4	ngn_t	. E	xempt Organizat					 eturr	ı,	OMB No 1545-0	0687		
Form a	990-T	(and proxy tax under section 6033(e)) - $\mathcal{U}(\mathcal{O}_{\mathcal{O}})$									2		
		For calend	dar year 2018 or other tax year	19 .	2018	•							
•	ment of the Treasury Go to www.irs.gov/Form990T for instructions and the latest information. Open to Public Inspection for												
	Revenue Service	Soutono, organizations only											
	Check box if address changed	This is the structions to the structions of the struction of the structions of the struction of the structions of the structions of the structions of the st											
_	npt under section	Print Denver Public Schools Foundation Number, street, and room or suite no. If a P O box, see instructions 84-1224325											
	01(c)()3)	Or Company of the Com											
_	08(e) 220(e) 08A 530(a)		City or town, state or province,		foreign	nostal code	-		(See instructions)				
52			Denver, CO 80203	oodinay, and 211 of	io.o.g.	postaroddo							
	Book value of all assets at end of year F Group exemption number (See instructions.)												
	G Check organization type ► ✓ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust												
H En	iter the number	of the or	ganization's unrelated tra							(or first) unrela			
	ade or business									an one, descri			
			the end of the previous	sentence, com	nplete	Parts I and I	I, comple	te a So	chedule N	I for each add	ditional		
			mplete Parts III-V			· · · · · · · · · · · · · · · · · · ·							
			corporation a subsidiary in				diary contr	olled gr	oup? .	. ▶ ∐ Yes I	No		
			nd identifying number of	the parent corp	oratio								
	e books are in		Kim Martinez or Business Income			(A) Incom	elephone r		penses	720-423-355 (C) Net			
Pari 1a	Gross receipts		·		,	(A) Incom		(6) [7	perises	(O) Net	\top		
b	Less returns and			c Balance ►	1c								
2			chedule A, line 7)		2					+	+		
3	-	· ·	line 2 from line 1c		3					1	+-		
4a	Capital gain ne	et incom	e (attach Schedule D) .		4a								
b	Net gain (loss)	(Form 47	797, Part II, line 17) (attacl	h Form 4797)	4b	•							
С	•		for trusts		4c								
5			nership or an S corporation (a		5		<u> </u>						
6	· · · · · · · · · · · · · · · · · · ·		eC)		6					_			
7			ed income (Schedule E) .		7	•							
8		-	and rents from a controlled organ				4-4-			 	 		
9			ion 501(c)(7), (9), or (17) organiz	ation (Schedule G)	9		+	•	_	+	+		
10	•	•	vity income (Schedule I)		10	•	+			+	+		
11 12	Advertising inc		uctions; attach schedule).		11		++			+	+		
13	-		through 12 .		13		1			+	+		
			Taken Elsewhere (See	instructions for		ations on de	ductions.) (Exce	ept for co	ntributions.			
			oe directly connected w					, (=		,			
14	Compensation	of office	ers, directors, and trustee	es (Schedule le					. 14	I			
15	Salaries and w					RECEIVI	FD	7	15				
16	Repairs and m	naintenan	nce		- ای			.] .	. 16	-			
17	Bad debts .		nce	• • • • [۱ ۱۱ <u>۶</u>	מ מפי דיור	· <u>X</u>		. 17	+	 		
18	Interest (attacl	n schedu	ile) (see instructions)		7.	DCT 28 20	개9 - [뜻	1	. 18	+			
19	Chartable and	enses .				005	ـــــاقة	} ·	. 19	+	—		
20	Charitable cor	itribution	ns (See instructions for lin form 4562)	nitation rules .	$-\dot{\cup}$	GDEN I	UT·	ŀ ,	. 20	 			
21 22			med on Schedule A and e		turn	22a		-		-			
23	•		· · · · · · · · · · · · · · · · · · ·			[220]			23	+	+		
24			ed compensation plans					•	24	+	+		
25			rams						. 25	†	†		
26			ses (Schedule I)						26				
27			sts (Schedule J)						. 27				
28		-	ch schedule)						28				
29			d lines 14 through 28 .						29	<u> </u>			
30			able income before net or	_						 	 		
31			ting loss arising in tax years										
32			rable income. Subtract lin	e 31 from line 3	30 .			<u> </u>	. 32		T (0045)		
For Pa	perwork Reduct	ion Act N	lotice, see instructions.			Cat No 112	91J			Form 990-	(2018)		

Form 99	0-T (2018)						1	Page 2
Part I	Ш. Т	otal Unrelated Business Taxable	Income		· · · · · · · · · · · · · · · · · · ·	,	• 7	
33	Total o	f unrelated business taxable income	computed from all unrelated trade	s or businesses (see	3	T		
	instruct	ions)			33	1		
34		ts paid for disallowed fringes			34		15,875	
35		ion for net operating loss arising			9			
		ions)			35			
36		funrelated business taxable income t			ן י			
		33 and 34			36	\perp	15,875	
37	•	deduction (Generally \$1,000, but se	•	•	37		1,000	4
38		ted business taxable income. Subtr		-				
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · ·	38		14,875	<u>il</u>
		ax Computation			1			т
39		zations Taxable as Corporations. M				 	3,124	4
40		Taxable at Trust Rates. See punt on line 38 from: ☐ Tax rate school.				-		i
4.4		-		·	_ _ ``			
41	_	tax. See instructions			41			
42		tive minimum tax (trusts only)			43			
43 44		Noncompliant Facility Income. See Add lines 41, 42, and 43 to line 39 or			44		3,124	
		ax and Payments	40, Whichever applies	<u> </u>	11		3,124	4
45a		tax credit (corporations attach Form 11	18. trusts attach Form 1116)	45a	-T	T		\Box
b		redits (see instructions)		45b				
c		business credit Attach Form 3800 (45c	_			
d		for prior year minimum tax (attach For	· · · · · · · · · · · · · · · · · · ·	45d				
e		redits. Add lines 45a through 45d .	•		45e	5		
46		ot line 45e from line 44			46		3,124	ı
47		xes Check if from:			47			
48	Total t	ax. Add lines 46 and 47 (see instruction	ons)		48		3,124	ı
49	2018 n	et 965 tax liability paid from Form 965	5-A or Form 965-B, Part II, column (k), line 2	49			
50a		nts [.] A 2017 overpayment credited to		50a				
b	2018 e	stimated tax payments	•	50b 3,124				
С		posited with Form 8868		50c	_			
d		n organizations: Tax paid or withheld a	` ' '	50d	_			
е		withholding (see instructions)		50e				
f		for small employer health insurance p		50f				
g		redits, adjustments, and payments:						
	Forn			50g		_		
51	•	payments. Add lines 50a through 50g		_	51		3,124	+
52		ted tax penalty (see instructions). Che		▶ [_			+
53		e. If line 51 is less than the total of ling ayment. If line 51 is larger than the to			53 54			Ή—
54 55		e amount of line 54 you want Credited to		Refunded				+
Part		tatements Regarding Certain A			100			ــــــــــــــــــــــــــــــــــــــ
56		time during the 2018 calendar year, of			other	authority	, Yes	No
00		financial account (bank, securities, or						
		Form 114, Report of Foreign Bank a						
	here >	· .	11 1		•	-		1
57	During 1	he tax year, did the organization receive a	a distribution from, or was it the grantor	of, or transferor to, a f	oreign t	rust? .		
	If "Yes	" see instructions for other forms the	organization may have to file.		_			
58	Enter t	nevamount of tax-exempt interest reci	eived or accrued during the tax year					
<u> </u>		peralties of perury, I declare that I have examined organ and complete. Declaration of preparer (other	this return, including accompanying schedules	and statements, and to the	best of m	ıy knowled	ge and be	def, it is
Sign		one and omplete, beclaration of preparer (other	ا ماما		May	the IRS di		
Here		XX.	10 8 30 9 President / CE	0		the prepar		
	Signat	<i>//</i>	Date Title					
Paid		Print/Type preparer's name	Preparer's signature	Date	Check	□ "	PTIN	
Prep	arer	Self prepared	<u> </u>		self-emp			
Use (Firm's name ▶			Firm's El			
	-	Firm's address ►			Phone no)		

_		•
Pag	e	3

Schedule A-Cost of Go	ods Sold. Ent	er method of in	vento	ory vali	uation ▶				
1 Inventory at beginning	g of year 1			6					
2 Purchases .	2	!		7	Cost of goods sold. Subtract				
3 Cost of labor		;			line 6 from	n line 5. Enter here and			ŀ
4a Additional section 2	63A costs				ın Part I, lır	ne 2	7		
(attach schedule) .	4	a		8	Do the rul	les of section 263A (wi	th respec	t to Yes	No
b Other costs (attach so	chedule) 4I	0			property p	roduced or acquired for	resale) a	pply	
5 Total. Add lines 1 thre	ough 4b 5				to the orga	anization?		·	
Schedule C-Rent Incon	ne (From Rea	Property and	Pers	sonal F	roperty	Leased With Real Pro	perty)	-	
(see instructions)							· · · · ·		
1. Description of property									
(1)						•••			
(2)					_				
(3)									
(4)									
	2. Rent received	or accrued			_				
(a) From personal property (if the property is more that more than 50%)	percentage of rent f	real and personal property (if the of rent for personal property exceeds he rent is based on profit or income)			3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)									
(2)									
(3)									
(4)				_					
Total	-	Гotal				(b) Total deductions			
(c) Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A)				(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶					
Schedule E-Unrelated I	Debt-Finance	d Income (see	ınstru	ctions)			, -		
		•			me from or	Deductions directly connected with or allocable to debt-financed property			
1. Description of o	debt-financed proper	ty	allocable to debt-financed			(a) Straight line depreciation	y ther deduction	ns	
		property			(attach schedule) (attach sch				
(1)									
(2)							T		
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	adjusted basis locable to iced property schedule)	6. Column 4 divided by column 5		ded	7. Gross income reportable (column 2 × column 6)	(column 6	8. Allocable deductio (column 6 × total of column 3(a) and 3(b))	
(1)					%				
(2)					%				
(3)		·			%				
(4)					%				
,						Enter here and on page 1, Part I, line 7, column (A)		re and on pa ne 7, columi	
Totals .									
Total dividends-received dedu	ctions included in	column 8					<u> </u>		

Schedule F-Interest, Annu	uities, Royalties,			Controlled Org	anizations (se	e instru	ctions)		
Name of controlled organization	2. Employer identification number			4. Total of specified payments made	5. Part of colum included in the corganization's gro	controlling	conn	6. Deductions directly connected with income in column 5	
(1)							1		
(2)									
(3)									
(4)									
Nonexempt Controlled Organiz	ations								
7. Taxable Income	8. Net unrelated in (loss) (see instruct			10. Part of column 9 that is included in the controlling organization's gross income		conne	leductions directly cted with income in column 10		
(1)									
(2)	-				-		1		
(3)									
(4)									
Totals					Add columns 5 Enter here and columns 7 Part I, line 8, column	on page 1,	Enter h	columns 6 and 11 nere and on page 1, line 8, column (B)	
Schedule G-Investment II	ncome of a Sect	ion 501(c)(7), (9),	or (17) Organi	zation (see inst	tructions	s)		
1. Description of income	2. Amount o	3. Deductions		4. Set-asides (attach schedule)		5. Total deductions and set-asides (col 3 plus col 4)			
(1)		_							
(2)									
(3)									
(4)									
Totals Schedule I – Exploited Exe	Enter here and Part I, line 9, c	column (A)		Advortising In	Acomo (con unat	tructions	Part I, li	re and on page 1, ne 9, column (B)	
Schedule 1—Exploited Exe	inpi Activity inc	1			come (see insi	Tuctions	5)	<u> </u>	
Description of exploited activit	2. Gross unrelated business inco from trade of business	ome connected with		Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)						·			
(2)		· · ·	•			1			
(3)									
(4)									
Totals .	Enter here and page 1, Part line 10, col (a	rt I, page 1, Part I,					Enter here and on page 1, Part II, line 26		
Schedule J-Advertising Ir	ncome (see instru	ctions)						•	
Part I Income From Pe	eriodicals Repor	ted on a	Consoli	dated Basis					
1. Name of periodical	2. Gross advertising income		3. Direct rtising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)									
(2)]]	
(3)]]	
(4)]	
Totals (carry to Part II, line (5))	•							000 7	

FORM 990-1 (24)16)						Page 2	
Part II Income From Period 2 through 7 on a line-b	-	l on a Separat	e Basis (For ea	ach periodical	isted in Part I	l, fill in columns	
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)							
(2)							
(3)							
(4)					-		
Totals from Part I							
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1–5) . ▶							
Schedule K—Compensation of	Officers, Direc	tors, and True	stees (see instri	uctions)			
1. Name		2	2. Title	3. Percent of time devoted to business	_ 4. Compensa	nsation attributable to elated business	
(1)				9	6		
(2)				. 9	6		
(3)				9	6		
(4)				9	6		
Total. Enter here and on page 1, Part II, III	ne 14 .)	>		

Form **990-T** (2018)