
Assets	Notes and loans receivable, net	·	7	
8   ¥	Inventones for sale or use		8	
9	Prepaid expenses and deferred charges		9	
	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
Ь	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	834,429.	13	823,705
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)	944,364.	16	937,191
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	
" 22	Loans and other payables to current and former officers, directors, trustees,			
<u> </u>	key employees, highest compensated employees, and disqualified persons.			
Liabilities	Complete Part II of Schedule L		22	· · · · · · · · · · · · · · · · · · ·
تّ   <sub>23</sub>	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26_	Total liabilities. Add lines 17 through 25	0.	26	0
	Organizations that follow SFAS 117 (ASC 958), check here  and			
ဖွ	complete lines 27 through 29, and lines 33 and 34.			
ဋိ   27	Unrestricted net assets		27	
중 28	Temporarily restricted net assets		28	
n   29	Permanently restricted net assets		29	
5	Organizations that do not follow SFAS 117 (ASC 958), check here	4		
- -	and complete lines 30 through 34.	· · · · · · · · · · · · · · · · · · ·		
ੜ੍ਹ 30	Capital stock or trust principal, or current funds	0.	30	0
ğ   31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
Net Assets or Fund Balances 2 2 2 2 2 2 3 2 3 2 3 3 3 3 3 3 3 3 3	Retained earnings, endowment, accumulated income, or other funds	944,364.	32	937,191
ž   33	Total net assets or fund balances	944,364.	33	937,191
34	Total liabilities and net assets/fund balances	944,364.	34	937,191

Form	990 (2015) POUDRE SCHOOL DISTRICT FOUNDATION, INC.	84-15	<u>55092</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI	<del></del>	<u> </u>		
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 76.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>49.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	94	4,3	64.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>0.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	_column (B))	10	<u>93</u> '	<u>7,1</u>	<u>91.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·		<u> </u>	<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	Ĺ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	i 1		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		[		
þ	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	] ]		
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	1 1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		_3a_		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L
			Form	990	(2015)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>
Fmpl

2015

Open to Public Inspection

Employer identification number Name of the organization POUDRE SCHOOL DISTRICT FOUNDATION, 84-1555092 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 (Form 990 or 990-EZ)) 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). 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.) 8 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 9 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 II, Type III, Typ 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). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

# Schedule A (Form 990 or 990-EZ) 2015 POUDRE SCHOOL DISTRICT FOUNDATION, INC. 84-1555092 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	82,169.	99,579.	83,128.	93,563.	130,802.	489,241.
2	Tax revenues levied for the organ-						
	ızation's benefit and either paid to						
	or expended on its behalf						<u> </u>
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		14,941.		34,745.	35,741.	108,142 <u>.</u>
4	Total. Add lines 1 through 3	82,169.	114,520.	105,843.	128,308.	166,543.	<u>597,383.</u>
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						597,383.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	82,169.	114,520.	105,843.	128,308.	166,543.	597,383.
8	Gross income from interest,						
	dividends, payments received on						
	secunties loans, rents, royalties					_	
	and income from similar sources	55,352.	73,987.	129,970.	29,237.	-2,549.	285,997.
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.)	3,530.	6,809.	7,721.			18,060.
11	Total support. Add lines 7 through 10						901,440.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	
_	organization, check this box and stor				·	<u> </u>	
	ction C. Computation of Publi	<u>.</u>					66.00
14	Public support percentage for 2015 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	66.27 %
	Public support percentage from 2014	•	•			15	58.42 %
16a	33 1/3% support test - 2015. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				$\triangleright X$
t	33 1/3% support test - 2014. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	•	• • •				▶∟∟
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	i <b>ere.</b> Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	-		• • •	-		▶□
t	10% -facts-and-circumstances test	- 2014. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the				•		-
	organization meets the "facts-and-circ		-	•			▶∐
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Scho	dule A (Form 990	or 000LF7\2015

# Schedule A (Form 990 or 990-EZ) 2015 POUDRE SCHOOL DISTRICT FOUNDATION, INC. 84-1555092 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that		-				
3	are not an unrelated trade or bus-				1		
	iness under section 513						
					<u> </u>		
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)				,		
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses				1		
	acquired after June 30, 1975					ì	}
	: 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						
12	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12)						·
	First five years. If the Form 990 is fo	r the ergenization's	first second thur	d fourth or fifth to	L voca co costic		L
1-4	<u>=</u>	the organization s	s ilist, second, tilli	u, louitii, or liitri ta	ix year as a section	ii 50 i (c)(3) Organiza	ation,
Sec	check this box and stop here ction C. Computation of Publi	c Support Per	centage	• •	·		
				oluma (fi)		15	
15	Public support percentage from 2014	•	•	olumin (i))		16	<u>%</u>
16 Sec	ction D. Computation of Inves				**	1101	<u>%</u>
			<del></del>	ne 13 column (f)		17	
17	Investment income percentage for 2d	,	•	ie ie, column (I))	-	18	<u>%</u> %
18	•			on line 14 and line	15 is more than 3		
198	a 33 1/3% support tests - 2015. If the	-		· ·		•	r is not
	more than 33 1/3%, check this box at	<del>-</del>	-			*****	<b>▶</b>
t	33 1/3% support tests - 2014. If the	=			-		uio ► [
	line 18 is not more than 33 1/3%, che			•		_	
20	Private foundation. If the organization	in dia not check a	box on line 14, 19	a, or 190, check th	iis box and see ins	structions .	🏲

## Schedule A (Form 990 or 990-EZ) 2015 POUDRE SCHOOL DISTRICT FOUNDATION, INC. 84-1555092 Page 4

Part IV Supporting Organizations

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

	1001 7 2 7 11 0 C 5 11 11 11 11 11 11 11 11 11 11 11 11 1		Yes	Na
	Are all of the organization's supported organizations listed by name in the organization's governing		res	No
1	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		
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		
За	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	- <del></del>		
_	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		
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 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		
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 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,"		1	1 1
	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		<u> </u>
Ь	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		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.	6		'
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			$\Box$
•	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 or 990-EZ).	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		<u> </u>
ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	_ 9b	L	<u> </u>
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	ļ		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		<del> </del>
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		<del> </del> -
þ	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.)	10b		<u></u>

Sche	dule A (Form 990 or 990-EZ) 2015 POUDRE SCHOOL DISTRICT FOUNDATION, INC. 84-15	<u>5509</u>	2 Pa	ige <b>5</b>
Par				
			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?	1 <u>1a</u>		
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.	1 <u>1c</u>		
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		i	
	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		г. з	
			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		
Sec	tion D. All Type III Supporting Organizations		1	١
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	İ		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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	<u> </u>		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	<u> </u>		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	<del> </del>	
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	ļ		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	ļ	
Saa	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations		1	
1_	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):  The organization satisfied the Activities Test. Complete line 2 below.			
a	The organization is the parent of each of its supported organizations. Complete line 3 below.			
b b	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	rictions)		
2	Activities Test. Answer (a) and (b) below.	uctions	Yes	No
a	The state of the s		1	
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		ł		
	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		
h	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		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			L
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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		

_	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting			34-1555092 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions All
•	other Type III non-functionally integrated supporting organizations must co	_		ucuona. 74i
Sect	ion A - Adjusted Net Income		(A) Pnor 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		
Sect	ion B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	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		
ь	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		
е	Discount claimed for blockage or other			
_	factors (explain in detail in Part VI):	<u> </u>		
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		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for pnor year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
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	ly-integra	ted Type III supporting orga	anization (see
	instructions).			

Sche	dule A (Form 990 or 990-EZ) 2015 POUDRE SCHOOL  t V Type III Non-Functionally Integrated 509(			4-1555092 Page 7
Ц	on D - Distributions	a)(o) oupporting or gu	(CONTINUED)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		Ourent rear
	Amounts paid to supported organizations to accomplish exemp			<del></del>
2	organizations, in excess of income from activity	t purposes or supported		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	•	<u> </u>
4	Amounts paid to acquire exempt-use assets	s or supported organizations	•	<del> </del>
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions.			
_6_		<del></del>		<del> </del>
<del>_7</del> _	Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the	o ergenization is responsive	_ <del></del>	<del></del>
8		ie organization is responsive		[
	(provide details in Part VI). See instructions.		<del></del>	<del> </del>
9	Distributable amount for 2015 from Section C, line 6			<del> </del>
10	Line 8 amount divided by Line 9 amount	(n)	(m)	
		(i)	(ii) Underdistributions	(iii) Distributable
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2015	Amount for 2015
		<del></del>		<del></del>
	Distributable amount for 2015 from Section C, line 6	<u> </u>	<del></del>	<del>[</del>
2	Underdistributions, if any, for years prior to 2015	:		
	(reasonable cause required-see instructions)			<del> </del>
_3_	Excess distributions carryover, if any, to 2015:			
a				
b_				
c_				
d	From 2013			
e	From 2014	<u></u>		
	Total of lines 3a through e			
9_	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7. \$			
a	Applied to underdistributions of prior years			
ь	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).		<u> </u>	
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			}
	instructions).			1
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a		<del></del>		
<u>_</u>		<del></del>		
	Excess from 2013	<del></del>		<u> </u>
	Excess from 2014			
	Excess from 2015			
_ <u>~</u>			<del></del>	<del></del>

Schedule A	(Form 990 or 990	-EZ) 2015	POUDRE	SCHOOL	DISTRICT	FOUNDATIO	ON, INC.	84-1555092	Page 8
Part VI	Supplement Part IV, Section line 1; Part IV, S	al Informal A, lines 1, ection D,	mation. Pro 2, 3b, 3c, 4b lines 2 and 3;	ovide the expla , 4c, 5a, 6, 9a, Part IV, Section	anations required l 9b, 9c, 11a, 11b, on E, lines 1c, 2a,	by Part II, line 10; P and 11c; Part IV, S 2b, 3a and 3b; Part	Part II, line 17a oi Section B, lines 1 V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Par	1 C,
	(See instructions	5, 6, and s.)	8; and Part V,	Section E, line	es 2, 5, and 6. Als	o complete this par	Tior any additio	nai information.	
								<del></del>	
						<del></del>	<del></del>		
					<del></del>				
					<del></del>			<del></del>	
				<del></del>					
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			<del></del>				<del></del>		
				<del></del>					
							<del> </del>		
		<del></del>	<del></del>	<del></del>					

### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

**Supplemental Financial Statements** 

➤ Complete if the organization answered "Yes" on 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.urs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

POUDRE SCHOOL DISTRICT FOUNDATION, INC.

**Employer identification number** 84-1555092

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	7	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	317,392.	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
_	are the organization's property, subject to the organization's		X Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		X Yes No
Par		ganization answered "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the organization		
-	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space	<del></del>	
2	Complete lines 2a through 2d if the organization held a qualit	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	•	2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
•	year▶	,	
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	<u> </u>
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	- · ·	<b>▶</b> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		. \$
b	Assets included in Form 990, Part X		> \$

		SCHOOL DIST				<u>84-15</u>		Page 2
Par								
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that are a s	ignificant i	use of its c	ollection it	ems
	(check all that apply):		-					
а	Public exhibition	d	Loan or excl	hange programs				
b	Scholarly research	е	Other					
C	Preservation for future generations							
4	Provide a description of the organization's co	•	' <del>=</del> '	<del>-</del>		se in Part	XIII.	
5	During the year, did the organization solicit o				r assets	_	_	
	to be sold to raise funds rather than to be ma						Yes	No_
Par	—.——•		te if the organization	n answered "Yes" o	n Form 99	0, Part IV, I	line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	or other assets not	included	_	٦	<b>—</b> ¬
	on Form 990, Part X?					L_	」Yes	No
Ь	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table			т		
					<u> </u>	<del>├</del>	Amount	
С	Beginning balance				1c	<del> </del>	<del></del> -	
d	Additions during the year	-		••	1d	<del> </del>		<del></del>
е	Distributions during the year	*****			1e	}		
f	Ending balance					┴──┌─	٦,,,	
	Did the organization include an amount on Fo						_ Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete						<del></del> -	
	C. L. Complete	(a) Current year	(b) Pnor year	(c) Two years back		vears back	(e) Four ye	ears back
10	Beginning of year balance	834,429.	815,790.	685 883.		606,180.	(e) rour y	Jai J Vaux
1a 5	Contributions			7,642.	<u> </u>			
	Net investment earnings, gains, and losses	-2,550.	29,237.	129,970.	†	79,703.		
ں ہ	Grants or scholarships				<del> </del>	, , , , , ,		
u	Other expenditures for facilities				<del>                                     </del>		ļ	
•	and programs		2,317.		1			
•	Administrative expenses	8,174.	8,281.	-7,705.				
g	End of year balance	823,705.	834,429.	815,790.		685,883.		
2	Provide the estimated percentage of the curr	<u> </u>		) held as.	<u> </u>		<b></b> _	
a	Board designated or quasi-endowment	o , o o o	%	,				
	Permanent endowment ▶	<u></u>						
	Temporarily restricted endowment	%						
_	The percentages on lines 2a, 2b, and 2c sho	<del></del>						
За	Are there endowment funds not in the posse	· · · · · · · · · · · · · · · · · · ·	tion that are held an	d administered for t	he organiz	ation		
	by:	J			_		Y	es No
	(i) unrelated organizations		_				3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		vment funds.					
Par	tiVI Land, Buildings, and Equipm	ent.						
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	(, line 10.			
	Description of property	(a) Cost or of			Accumulat		(d) Book	value
		basis (investm	nent) basis	(other) d	epreciation	1		
1a	Land				al a constitution of the			
b	Buildings							
C	Leasehold improvements					$-\!$		
d	Equipment	<u> </u>				$-\!$		
	Other							
Total	Add lines 1a through 1e. (Column (d) must a	qual Form 000 Part	Y column (B) line 1	Oc. 1				0.

Complete if the organization answered "Yes" of a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
Financial derivatives	(-)		
Closely-held equity interests			
Other			
(A)			
(B)			
(C)	<del></del>		
(D)			
E)			
F)			
(G)			
H)			
II. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
rt VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
1) ENDOWMENT	823,705.	END-OF-YEAR MARKE	r value
2)			
3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	823,705.		
art IX Other Assets.	<u>-</u>		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(e)			
<u> </u>			
(7)			
(7) (8)			
(7) (8) (9) al. (Column (b) must equal Form 990, Part X. col. (B) line	15.)		•
(7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1		25.
(7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	25.
(a) Description of liability	n Form 990, Part IV, line 1		25.
(1) Federal income taxes	n Form 990, Part IV, line 1		25.
(7) (8) (9) al. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes (2)	n Form 990, Part IV, line 1		25.
(7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes (2) (3)	n Form 990, Part IV, line 1		25.
(7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes (2) (3)	n Form 990, Part IV, line 1		25.
7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes (2) (3) (4)	n Form 990, Part IV, line 1		25.
(7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	n Form 990, Part IV, line 1		25.
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1		25.
(7) (8) (9) al. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	n Form 990, Part IV, line 1		25.

Schedule D (Form 990) 2015

hedule D (Form 990) 2015 POUDRE SCHOOL DISTRICT FO		84-1555092 Page
art XI Reconciliation of Revenue per Audited Financial Stater	•	r Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a	<del></del>
Total revenue, gains, and other support per audited financial statements		1
Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1 1
a Net unrealized gains (losses) on investments	2a	
<b>b</b> Donated services and use of facilities	2b	l
c Recoveries of prior year grants .	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
Subtract line 2e from line 1		3
Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
art XII Reconciliation of Expenses per Audited Financial State	ments With Expenses p	per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	
Total expenses and losses per audited financial statements	<del> </del>	1
Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	20	
e Add lines 2a through 2d		2e
Subtract line 2e from line 1		3
Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>
b Other (Describe in Part XIII )	4b	<del> </del>
c Add lines 4a and 4b	( - T - T - T - T - T - T - T - T - T -	4c
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
art XIII Supplemental Information.	<del></del>	
es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional information.	

SCHEDULE 1 (Form 990)

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

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

▶ Attach to Form 990.

2015

OMB No 1545-0047

Open to Public Inspection Employer identification number

Name of the organization Department of the Treasury Internal Revenue Service

Part I

INC. POUDRE SCHOOL DISTRICT FOUNDATION, General Information on Grants and Assistance

2 | 84-1555092

<u>-</u>	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	1
5	criteria used to award the grants or assistance?	X Yes
2 D	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part II	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	1, for any
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	

recipient that received more than \$5,000. Part II can be duplicated If additional space is needed	S,uuu. Part II can	pe duplicated it addition	onal space is neede	Š.			
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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					}		LAUREL, A SCHOOL OF ARTS
LAUREL ELEMENTARY						_	AND TECHNOLOGY, WILL
POUDRE SCHOOL DISTRICT							IMPLEMENT OSMO, A UNIQUE
FORT COLLINS, CO 80521			1,968.	0.			K-12 EDUCATIONAL GAMING
							BIOMIMICRY FOR BIOLOGY
POLARIS ELS							WILL ENGAGE STUDENTS IN A
POUDRE SCHOOL DISTRICT							BIOLOGICAL DESIGN
FORT COLLINS, CO 80521			6,235.	0.			CULMINATING PROJECT TO
					:		THIS GRANT SUPPORTS THE
FOSSIL RIDGE HIGH SCHOOL							PURCHASE OF TWO 3D
POUDRE SCHOOL DISTRICT							PRINTERS TO USE WITH STEM
FORT COLLINS, CO 80521			3,000.	0.			ACADEMY STUDENTS, THE
							THIS GRANT SUPPORTS THE
O'DEA ELEMENTARY SCHOOL							PURCHASE OF A ONE-YEAR
POUDRE SCHOOL DISTRICT							SUBSCRIPTION OF IXL MATH
FORT COLLINS, CO 80521			2,125.	0.			TO BE USED BY 3RD, 4TH
							WITH SPIR SUPPORT, RICE
RICE ELEMENTARY							WILL CREATE THE
POUDRE SCHOOL DISTRICT							EXPLORATORIUM, A
FORT COLLINS, CO 80521			6,734.	0.			TECHNOLOGY-FOCUSED
					İ		THE VIRTUAL REALITY
PRESTON MIDDLE SCHOOL							MAKERSPACE SUPPORTS
POUDRE SCHOOL DISTRICT		_					STUDENT LEARNING BY
FORT COLLINS, CO 80521			6,671.	0.			PROVIDING WORKSTATIONS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	anizations listed in the	e line 1 table				<b>A</b>

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2015)

532101 10-28-15

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84-1555092 Schedule I (Form 990) POUDRE SCHOOL DISTRICT FOUNDATION, INC.

[Partill] Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of (b) EIN (c) I organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	IRC section (d) Amount of (e) Amount of (f) Method of (f) Method of (f) Method of (h)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							THE ROCKY MOUNTAIN
ROCKY MOUNTAIN HIGH SCHOOL							WELLNESS CENTER PROVIDES
FORT COLLINS, CO 80521			4,660.	0			SOCIAL-EMOTIONAL RESPITE
							INTEGRATED SERVICES STAFF
BENNETT ELEMENTARY							WILL UTILIZE
POUDRE SCHOOL DISTRICT						_	TECHNOLOGY-BASED
FORT COLLINS, CO 80521			5,720.	0.			INTERVENTION STRATEGIES
							THIS PROJECT COMBINES THE
LOPEZ ELEMENTARY							REQUIRED TECHNOLOGY CLASS
POUDRE SCHOOL DISTRICT							FOR 4TH AND 5TH GRADE
FORT COLLINS, CO 80521			5,065.	0.			STUDENTS WITH PASSION
PROJECT SEARCH: POST HIGH SCHOOL							PROJECT SEARCH AIMS TO
TRANSITION PROGRAM (INTEGRATED							PROVIDE STUDENTS WITH
SERVICES) - POUDRE SCHOOL DISTRICT							DISABILITIES VOCATIONAL
- FORT COLLINS, CO 80521			2,769.	0.			TRAINING AND EXPERIENCE
				l l			THE WRAP IT UP! PROJECT
FORT COLLINS HIGH SCHOOL							PROVIDES VOCATIONAL,
POUDRE SCHOOL DISTRICT							INSTRUCTIONAL ACTIVITIES
FORT COLLINS, CO 80521			2,121.	0.			FOR STUDENTS IN THE
COMMUNITY CONNECTIONS/ ACE							THE MULTI-BENEFIT SENSORY
SUPPORTED EMPLOYMENT - POUDRE							GARDEN PROGRAM OFFERS
SCHOOL DISTRICT - FORT COLLINS, CO							STUDENTS WITH
80521			6,430.	0.			DISABILITIES A VARIETY OF
							THIS PROGRAM OFFERS
JOHNSON ELEMENTARY							STUDENTS IN 5TH GRADE ART
POUDRE SCHOOL DISTRICT				_			CLASSES A MULTIFACTEDED
FORT COLLINS, CO 80521			7,098.	0.			AND TRANS-DISCIPLINARY
							THIS PROGRAM IMPLEMENTS A
SHEPARDSON ELEMENTARY							SCHOOL-DAY K-5 ROBOTICS
POUDRE SCHOOL DISTRICT							PROGRAM, INTRODUCING
FORT COLLINS, CO 80521			7,439.	0.		3	EVERY SHEPARDSON CHILD TO

Page 2 Schedule I (Form 990) (2015) (f) Description of non-cash assistance 84-1555092 (book, FMV, appraisal, other) MANAGED BY THE SCHOOL DISTRICT FOR PROJECTS AND PROGRAMS WITHIN THE SCHOOL. Part IV. 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" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. GRANTS ARE REVIEWED BY A COMMITTEE AND THEN AWARDED TO VARIOUS SCHOOLS. FUNDS ARE PAID OUT TO THE SCHOOL DISTRICT PER EACH SCHOOL AWARDED AND TECHNOLOGY, WILL IMPLEMENT OSMO, A UNIQUE K-12 EDUCATIONAL GAMING (H) PURPOSE OF GRANT OR ASSISTANCE: LAUREL, A SCHOOL OF ARTS AND (d) Amount of non-cash assistance ٥. POUDRE SCHOOL DISTRICT FOUNDATION, INC. NAME OF ORGANIZATION OR GOVERNMENT: LAUREL ELEMENTARY (c) Amount of cash grant 006 9 (b) Number of recipients 0 VARIOUS OTHER GRANTS AND SCHOLARSHIPS AWARDED TO COLUMN (H): (a) Type of grant or assistance INDIVIDUALS FOR COLLEGE EDUCATION. PART II, LINE 1, Schedule / (Form 990) (2015) PART I, LINE 2: 532102 10-28-15

Part IV Supplemental Information

ACCESSORY THAT ALLOWS CHILDREN TO INTERACT WITH IPADS USING PHYSICAL

MATERIALS IN FRONT OF THE IPAD. THE IPAD READS THE ENVIRONMENT USING

REFLECTIVE ARTIFICIAL INTELLIGENCE TECHNOLOGY. THIS TECHNOLOGY WILL ALSO

SERVE AS A LAUNCH IN CREATING A MAKERSPACE AT LAUREL.

NAME OF ORGANIZATION OR GOVERNMENT: POLARIS ELS

(H) PURPOSE OF GRANT OR ASSISTANCE: BIOMIMICRY FOR BIOLOGY WILL ENGAGE
STUDENTS IN A BIOLOGICAL DESIGN CULMINATING PROJECT TO SOLVE PROBLEMS BY
TAKING CUES FROM NATURE. STUDENTS WILL START WITH A DESIGN CHALLENGE AND
SEEK BIOLOGICAL MODELS, THEIR OWN OBSERVATIONS, OR OTHER RESOURCES TO
HELP SOLVE THAT CHALLENGE. THEY WILL CONDUCT ORIGINAL BIOLOGICAL RESEARCH
OR ENGINEERING TESTING AND PROTOTYPING TO EMULATE THAT PRODUCT, PROCESSES
AND/OR POLICIES THAT ARE SUSTAINABLE TO LIFE ON EARTH.

NAME OF ORGANIZATION OR GOVERNMENT: FOSSIL RIDGE HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTS THE PURCHASE OF
TWO 3D PRINTERS TO USE WITH STEM ACADEMY STUDENTS. THE PRINTERS WILL BE
USED FOR BOTH SMALL ENGINEERING PROJECTS AND TO HELP STUDENTS COMPLETE
THEIR CAPSTONE PROJECTS. PRINTERS WILL ALSO BE AVAILABLE TO THE SCIENCE
DEPARTMENT AND THE SCIENCE OLYMPIAD CLUB.

NAME OF ORGANIZATION OR GOVERNMENT: O'DEA ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTS THE PURCHASE OF

A ONE-YEAR SUBSCRIPTION OF IXL MATH TO BE USED BY 3RD, 4TH AND 5TH GRADE

STUDENTS FOR MATH PRACTICE. IXL IS ALIGNED WITH COLORADO STATE STANDARDS

AND CAN PROVIDE UNLIMITED PRACTICE PROBLEMS FOR EACH REQUIRED STANDARD.

Schedule I (Form 990) POUDRE SCHOOL DISTRICT FOUNDATION, INC. 84-1555092 Page 2 Part IV Supplemental Information
(H) PURPOSE OF GRANT OR ASSISTANCE: WITH SPIE SUPPORT, RICE WILL CREATE
THE EXPLORATORIUM, A TECHNOLOGY-FOCUSED MAKERSPACE IN THE MEDIA CENTER.
THE EXPLORATORIUM WILL INSPIRE STUDENTS TO BECOME PARTICIPATORY LEARNERS
BY ENABLING THEM TO TAKE RISKS TRYING SOMETHING NEW, IGNITE THEIR
CURIOSITY, AND DEVELOP THEIR PASSIONS WITH HANDS-ON CREATIVE WAYS FOR
STUDENTS TO DESIGN, EXPERIMENT, AND INVENT AS THEY ENGAGE IN MATH,
SCIENCE, ENGINEERING AND TINKERING.
NAME OF ORGANIZATION OR GOVERNMENT: PRESTON MIDDLE SCHOOL
(H) PURPOSE OF GRANT OR ASSISTANCE: THE VIRTUAL REALITY MAKERSPACE
SUPPORTS STUDENT LEARNING BY PROVIDING WORKSTATIONS WHERE STUDENTS CAN
EXPLORE AND CREATE 3-D VIRTUAL WORLDS. THESE UNITS WILL BE PERMANENT
FIXTURES IN THE MEDIA CENTER, AND WILL BE USED FOR ENRICHMENT CLASSES AND
INDEPENDENT PROJECTS FOR ALL STUDENTS.
NAME OF ORGANIZATION OR GOVERNMENT: ROCKY MOUNTAIN HIGH SCHOOL
(H) PURPOSE OF GRANT OR ASSISTANCE: THE ROCKY MOUNTAIN WELLNESS CENTER
PROVIDES A DEDICATED SPACE FOR SOCIAL-EMOTIONAL RESPITE AND SKILLS
TEACHING. THE WELLNESS CENTER PROVIDES A SAFE AND SUPERVISED
SELF-DIRECTED INTERVENTION SPACE FOR STUDENTS WHO BENEFIT FROM DROP-IN,
SELF-GUIDED SOCIAL-EMOTIONAL RESETTING/SELF-REGULATING. SPIE FUNDS
SUPPORT THE PURCHASE OF EQUIPMENT FOR ANXIETY RELIEF, INCLUDING STRIDER
AND PEDAL DESKS, CHAIRS, AND A STATIONARY BIKE.
NAME OF ORGANIZATION OR GOVERNMENT: BENNETT ELEMENTARY
(H) PURPOSE OF GRANT OR ASSISTANCE: INTEGRATED SERVICES STAFF WILL
UTILIZE TECHNOLOGY-BASED INTERVENTION STRATEGIES TO ADDRESS SOCIAL
COMMUNICATION DIFFICULTIES FOR STUDENTS WITH IDENTIFIED NEEDS.  Schedule   (Form 990)

532291 04-01-15 INTERVENTIONS WILL BE COMPRISED OF TWO RESEARCH-BASED STRATEGIES: VIDEO MODELING/SELF-MODELING AND SOCIAL STORIES.

NAME OF ORGANIZATION OR GOVERNMENT: LOPEZ ELEMENTARY

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS PROJECT COMBINES THE REQUIRED

TECHNOLOGY CLASS FOR 4TH AND 5TH GRADE STUDENTS WITH PASSION PROJECTS AND

STEM SKILLS THROUGH A MAKERSPACE AND INNOVATION STATION. TOOLS TO SUPPORT

PASSION PROJECTS INCLUDE AN HP SPROUT COMPUTER, 3D PRINTER, CAD SOFTWARE,

AND MAKEY-MAKEY INVENTION KITS THAT CAN TURN EVERYDAY OBJECTS INTO TOUCH

PADS WITH INTERNET CONNECTIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

PROJECT SEARCH: POST HIGH SCHOOL TRANSITION PROGRAM (INTEGRATED SERVICES)

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SEARCH AIMS TO PROVIDE

STUDENTS WITH DISABILITIES VOCATIONAL TRAINING AND EXPERIENCE TO ACHIEVE

SUCCESS IN THE WORKFORCE FOLLOWING GRADUATION FROM THE PROGRAM. THE SMART

BOARD FOR VOCATIONAL SUCCESS PROJECT WILL PROVIDE A TECHNOLOGICALLY RICH

ENVIRONMENT FOR LEARNING IN SUPPORT OF THE 21ST CENTURY SKILLS NEEDED IN

TODAY'S WORK ENVIRONMENT.

NAME OF ORGANIZATION OR GOVERNMENT: FORT COLLINS HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: THE WRAP IT UP! PROJECT PROVIDES

VOCATIONAL, INSTRUCTIONAL ACTIVITIES FOR STUDENTS IN THE EXTENSIVE AUTISM

PROGRAM AT FORT COLLINS HIGH SCHOOL. STUDENTS PARTICIPATE IN THE PROGRAM

TO CREATE AND SELL WRAPPING PAPER BASED ON INDIVIDUAL SKILLS AND

INTERESTS. WHILE SOME STUDENTS MAY CREATE DESIGNS USING COMPUTER

SOFTWARE, OTHERS MIGHT WORK ON ACCOUNTING SKILLS, OR PRACTICE SOCIAL

SKILLS THROUGH SALES. STUDENTS ARE MOTIVATED TO LEARN LIFE SKILLS THAT

Schedule I (Form 990) POUDRE SCHOOL DISTRICT FOUNDATION, INC. 84-1555092 Page 2  Part IV   Supplemental Information
WILL SUPPORT THEM AFTER GRADUATION.
NAME OF ORGANIZATION OR GOVERNMENT:
COMMUNITY CONNECTIONS/ ACE SUPPORTED EMPLOYMENT
(H) PURPOSE OF GRANT OR ASSISTANCE: THE MULTI-BENEFIT SENSORY GARDEN
PROGRAM OFFERS STUDENTS WITH DISABILITIES A VARIETY OF LEARNING
OPPORTUNITIES THROUGH GARDENING. THE GARDEN IS DESIGNED AS A
MULTI-PURPOSE TOOL FOR CULTIVATING VOCATIONAL AND LIFE SKILLS,
SUSTAINABILITY, AND COLLABORATIVE GROUP PRODUCTION. THE GARDEN WILL
INCLUDE RAISED BEDS, WHEELCHAIR ACCESSIBLE PLANTERS, AND INCLUDE ORCHARD
TRESS AND HERBS. THE MULTI-BENEFIT SENSORY GARDEN WILL BE USED BY SEVERAL
INTEGRATED SERVICES PROGRAMS AS AN ENTREPRENEURIAL BUSINESS, FOR
COMMUNITY INVOLVEMENT, AND AS AN OPPORTUNITY TO LEARN VOCATIONAL SKILLS.
NAME OF ORGANIZATION OR GOVERNMENT: JOHNSON ELEMENTARY
(H) PURPOSE OF GRANT OR ASSISTANCE: THIS PROGRAM OFFERS STUDENTS IN 5TH
GRADE ART CLASSES A MULTIFACTEDED AND TRANS-DISCIPLINARY EXPERIENCE USING
DIGITAL CAMERAS AND A COLLABORATIVE GROUP SET OF 6 IPADS TO ENSURE
TECHNOLOGICAL READINESS OF STUDENTS. STUDENTS WILL BE INTRODUCED TO THE
IDEA OF VISUAL LITERACY - THE ABILITY TO NEGOTIATE, INTERPRET, AND MAKE
MEANING FROM INFORMATION PRESENTED IN THE FORM OF AN IMAGE.
NAME OF ORGANIZATION OR GOVERNMENT: SHEPARDSON ELEMENTARY
(H) PURPOSE OF GRANT OR ASSISTANCE: THIS PROGRAM IMPLEMENTS A SCHOOL-DAY
K-5 ROBOTICS PROGRAM, INTRODUCING EVERY SHEPARDSON CHILD TO THE EXCITING
AND ENGAGING WORLD OF ROBOTICS. OUR PROGRAM IS TIGHTLY ALIGNED TO OUR
STEM LEARNING PHILOSOPHY, FEATURING EIGHT WEEKS OF SCAFFOLDED ROBOTICS
INSTRUCTION IN WHICH STUDENTS PARTICIPATE IN COLLABORATIVE PROBLEM

532291 04-01-15 Schedule I (Form 990)

Schedule I (Form 990) Part IV   Supplemental In	POUDRE SCHOOL formation	DISTRICT	FOUNDATION,	INC.	84-1555092	Page 2
SOLVING CHALLENGE	S AND MULTI-DISC	CIPLINARY	LEARNING. AT	THE C	ONCLUSION OF	י
THE EIGHT WEEK PRO	OGRAM, STUDENTS	WILL CONT	INUE EXPLOR	NG, MA	KING ROBOTIC	:s
A YEAR-LONG LEARN	ING ADVENTURE FO	OR EVERY S	TUDENT.			
					_	
			•			

### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

### **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

2015

Open To Public Inspection

Name of the organization

POUDRE SCHOOL DISTRICT FOUNDATION, INC.

Employer identification number 84-1555092

Pa	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deter noncash contribution	-	:s
1	Art - Works of art		items contributed	TOTTI 590, Fair VIII, line Tu			
2	Art - Historical treasures						
3	Art - Fractional interests				<del></del>		
4	Books and publications			<u> </u>	<del></del> _		
-	Clothing and household goods	-					
5	Cars and other vehicles						
6							
7	Boats and planes						
8	Intellectual property Securities - Publicly traded						
9	•						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
40	•						
12	Securities - Miscellaneous  Qualified conservation contribution -						
13	Historic structures						
	Qualified conservation contribution · Other						
14		<del></del>					
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other			_			
18	Collectibles			_			
19	Food inventory				_		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts Other ► (USE OF COORDI)	X	0	24 227			
25		X	0	34,227. 1,514.			
26				_1,514.			
27	Other ()				<del></del>		
28	Other ( )						
29	Number of Forms 8283 received by the organiz	-					
	for which the organization completed Form 828	ss, Part IV, L	Jonee Acknowledg	ement 29		Τ.,	T
00-	During the year did the expenses on receive hi				- 00 45-44	Yes	No
30a	During the year, did the organization receive by			,	•	ļ	
	must hold for at least three years from the date		contribution, and	which is not required to be u	i —		X
	exempt purposes for the entire holding period?			•	. 3	)a	
	If "Yes," describe the arrangement in Part II			#		_	-
31	Does the organization have a gift acceptance p			=	ions? <u>3</u>	1	X
32a	Does the organization hire or use third parties of	or related or	ganizations to solic	π, process, or sell noncash			T.F
	contributions?		···	•	<u>3</u> 2	<u>'a  </u>	X
	If "Yes," describe in Part II.				l		
33	If the organization did not report an amount in	column (c) fo	or a type of proper	y tor which column (a) is che	cked,		
	describe in Part II.					- 1	I

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

532142 08-21-15

Schedule M (Form 990) (2015)

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

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

POUDRE SCHOOL DISTRICT FOUNDATION TNC

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Employer identification number 84-1555092

OMB No 1545-0047

1002KB BEHOOD BIBIRIET TOOKBHITON, INC. 101 1333032
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITY RESOURCES TO PROVIDE STUDENTS WITH EDUCATIONAL OPPORTUNITIES
THAT MAY NOT OTHERWISE EXIST.
FORM 990, PART VI, SECTION B, LINE 11:
THE ORGANIZATION WAS PROVIDED WITH A "DRAFT" COPY OF THE RETURN PRIOR TO
FILING. THE COPY IS PROVIDED TO THE TREASURER OF THE BOARD AND THEN
DISTRIBUTED AMONG ALL MEMBERS FOR REVIEW. THE PRESIDENT HAS THE AUTHORITY
TO MAKE A FINAL DECISION IF THE BOARD IS NOT AVAILABLE FOR REVIEW OF THE
RETURN.
FORM 990, PART VI, SECTION B, LINE 12C:
ORGANIZATION REVIEWS CONFLICT OF INTEREST POLICY ANNUALLY AS PER IRS RULES
AND COMMITTEE VOLUTEERS ARE REQUIRED TO SIGN OFF ON CONFLICT OF INTEREST
POLICY FOR ALL AWARDS.
FORM 990, PART VI, SECTION C, LINE 19:
ORGANIZATION MAKES ALL DOCUMENTATION REGARDING OPERATIONS AND DONATIONS
AVAILABLE UPON REQUEST AND THROUGH ADDITIONAL INFORMATION PROVIDED THROUGH
PRINTED AND REPRODUCED MATERIALS DISTRIBUTED AMONG THE PUBLIC.