

**STATE OF COLORADO  
SECRETARY OF STATE**



**Registration Statement  
For Colorado Charitable Organizations**

**Renewal**

**Registration Number:** XXXXXXXXXX

**Renewal Id:** XXXXXXXXXX

**1. Organization's name:** SHEPARDSON PTO

**2. Organization's principal address and any other Colorado offices:**

**Street address:** 1501 SPRINGWOOD DR.

**City:** FORT COLLINS **State:** CO **Zip:** 80525 **Country:** United States

**Mailing address (if different):**

**City:** \_\_\_\_\_ **State:** \_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Telephone number:** 970-488-4525 **Fax number:** 970-488-4527

**Email:** SHEPARDSONPTO@GMAIL.COM

**Web site:** HTTP://WWW.PSDSCHOOLS.ORG/SCHOOLS/SHEPARDSON/

**3. Describe the organization's exempt purpose:**

THE PRIMARY PURPOSE OF THE PTO IS TO RAISE MONEY THROUGH FUNDRAISERS  
AND CONTRIBUTIONS TO PROVIDE ITEMS FOR TEACHERS AND THE SCHOOL THAT  
ARE NOT COVERED BY THE SCHOOL BUDGET.

**4. FEIN (Federal Employer Identification Number):** XX-XXXXXXX

**5. Has the organization applied for or been granted IRS tax exempt status? :** Yes

**Date of determination letter, or of application if determination is pending:** 08/31/2007

**If tax exempt, IRS code:** 501(C)(3)

**Are contributions to the organization tax deductible?:** Yes

**6. List the NTEE code(s) that best describes your organization:**

EDUCATION

**7. Other names under which organization solicits:**

SHEPARDSON PARENT TEACHER ORGANIZATION

SHEPARDSON ELEMENTARY SCHOOL

**8. Custodian of organization's financial records:**

**Name:** PUTMAN, SARAH

**Street Address:** 1501 SPRINGWOOD DR

**City:** FORT COLLINS **State:** CO **Zip:** 80525 **Country:** United States

**Phone Number:** 970-488-4525

**Email:** SHEPARDSONPTO@GMAIL.COM

**President/Board Chair:**

**Name:** WALLACE, KELLI  
**Street Address:** 1501 SPRINGWOOD DR  
**City:** FORT COLLINS **State:** CO **Zip:** 80525 **Country:** United States  
**Phone Number:** 970-488-4525  
**Email:** SHEPARDSONPTO@GMAIL.COM

**9. Names of officers, directors, trustees, and executive personnel of the charitable organization:**

**Name:** RICE, PAM  
**Title:** SECRETARY

**Name:** WORFORD, DAVID  
**Title:** PAST PRESIDENT

**Name:** DURKIN, JOHN  
**Title:** SAC REPRESENTATIVE

**Name:** HILL, CHELSEA  
**Title:** MEMBER AT LARGE

**Name:** WALLACE, KELLI  
**Title:** PRESIDENT

**Name:** PUTMAN, SARAH  
**Title:** TREASURER

**Name:** YATES, CAITLIN  
**Title:** VICE PRESIDENT

**Name:** PRICE, APRIL  
**Title:** VIPS COORDINATOR

**Name:** PODUSKA, ALISSA  
**Title:** SCHOOL PRINCIPAL

**Name:** RODIONOV, MILENA  
**Title:** WAYS & MEANS

**Name:** BOOKER, NICOLE  
**Title:** MEMBER AT LARGE

**Name:** MITCHELL, ANGELA  
**Title:** STAFF REPRESENTATIVE

**10. Name of authorized officer who signed this registration statement:**

**Name:** KELLI WALLACE  
**Date:** 11/21/2019