Form <b>990</b>	
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Check if applicable: Address change

Name

Initial return

Final return/ termin-ated

В

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Vet un

# Return of Organization Exempt From Income Tax

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

and ending JUN 30,

Room/suite

2022

22-3179738

207-842-4658

E Telephone number

**G** Gross receipts \$

D Employer identification number

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

JUL 1, 2021

Foundation for Portland Public Schools

Number and street (or P.O. box if mail is not delivered to street address)

City or town, state or province, country, and ZIP or foreign postal code

OMB No. 1545-0047 **Open to Public** Inspection

1739135.

1243540.

1202190.

41350.

End of Year

875928.

844399.

31529.

Department of the Treasury	
nternal Revenue Service	

A For the 2021 calendar year, or tax year beginning

C Name of organization

Doing business as

353 Cumberland Ave

	Amer returr		H(a) Is this a group re	eturp
	Appli		for subordinates	
	tion pendi	same as C above	H(b) Are all subordinates in	
і т	·	rempt status: $X = 501(c)(3) = 501(c)(1) = (insert no.) = 4947(a)(1) or 523$		list. See instructions
		$ite: \blacktriangleright www.foundationforpps.org$		
			H(c) Group exemption	I State of legal domicile: ME
Pa	irt I	Summary		A State of legal domicile. Mil
10		Briefly describe the organization's mission or most significant activities: The Missic	n of the For	indation
e	1	for Portland Public Schools is to be a catalys		
Governance	2	Check this box  if the organization discontinued its operations or disposed of more		sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		22
	4	Number of independent voting members of the governing body (Part VI, line 1b)		22
Activities &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)		45
	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)	1082115.	1738255.
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	0.
eve -	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	343.	880.
ř	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1368.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1083826.	1739135.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	514480.	905396.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
۵	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	118423.	396195.
se	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)		
ы	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	198751.	79753.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	831654.	1381344.
	19	Bevenue less expenses. Subtract line 18 from line 12	252172.	357791.

**Beginning of Current Year** 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date				
Here	Sarah Moran, President							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid	Peter Montano	Peta	Matar 11/4/22		P01200943			
Preparer	Firm's name 🍺 PGM LLC			Firm's EIN 🕨 82	-4812448			
Use Only	Firm's address 🔊 319 Main Street							
	Phone no. ( 207	) 415-5714						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No							
132001 12-09	32001       12-09-21       LHA       For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2021)							

See Schedule O for Organization Mission Statement Continuation

	990 (2021) Foundation for Portland Public Schools 22-3179738 T III Statement of Program Service Accomplishments	Page <b>2</b>
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	The Mission of the Foundation for Portland Public Schools is to be a	
	catalyst for increased educational opportunities, achievement, and	
	equity for all Portland Public Schools students and staff.	
	Did the exercitation undertake any eignificant pregram carriess during the year which were not listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the	<b>v</b> .
		s 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?	S 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 expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	Ind
	revenue, if any, for each program service reported.	
42	(Code:) (Expenses \$1185922. including grants of \$905396. ) (Revenue \$	)
ти	The Foundation for Portland Public Schools grants funds directly to	the '
	Portland Public Schools and/or to organizations, individuals, or to	
	runchase reterials for the herefit of the school district all EDDG	
	purchase materials for the benefit of the school district. All FPPS	
	funds are meant to address unmet needs of the schools and/or to enha	ince
	educational opportunities for present and future students.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		/
<u> </u>		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 1185922.	
	Form	<b>990</b> (2021)
132002	2 12-09-21	
	2	

Form 990 (2021)	Foundation		Portland	Public	Schools	
Part IV Checklist of R	equired Schedule	es				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Rev. Proc. 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			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u>-</u>		v
~	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
~	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			21
••	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of the second secon		х	
10000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		(2021)
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132003 12-09-21

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 Form 990 (2021)
 Foundation for Portland Public Schools
 22-3179738
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 Part IV
 Checklist of Required Schedules (continued)
 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<u>28a</u>		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
<b>.</b>	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa		00		L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 16			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
132004	↓ 12-09-21	Form	990	(2021)
	4			-

2021.04030 FOUNDATION FOR PORTLAND P 10265\_1

Form	990 (2021) Foundation for Portland Public Schools 22-3179	738	Р	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ - <i>file.</i> See instructions.			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country			
Fo	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<u> </u>
04	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		L
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b			
11 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b ] Section 501(c)(12) organizations. Enter:			
11 a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		L
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		<u> </u>
	If "Yes," complete Form 6069.	<b></b>	000	(2021)

Form 990	(2021)
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 Form 990 (2021)
 Foundation
 for
 Portland
 Public
 Schools
 22-3179738
 Page 6

 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 on 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	1a	22			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	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	e direc	t supervision			
	of officers, directors, 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 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		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 ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, 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					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	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 ch					
	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	/ befor	e filing the form?	11a	Х	
b	Describe on 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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	, i			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	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 <b>None</b>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3)	s onlv)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.		,	.,,		
	X       Own website       Another's website       X       Upon request       Other (explain	on Sr	chedule (O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finano	cial	
	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 boo	ks and	d records			
	Marnie Morrione - Treasurer - 207-842-4658					
	353 Cumberland Ave, Portland, ME 04101					
132004	12-09-21			Form	990	(2021)
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2021.04030 FOUNDATION FOR PORTLAND P 10265\_1

Form 990 (2		n for Portland			22-3179738	Page 7			
Part VII	Compensation of Officers, Dire	ectors, Trustees, Ke	y Employee	es, Highest Co	ompensated				
	Employees, and Independent Contractors								
	Check if Schedule O contains a response	se or note to any line in this	s Part VII						
Section A.	Officers, Directors, Trustees, Key Em	nployees, and Highest Co	mpensated E	mployees					
<b>1a</b> 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	not cł	Pos	ition		ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week	officer and a director/trustee)		from	from related	other				
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	L	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) Andrea Weisman Summers	40.00									
Executive Director				х				80336.	Ο.	0.
(2) Sarah Moran	2.00									
President		Х		Х				0.	0.	0.
(3) Lorie Dana	2.00									
Co-Vice President		Х		Х				0.	0.	0.
(4) Marie Mueller	1.00									
Secretary		Х		Х				0.	0.	0.
(5) Marnie Morrione	2.00									
Treasurer		Х		Х				0.	0.	0.
(6) Xavier Botana	1.00									
Ex-Officio Director		Х						0.	0.	0.
(7) Derek Pierce	1.00									
Director		Х						0.	0.	0.
(8) Stephen Segal	1.00									
Director		Х						0.	0.	0.
(9) Jill Botler	1.00									
Director		Х						0.	0.	0.
(10) Emily (Rosenberg) Chaleff	1.00									
Director		Х						0.	0.	0.
(11) Sheila Adell	2.00									
Co-Vice President	1.00	Х		Х				0.	0.	0.
(12) Sarah Bryden	1.00								•	
Director	1.00	Х						0.	0.	0.
(13) Blanca Santiago	1.00								•	
Director	1 0 0	Х						0.	0.	0.
(14) Jane Phelan	1.00								•	
Director	1 0 0	Х						0.	0.	0.
(15) Melissa Knoll	1.00								0	
Director	1 0 0	Х						0.	0.	0.
(16) Sarah Southard	1.00								•	
Director	1 0 0	X						0.	0.	0.
(17) Carol Hager	1.00								•	
Director 132007 12-09-21		Х						0.	0.	0 . Form <b>990</b> (2021)

132007 12-09-21

Form 990 (2021)

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		on for F	or	t1	an	d	Pu	b1	ic Schools	22-3179	738	Pa	age <b>8</b>
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	<b>(B)</b> Average hours per week	box offi	not c	Posi heck r ss per nd a di	ition more son i	than o is both	n an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related	am	(F) timate ount o 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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fro orga anc	pensat om the anizati d relate nizatio	e ion ed
(18) Dire	Abdullahi Ali	1.00	x						0.	0.			0.
	Ahmed Abdirahman	1.00	^						0.	0.			0.
Dire			x						0.	0.			0.
(20) Dire	Lisa Page ctor	1.00	x						0.	0.			Ο.
	Aislinn Funkhouser	1.00											
$\frac{\text{Dire}}{(22)}$	ctor Naomie Mayavanga	1.00	Х	-					0.	0.	+		0.
Dire	etor		х						0.	0.			0.
(23) Direa	Ashleigh Daniels ctor	1.00	x						0.	0.			0.
											-		
			-										
1b	Subtotal								80336.	0.			0.
с	Total from continuation sheets to Part VI	I, Section A							0.	0.			0.
	Total (add lines 1b and 1c)								80336.	0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			0
												Yes	No
	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s			-	-	-		-		•	3		х
4	For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization			
	and related organizations greater than \$150 Did any person listed on line 1a receive or a			•							4		X
	rendered to the organization? If "Yes," com	•							•		5		Х
	ion B. Independent Contractors	-											
	Complete this table for your five highest co the organization. Report compensation for	•	•							· ·	ation fro	m	
	(A) Name and business	addross	3.72						(B) Description of s	onvicos	<b>(C</b> Comper		
	Name and business	audress	NC	ONE	5				Description of s		comper	1541101	<u> </u>
								_					
								-					
	Total number of independent contractors (ii \$100,000 of compensation from the organized or the statement of	•	ot lir	niteo	d to t	thos (		ted	above) who received me	ore than			
							-				Form <b>S</b>	<b>990</b> (2	2021)

132008 12-09-21

Check if Schedule O contains a response or note to any line in the Bert VII         (C)         (C)         Unrelated function revenue         (C)         (C) <th (c)<="" colspan="2" th="" th<=""><th></th><th></th><th>(2021) Foundation for H</th><th>Portland</th><th>Public S</th><th>Schools</th><th>22-3179</th><th>738 Page <b>9</b></th></th>	<th></th> <th></th> <th>(2021) Foundation for H</th> <th>Portland</th> <th>Public S</th> <th>Schools</th> <th>22-3179</th> <th>738 Page <b>9</b></th>				(2021) Foundation for H	Portland	Public S	Schools	22-3179	738 Page <b>9</b>
Production     Particle of example Total revenue     Production Particle of example function revenue     Prove Objective Unitation particle of example function revenue       I a Forderated campaigne b Membership dues c comment grants (continuition) f All other continuitions, gfB, grants, and similar arreums on included allow f All other continuitions, gfB, grants, and similar arreums on included allow f All other continuitions, gfB, grants, and similar arreums on included allow f All other continuitions, gfB, grants, and similar arreums on included allow f All other program service revenue     1738255.       g and c c       g and c c     g and c c     g and c c     g and c c     g and c c     g and c c     g and c c       g and c c     g and c c     g and c c     g and c c     g and c c     g and c c     g and c c       g and c c     g and c c     g and c c     g and c c     g and c c     g and c c     g and c c       g and c c     g and c c     g and c c     g and c c     g and c c     g and c c     g and c c       g and c c     g and c c     g and c c     g and c c     g and c c     g and c c     g and c c       g and c c     g and c c     g and c c     g and c c     g and c c     g and c c       g and c and c c     g and c c     g and c c     g and c c     g and c c	Pa	rt VI	III Statement of Revenue							
Total revenue     Plattation     Image: Second Seco			Check if Schedule O contains a response or no	ote to any line in t			(2)			
as Federated campages       1				Т	• •	Related or exempt	Unrelated	Revenue excluded from tax under		
Book Membership Ques       10         Constructions       11         Constreame       11	s s	1:	a Federated campaigns 1a							
generative       Business Code       Image: Code         2 b       Image: Code       Image: Code       Image: Code         4 Income from investment income (including dividends, interest, and other similar amounts)       Image: Code       Image: Code         4 Income from investment of tax exempt bond proceeds       Image: Code       Image: Code       Image: Code         6 a Gross rents       Ge       Image: Code       Image: Code       Image: Code         6 a Gross rents       Ge       Image: Code       Image: Code       Image: Code         7 a Gross amount from sales of assets other than incertory for sales       Image: Code       Image: Code       Image: Code         7 a Gross amount from sales of assets other than incertory for sales       Image: Code       Image: Code       Image: Code         7 a Gross amount from sales of assets other than incertory for sale       Image: Code       Image: Code       Image: Code         9 a Gross income from fundataising events (not including \$ mode incertor), loss returnts incertory, loss returns and allowances       Image: Code       Image: Code       Image: Code         9 a Gross alco of interbal incertory, loss inform fundataing events (not incertor), loss inform fundataing events (not incerto	ant unt									
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generative       2 a	an Co	ł			738255.					
90       90 <td< td=""><td></td><td></td><td></td><td>siness Code</td><td></td><td></td><td></td><td></td></td<>				siness Code						
groups       Total. Add lines 2a.21         a       Investment income (including dividends, interest, and         a       threatmain amounts)         a       Investment income (including dividends, interest, and         a       threatmain amounts)         b       Base         c       Base         c       Base         d       (i) Personal         d       (i) Personal         d       (i) Personal         d       (i) Personal         d       (ii) Personal         d       (iii) Personal         d       (iiii) Personal         d       (iiii) Personal         d       (iiii) Personal         d       (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	ice	2 a								
groups       Total. Add lines 2a.21         a       Investment income (including dividends, interest, and         a       threatmain amounts)         a       Investment income (including dividends, interest, and         a       threatmain amounts)         b       Base         c       Base         c       Base         d       (i) Personal         d       (i) Personal         d       (i) Personal         d       (i) Personal         d       (ii) Personal         d       (iii) Personal         d       (iiii) Personal         d       (iiii) Personal         d       (iiii) Personal         d       (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	erv ue	k								
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groups       Total. Add lines 2a.21         a       Investment income (including dividends, interest, and         a       threatmain amounts)         a       Investment income (including dividends, interest, and         a       threatmain amounts)         b       Base         c       Base         c       Base         d       (i) Personal         d       (i) Personal         d       (i) Personal         d       (i) Personal         d       (ii) Personal         d       (iii) Personal         d       (iiii) Personal         d       (iiii) Personal         d       (iiii) Personal         d       (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Pro									
3       investment income (including dividends, interest, and other similar amounts)       880.       880.         4       income from investment of tax-exempt bond proceeds        880.       880.         5       Royatties          880.       880.         6 a       Gross rents       6a             b       Less: rental expenses       6b             7 a       Gross amount from sales of asses other than inventory       7a              7 a       Gross meet from tundraising events (not including \$\sum_ords)	_									
a       income from investment of tax-exempt bond proceeds       880.       880.         4       income from investment of tax-exempt bond proceeds       1         5       Royatites       1         6 a       Gross rents       60       1         b       Less: rental expenses       60       1         c       Rental income or (loss)       60       1         7 a       Gross amount from sales of assets other than inventory       10       10         b       Less: cost or other basis and sales expenses       7       1         7 a       Gross nicome from fundralising events (not including \$ of contributions reported on line 1c). See Ba       10       10         8 a       Gross sincome from garning activities. See Part IV, line 18       8a       10       10         9 a       Gross sincome from garning activities. See Part IV, line 18       9a       10       10         9 a       Gross sincome from garning activities. See Part IV, line 18       9a       10       10         10 a       Gross sales of inventory, less returns and allowances       10a       10a       10a         10 a       Gross sales of inventory, less returns and allowances       10a       10a       10a         10 a       Gross sales of inventory, less retu										
4       Income from investment of tax-exempt bond proceeds       >         5       Royaties       >         6 a       Gross rents       6a         0. Best: rental expenses       6b       6c         0. Rental income or (loss)       6c          7       a Gross anount from sales of a Gross mount from sales of a Gross nount from sales of a Gross income from fundraising events (not including \$		-			880.			880.		
6 a Gross rents       6a       (i) Real       (ii) Personal         b Less: rental expenses       6b       (iii)       (iii) Personal         c Rental income or (loss)       6c       (iii) Other         a Gross amount from sales of assets other than inventory       (iii) Securities       (iii) Other         a Gross amount from sales of assets other than inventory       7a       (iii) Other         b Less: cost or other basis       7b       (iii) Other         c Gain or (loss)       7c       (iiii) Other         d Net gain or (loss)       7c       (iiii) Other         a Gross income from fundraising events (not including \$		4								
6 a Gross rents       6 a       (i) Real       (ii) Personal         b Less: rental expenses       6 b       (iii) Cher         c Rental income or (loss)       6 c       (iii) Other         a Gross amount from sales of assets other than inventory       iiii) Cher       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		5	Royalties							
b       Less: rental expenses       6b         c       Rental income or (loss)       6c         d       Net rental income or (loss)       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			(i) Real (ii)							
c       Rental income or (loss)       Gc		6 a	a Gross rents 6a							
d Net rental income or (loss)   7 a Gross amount from sales of assets other than inventory   b Less: cost or other basis and sales expenses   and sales expenses 7 b   c Gain or (loss)   d Net income forn fundraising events   e Ba   g Gross income from gaming activities. See   Part IV, line 19 Ba   b See science expenses   g Bb   c Net income or (loss) from gaming activities   d Net income or (loss) from gaming activities   d Net income or (loss) from gaming activities   d Net income or (loss) from sales of inventory   d Net income or (loss) from sales of inventory   e Net income or (loss) from sales of inventory   d Net income or (loss) from sales of inventor		k	b Less: rental expenses 6b							
7 a Gross amount from sales of assets other than inventory		c	c Rental income or (loss) 6c							
assets other than inventory       7a       7b         b       Less: cost or other basis and sales expenses       7b       7c         c       Gain or (loss)       7c       7c       7c         B       a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       Ba       Ba       9c         9       Gross income from gaming activities. See Part IV, line 19       9a       9a       9b         9       Gross income or (loss) from gaming activities. See Part IV, line 19       9a       9b       9c         10       Gross alse of inventory, less returns and allowances       10a       10a       10a         11       a       Business Code       10a       10b       10b         c       All other revenue       10a       10a       10a       10a         12       Total revenue. See instructions       1739135.       0.       0.       880										
B       Less: cost or other basis and sales expenses       To         C       Gain or (loss)       To         B       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       B         b       Less: direct expenses       Bb         c       Net income or (loss) from fundraising events		7 a		(ii) Other						
and sales expenses       7b         c       Gain or (loss)       7c         d       Net gain or (loss)       >         f       contributions reported on line 1c). See       Ba         B       B       B       B         c       Net income or (loss) from fundraising events       >         9       Gross income from gaming activities. See       Ba         Part IV, line 19       9a       9a         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities       >         10       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       >         b       Less: cost of goods sold       10b       0b         c       Int a       Int a       Int a       Int a         c       Int a       Int a       Int										
Gain or (loss)       Tc       Image: Construction of the second	•	k								
a       Net gain or (loss)       ▶         8 a       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See       Ba         Part IV, line 18       Ba         b       Less: direct expenses       Ba         c       Net income or (loss) from fundraising events       >         9 a       Gross income from garning activities. See       9a         9 a       Gross sales of inventory, less returns and allowances       >         10 a       Gross form garning activities       >         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       >         s       Intervenue       Intervenue         and allowances       Interve	nue									
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8b       8a         b Less: direct expenses 8b       8b	<b>a</b>									
contributions reported on line 1c). See       Ba         Part IV, line 18       Ba         b Less: direct expenses       Bb         c Net income or (loss) from fundraising events       Image: contribution of the second o	ж R									
contributions reported on line 1c). See       Ba         Part IV, line 18       Ba         b Less: direct expenses       Bb         c Net income or (loss) from fundraising events       Image: contribution of the second o	Othe	00								
Part IV, line 18       8a         b       Less: direct expenses       8b         c       Net income or (loss) from fundraising events       >         9 a       Gross income from gaming activities. See       9a         Part IV, line 19       9a       9b         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities       >         10 a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b         c       Met income or (loss) from sales of inventory       >         growthere       Business Code          b	0									
b Less: direct expenses 8b   c Net income or (loss) from fundraising events   9 a   9 a   9 a   9 a   9 a   9 b   10 a   a c   10 a   a c   10 a   a c   10 a   a c   10 a   b Less: cost of goods sold   c 10b   c 10b   c 10b   c 10b   c 10b   c 10b   d All other revenue   e Total revenue. See instructions   12 Total revenue. See instructions										
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 9a   9 b 9b   b Less: direct expenses   9 b 9b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Business Code     11 a   b   c   d   d   d   d   d   12   Total revenue. See instructions     12		k								
9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   9b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances   b Less: cost of goods sold   10a   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   10a   b Less: cost of goods sold   10b   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   11a   b Less: cost of goods sold   c All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions			· · · · · · · · · · · · · · · · · · ·							
Part IV, line 19 9a   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   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   11 a Business Code   b C   c All other revenue   e Total. Add lines 11a-11d     12 Total revenue. See instructions     12 Total revenue. See instructions										
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   b Source   c Business Code   b Source   c All other revenue   e Total revenue. See instructions     12 Total revenue. See instructions     12 Total revenue. See instructions			Part IV, line 19 9a							
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   In a b c c d d lines 11a-11d   c Total Add lines 11a-11d   12 Total revenue. See instructions			b Less: direct expenses 9b							
and allowances 10a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Business Code   b Business Code   c All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions		6	c Net income or (loss) from gaming activities							
b Less: cost of goods sold 10b ► − ► ► − ► ► −		10 a	-							
c       Net income or (loss) from sales of inventory       ▶         11 a       Business Code       ■         b       ■       ■         c       ■       ■         d       All other revenue       ■         e       Total revenue. See instructions       ▶       1739135.       0.       0.       880.										
Snorth       Business Code       Image: Code         b       Image: Code       Image: Code       Image: Code         b       Image: Code       Image: Code       Image: Code         c       Image: Code       Image: Code       Image: Code         d       All other revenue       Image: Code       Image: Code         e       Total. Add lines 11a-11d       Image: Code       Image: Code         12       Total revenue. See instructions       Image: Transmission of the second sec										
11 a		(								
e Total. Add lines 11a-11d         ▶         1739135.         0.         0.         880.	sr			siness Code						
e Total. Add lines 11a-11d         ▶         1739135.         0.         0.         880.	eor	11 a   .								
e Total. Add lines 11a-11d         ▶         1739135.         0.         0.         880.	llan									
e Total. Add lines 11a-11d         ▶         1739135.         0.         0.         880.	sce Bev									
<b>12 Total revenue</b> . See instructions	Mi									
					739135	0.	0 -	880.		
	13200							Form <b>990</b> (2021)		

### 132009 12-09-21

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Form 990 (		Foundation		Portland	Public	Schools	22-3179738	Page 10
Part IX	Statement of Fu	nctional Expen	ses					

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0000	Check if Schedule O contains a respons		U		
	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		скрепаса	general expenses	CAPCINGS
•	and domestic governments. See Part IV, line 21	905396.	905396.		
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	80336.	40168.	20084.	20084.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	315859.	224391.	46612.	44856.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	26672.		26672.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	7677.	120.	2357.	5200.
12	Advertising and promotion	51.			51.
13	Office expenses	9858.	931.	8755.	172.
14	Information technology	2988.	18.	2970.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1918.		1918.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Discretionary disbursem	9835.	9835.		
b	Professional developmen	6418.		6418.	
c	Software services & su	4881.	1964.	2917.	
d	In-kind	3172.	1200.	1057.	915.
е	All other expenses	6283.	1899.	4384.	
25	Total functional expenses. Add lines 1 through 24e	1381344.	1185922.	124144.	71278.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
132010	0 12-09-21				Form <b>990</b> (2021)

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132010 12-09-21

Form **990** (2021)

Foundation for Portland Public Schools 22-3179738 Page 11

		Check if Schedule O contains a response or note	e to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		200590.	1	925397.
	2	Savings and temporary cash investments		410912.	2	318143.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or	former officer, director,			
		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif	ied persons (as defined			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
ţs	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Â	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation		0.5.1.10.5	10c	
	11	Investments - publicly traded securities		264426.	11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		00000	15	1042540
	16	Total assets. Add lines 1 through 15 (must equa		875928.	16	1243540.
	17	Accounts payable and accrued expenses		17463.	17	24160.
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
es	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, substa				
liat		controlled entity or family member of any of thes			22	
-	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines		14066.	05	17190.
	06	of Schedule D		31529.	25 26	41350.
	26	Organizations that follow FASB ASC 958, chee		51525.	20	41330°
ŝ		and complete lines 27, 28, 32, and 33.				
ů,	27	Net assets without donor restrictions		169061.	27	217098.
ala	28	Net assets with donor restrictions		675338.	28	985092.
Б	20	Organizations that do not follow FASB ASC 95		070000	20	5050521
n L		and complete lines 29 through 33.				
p	29	Capital stock or trust principal, or current funds			29	
ets	29 30	Paid-in or capital surplus, or land, building, or eq			30	
Ass	31	Retained earnings, endowment, accumulated inc			31	
Net Assets or Fund Balances	32			844399.	32	1202190.
z	33	Total liabilities and net assets/fund balances		875928.	33	1243540.
	00	i otal napilities and het assets/fullu palalices		575520.	00	

Form 990 (2021)
Part X Balance Sheet

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Form	990 (2021) Foundation for Portland Public Schools	22-3179	9738	Pag	<sub>ge</sub> 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17	391	35.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13	8134	44.
3	Revenue less expenses. Subtract line 2 from line 1	3	3	577	91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	443	99.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	12	021	90.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	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 requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

SCHEDULE A								OMB No. 1545-0047	
(Form 9	90)			rity Status an					2021
-	-	Co		ization is a section 501 47(a)(1) nonexempt cha			or a section		<b>ZUZ I</b>
	of the Treasury			Attach to Form 990 or F	orm 990-	EZ.			Open to Public
	enue Service		Go to www.irs.gov	//Form990 for instruction	ons and th	ne latest ir	nformation.		Inspection
Name of	the organization		1 c	1 1 - 1		~ 1 1			identification number
Dort	Decor	Foun	dation for	Portland Pul	olic &	School	.s		2-3179738
Part I				(All organizations must c			ee instruction	S.	
	1	•		For lines 1 through 12, c		,			
1	1			n of churches described		on 170(b)(1	l)(A)(i).		
2	1			Attach Schedule E (Form					
3		•		anization described in se			•		
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's									the hospital's name,
city, and state:									
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit describ								nit describe	a In
section 170(b)(1)(A)(iv). (Complete Part II.)									
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general								ne general p	oublic described in
o [	1		omplete Part II.)						
8	1			(1)(A)(vi). (Complete Par	,				
9	-	-		in section 170(b)(1)(A)(		-		-	-
	-	or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
10	university:		II		a				
10	U U			than 33 1/3% of its supp			-	•	•
				t to certain exceptions; a					-
				(less section 511 tax) fro	m busines	sses acqui	rea by the org	janization a	πer June 30, 1975.
	1		mplete Part III.)				0(-)(4)		
11	1 -	-	-	vely to test for public sat	•				
12	-	-	-	vely for the benefit of, to	-			•	-
			-	d in section 509(a)(1) o					neck the box on
- L	_	-	• •	f supporting organization		-		-	- i i
a 🗋				upervised, or controlled	• • • •	-			
		-		gularly appoint or elect a	majority c	of the alrea	tors or truste	es of the su	pporting
ь Г			complete Part IV, Se		ion with it.		d organizatio	n(a) hi hav	ina
b 🗌				or controlled in connect			0	(), ,	0
		-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	orted
• [	_ ~	.,	t complete Part IV,			tion with a	and functional	lu integrato	d with
c _		-	• • •	g organization operated ). You must complete I				ly integrate	a with,
a [		•	.,.	orting organization oper			-	tod organiz	ration(a)
d 🗌	_ //	-	•	0 0 1				U	()
			с с	ation generally must sat nplete Part IV, Sections			•	anallentiv	662112
e			,	written determination from					
e		•		nally integrated supporti			турет, туре	п, туре п	
f En	ter the number of	-	• •	any integrated supportin	iy organiz	ation.			
		••	about the supporte	d organization(s)					
<u> </u>	(i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
	above (see instructions))								

Total

# Schedule A (Form 990) 2021 Foundation for Portland Public Schools 22-3179738 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) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	364959.	596602.	419545.	1082115.	1738255.	4201476.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge			110515	1000115	1	1001156
	Total. Add lines 1 through 3	364959.	596602.	419545.	1082115.	1738255.	4201476.
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.						4201476.
	ction B. Total Support						42014700
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	364959.	596602.	419545.	1082115.	1738255.	4201476.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			1902.	343.	808.	3053.
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				1200		1000
	assets (Explain in Part VI.)				1368.		<u>1368.</u> 4205897.
	Total support. Add lines 7 through 10						4205897.
	Gross receipts from related activities,		,				
13	First 5 years. If the Form 990 is for the	•				.,.,	
Sec	organization, check this box and stor ction C. Computation of Public						
	Public support percentage for 2021 (I			olumn (f))		14	99.89 %
	Public support percentage from 2020		•	())		15	99.87 %
	<b>33 1/3% support test - 2021.</b> If the o						
	stop here. The organization qualifies						N V
b	<b>33 1/3% support test - 2020.</b> If the o		-				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	- <b>2021.</b> If the org	anization did not c				
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported o	rganization		
b	10% -facts-and-circumstances test	: - <b>2020.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is <sup>.</sup>	10% or
	more, and if the organization meets the	ne facts-and-circum	istances test, chec	k this box and st	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circl		•				▶∐
18	Private foundation. If the organization	on did not check a b	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2021

132022 01-04-22

Schedule A	(Form 990) 2021		Foundation	for	Portland	Public	Schools	22-3179738	Page 3
Part III	Support Sche	edule for	Organizations I	Jescril	bed in Sectior	າ 509(a)(2)			

(Complete only if you checked the box on line 10 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) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2	2021	(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 are not an unrelated trade or bus- iness under section 513								
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								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support			-					
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2	2021	(f) Total	
	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 acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) o	rganizatio	n,	
	check this box and stop here						<u></u>	▶□	
Sec	ction C. Computation of Publi	c Support Per	rcentage						
15	Public support percentage for 2021 (li	ne 8, column (f), c	divided by line 13,	column (f))		15			%
-	Public support percentage from 2020					16			%
	ction D. Computation of Inves								
	Investment income percentage for 20					17			%
	Investment income percentage from 2					18			%
19a	33 1/3% support tests - 2021. If the						nd line 17	is not	_
	more than 33 1/3%, check this box ar							▶∟	
b	<b>33 1/3% support tests - 2020.</b> If the	-						_	_
	line 18 is not more than 33 1/3%, che						nization	▶∟	
	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins				
13202	23 01-04-22					Sc	nedule A:	(Form 990) 20	)21

15 2021.04030 FOUNDATION FOR PORTLAND P 10265\_1

#### Schedule A (Form 990) 2021 Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part 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.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of 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 line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Yes No

Schedule A (Form 990) 2021

## Schedule A (Form 990) 2021 Foundation for Portland Public Schools 22-3179738 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Vaa	No

			res	INO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, 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			

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	ction D. All Type III Supporting Organizations				
			Yes	i No	<u>、</u>
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (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				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				
	the organization maintained a close and continuous working relationship with the supported organization(s).	2			_
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a				
	significant voice in the organization's investment policies and in directing the use of the organization's				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's				
	supported organizations played in this regard	3			

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>			1000 1100 000

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how	v you supported a governmental entity (see instruction <u>s).</u>	
---	--	---	-------------------------	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

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.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

Yes No

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Sche	dule A (Form 990) 2021 Foundation for Portland			22-3179738 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 ( <i>explair</i>	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior 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		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
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 o	organization (see

Schedule A (Form 990) 2021

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instructions).

Schedule A (Form 990) 2021
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# Foundation for Portland Public Schools 22-3179738 Page 7

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	-	8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
-	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
	From 2016			
	From 2017			
	From 2018			
	From 2019			
	e From 2020			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021	Foundation	for Por	tland	Public	Schools	22-3179738 Page 8
Part VI	Supplemental In Part IV, Section A, line line 1; Part IV, Section	formation. Provide the es 1, 2, 3b, 3c, 4b, 4c, 5a	e explanations r , 6, 9a, 9b, 9c, 1 Section E, lines	equired by F 1a, 11b, and 1c, 2a, 2b,	Part II, line 10; d 11c; Part IV, 3a, and 3b; Pa	Part II, line 17a or Section B, lines 1 art V, line 1; Part \	17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,
132028 01-04-2	2			20			Schedule A (Form 990) 2021

<del>9</del> 0)

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.



	Partment of the Ireasury Prnal Revenue Service  Go to www.irs.gov/Form990 for instructions and the latest information.  Inspection								
Nam	e of the organizati					Employer identification number			
		Foundation for Port					2-3179		
Par		ations Maintaining Donor Advise		imilar Funds	or Acc	ounts.	Complete if t	the	
	organizatio	on answered "Yes" on Form 990, Part IV, lin							
			(a) Donor advise	d funds	(b)	Funds an	d other acco	unts	
1	Total number at e	nd of year							
2		of contributions to (during year)							
3		of grants from (during year)							
4	55 5 7								
5	•	on inform all donors and donor advisors in v	•						
		on's property, subject to the organization's					Yes	No	
6		on inform all grantees, donors, and donor a							
		poses and not for the benefit of the donor o							
Par	impermissible priv	rate benefit? ration Easements. Complete if the org					Yes	No No	
		servation easements held by the organization		5 OH FOHH 990,	Fart IV, III	e /.			
1		n of land for public use (for example, recrea		Preservation o	f a historic		rtant land are		
		of natural habitat		Preservation o		•		a	
	=	n of open space			a certine		Siluciule		
2		through 2d if the organization held a qualif	ied conservation contribu	ition in the form	of a conse	ervation e	asement on t	he last	
-	day of the tax yea						at the End of t		
а						2a			
b					······ Γ	2b			
с	-	vation easements on a certified historic stru				2c			
d		vation easements included in (c) acquired a							
	listed in the Nation	nal Register				2d			
3		vation easements modified, transferred, rel			e organizat	ion during	g the tax		
	year 🕨								
4	Number of states	where property subject to conservation eas	sement is located						
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspect	ion, handling of					
		forcement of the conservation easements it					Yes	No	
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, an	d enforcing con	servation e	easement	s during the y	/ear	
	►								
7	· ·	ses incurred in monitoring, inspecting, hanc	lling of violations, and enf	orcing conserva	ation easer	nents dur	ing the year		
_	►\$								
8		vation easement reported on line 2(d) abov	•						
•		)(4)(B)(ii)?					Yes	└── No	
9	,	be how the organization reports conservation		•			the		
		d include, if applicable, the text of the footr counting for conservation easements.	iote to the organization's	III anciai Statem	ients that t	lescribes	life		
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Trea	asures, or O	ther Sim	nilar As	sets.		
		f the organization answered "Yes" on Form							
1a		elected, as permitted under FASB ASC 95		nue statement a	and balanc	e sheet v	vorks		
	e e	easures, or other similar assets held for put	•						
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that desc	cribes these iten	ns.	-			
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and	balance sł	neet work	s of		
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or	research in furt	herance of	public se	ervice,		
	provide the follow	ing amounts relating to these items:							
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1				► \$			
						► \$			
2	If the organization	received or held works of art, historical treat	asures, or other similar as	sets for financia	al gain, pro	vide			
	-	unts required to be reported under FASB A	-						
а	Revenue included	on Form 990, Part VIII, line 1							
b	Assets included in	n Form 990, Part X				▶ \$			

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

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Schedule D (Form 990) 2021

_		on for Por						22-31			age <b>2</b>
Par	t III Organizations Maintaining Co	ollections of Ar	t, His	torical Tre	easures, o	r Othe	r Simila	r Asset	s (contir	nued)	
3	Using the organization's acquisition, accessio	n, and other record	s, chec	k any of the	following tha	t make s	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	1 🗌	Loan or exc	change progr	am					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's col	lections and explair	n how t	hey further th	he organizati	on's exei	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, h	istorical trea	sures, or oth	er similaı	assets				
	to be sold to raise funds rather than to be mai								Yes		No
Par	t IV Escrow and Custodial Arrang								line 9, or		
	reported an amount on Form 990, Part			0							
1a	Is the organization an agent, trustee, custodia	n or other intermed	liarv for	contribution	s or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a							····· <b></b>			
	······································								Amoun	t	
c	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •				]
	t V Endowment Funds. Complete if										
		(a) Current year		Prior year	(c) Two yea		(d) Three y	ears back	(e) Four	r vears	back
1a	Beginning of year balance		,	,			( )				
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
е											
	and programs										
	Administrative expenses										
g	End of year balance	ant year and balance									
2	Provide the estimated percentage of the curre	•		rg, column (a	l)) heid as.						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Term endowment	•									
•	The percentages on lines 2a, 2b, and 2c shou	•									
за	Are there endowment funds not in the posses	sion of the organiza	ation th	at are held a	nd administe	rea for tr	ie organiza	ation	1	Yes	No
	by:									Tes	
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organizat								3b		
4	Describe in Part XIII the intended uses of the ort VI Land, Buildings, and Equipme		wment	tunds.							
Fai	Complete if the organization answered		Dort I	V line 11e C	Soo Earm 000		line 10				
						, , ,			( ) =	<del></del>	
	Description of property	(a) Cost or o			t or other	1	ccumulate	ed	<b>(d)</b> Boo	k valu	е
		basis (investr	nent)	Dasis	(other)	de	preciation				
	Land										
	Buildings										
	Leasehold improvements										
d	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	<u>X. colu</u>	<u>mn (B), line 1</u>	0c.)						0.
								Schedul	e D (Forn	n <b>990</b> )	2021

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Schedule D	) (Form 990) 2021	Foundation	for Portland	Public Schools	22-3179738 Page <b>3</b>
Part VII	Investments -	Other Securities.			
		*		e 11b. See Form 990, Part X, I	
		GOTY (including name of security)	(b) Book value	(c) Method of Valuation	n: Cost or end-of-year market value
• •	al derivatives				
(2) Closely (3) Other	fileid equity interests	S			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
		0, Part X, col. (B) line 12.) ► Program Related.			
	Complete if the or	ganization answered "Yes"		e 11c. See Form 990, Part X, I	
(4)	(a) Description o	finvestment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
<u>(1)</u> (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
		0, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.	appization answered "Vee"	on Form 000 Dort IV line	e 11d. See Form 990, Part X, I	line 15
		-	Description	- 110. See Form 990, Fart A, 1	(b) Book value
(1)		(4)	Description		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal F	orm 990, Part X, col. (B) line	e 15.)		
Part X	Other Liabilitie				
			on Form 990, Part IV, line	e 11e or 11f. See Form 990, P	
<u>1.</u>		Description of liability			(b) Book value
	deral income taxes	and Public Sc	haala		17190.
	le lo Porti	and Public Sc.			1/190.
(3)					
(4)					
(6)					
(7)					
(8)					
(9)					
	ımn (b) must equal F	orm 990 Part X col (R) line	e 25 )		▶ 17190.
				o the organization's financial	E I
					has been provided in Part XIII

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ....

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 Foundation for Portland			.79738 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1739135.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1739135.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	1	5	1739135.
	Total Fernie: Add lines S and Fer (This must equal Form 990, Part I, line 12	J	• • •	11351330
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expension	• • •	17391330
Pa	rt XII Reconciliation of Expenses per Audited Financial St. Complete if the organization answered "Yes" on Form 990, Part IV, lie	atements With Expension	• • •	
Ра 1	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expension 12a.	ses per Return.	1381344.
	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, li	atements With Expension 12a.	ses per Return.	
1	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements	ne 12a.	ses per Return.	
1 2	<b>rt XII Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ne 12a.	ses per Return.	
1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	atements With Expension           ne 12a.	ses per Return.	
1 2 a b	<b>rt XII Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	atements With Expension           ne 12a.           2a           2b           2c	ses per Return.	
1 2 a b c	<b>rt XII Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	ses per Return.	1381344.
1 2 b c d	<b>rt XII Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	atements With Expension           ne 12a.           2a           2b           2c           2d	ses per Return.	1381344.
1 2 b c d e	<b>rt XII Reconciliation of Expenses per Audited Financial St</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	atements With Expension           ne 12a.           2a           2b           2c           2d	ses per Return.	1381344.
1 2 b c d 3	<b>rt XII Reconciliation of Expenses per Audited Financial St</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a           2b           2c           2d	ses per Return.	1381344.
1 2 a b c d e 3 4	<b>rt XII Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	ses per Return.	1381344.
1 2 a b c d e 3 4 a	TXII       Reconciliation of Expenses per Audited Financial Statements         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d           2d	1           1           2e           3	<u>    1381344.</u> <u>    0.</u> <u>   1381344.</u> 0.
1 2 a b c d e 3 4 a b c 5	<b>rt XII Reconciliation of Expenses per Audited Financial St</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           2d	2e         3           4c         4c	1381344.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

132054 10-28-21

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Gov	rants and Oth vernments, an ete if the organization Go to www.ir	d Individual	<b>s in the Ŭni</b> on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 <b>2021</b> Open to Public Inspection
Name of the organization								Employer identification number
			land Public	c Schools				22-3179738
	formation on Grants a					(		
-	ation maintain records t		-			-		
	ward the grants or assis IV the organization's pro							
	d Other Assistance to					anization answered "Y	es" on Form 990. Part	IV. line 21. for any
	nat received more than \$	-					,,,	····, ···· = -, · = · ., · = · .,
.,	dress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Portland Public So 353 Cumberland Ave								The Foundation for Portland Public Schools grants funds directly to
Portland, ME 04103	1	80-0581499		337708.	0.			the Portland Public
2 Enter total number	er of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table				<u> </u>
	er of other organization							
LHA For Paperwork	Reduction Act Notice See Part	,	ons for Form 990. Lumn (h) des	scriptions	3			Schedule I (Form 990) 2021

Schedule I (	Form 990	) 2021
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Foundation for Portland Public Schools

22-3179738

Page 2

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

FPPS maintains records of all income and expenses, as well as criteria and

governing documents for all funds. These materials are reviewed regularly

by staff and board members. We meet with the organizations monthly for

updates, administration and programming discussions. The programs produce

an annual report with their accomplishments.

Part II, line 1, Column (h):

Name of Organization or Government: Portland Public Schools

Schedule I (Form 990)         Foundation for Portland Public Schools         22-3179738         Page 2           Part IV         Supplemental Information         Page 2         Page 3         Page 3
(h) Purpose of Grant or Assistance: The Foundation for Portland Public
Schools grants funds directly to the Portland Public Schools and/or to
organizations, individuals, or to purchase materials for the benefit of
the school district. All FPPS funds are meant to address unmet needs of
the schools and/or to enhance educational opportunities for present and
future students.

Schedule I (Form 990)

SCHEDULE O (Form 990)

Name of the organization



22-3179738

Form 990, Part I, Line 1, Description of Organization Mission:

educational opportunities, achievement, and equity for all Portland

Foundation for Portland Public Schools

Public Schools students and staff.

Form 990, Part VI, Section B, line 11b:

The FPPS recognizes that the governance role of its Board of Directors

includes the annual review and approval of Form 990 prior to its filing on

an annual basis.

Form 990, Part VI, Section B, Line 12c:

The organization monitors compliance with the Conflict of Interest Policy

by reviewing the organization's business, decision making and financial

status at monthly board meetings through the President's Report,

Treasurer's Report, and Committee reports. Additionally, each director,

committee member with Board-delegated powers annually sign a statement

affirming that such person has received, read, understood and will comply

with such policy.

Form 990, Part VI, Section B, Line 15a:

The board of Directors make a recomendation to the school board based on

review of local wage surveys.

Form 990, Part VI, Section C, Line 19:

Governing documents are available on our website and are also available

upon request.

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

Schedule O (Form 990) 2021