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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A F	or the 20	010 calendar year, or tax year beginning JU	L 1, 2010 and	ending (	JUN 30, 20	11	
B c	neck if	C Name of organization			D Employer ide	ntıficatio	n number
ap	plicable						
	Address change	Education Foundation of	Bloomington				
	Name change	Doing Business As	· · · · · · · · · · · · · · · · · · ·		41	<u>-1568</u>	3904
	]Initial  return	Number and street (or P.O. box if mail is not delive	· · · · · · · · · · · · · · · · · · ·	Room/suite	,		
	Termin- ated	2575 West 88th Street,	2nd Floor		95	<u> </u>	<u>-6103</u>
	Amended return	City or town, state or country, and ZIP + 4			G Gross receipts \$		<u> 126684</u>
	Applica-	Bloomington, MN 55431-			H(a) Is this a gro	up return	
	pending	F Name and address of principal officer. Anth	ony L. Engebre	tsen	for affiliates		Yes X N
					H(b) Are all affiliat	es ıncluded	?Yes N
		1 /3 / 1 /1 /	(insert no.) 4947(a)(1)		_		see instructions)
		www.educationfoundation			H(c) Group exer		
			ociation Other >	L Yea	r of formation: 198	86 M Stat	e of legal domicile: M
Pa		ummary					
မွ		efly describe the organization's mission or most s					PROGRAMS
ğ		ND SERVICES TO YOUTH IN T					
e.l			inued its operations or dispo	sed of mo	re than 25% of its i	1 1	
è		mber of voting members of the governing body (F	· · · · · · · · · · · · · · · · · · ·			3	2
8		mber of independent voting members of the gove				4	
Activities & Governance		al number of individuals employed in calendar ye	ar 2010 (Part V, line 2a)			5	<del></del>
<u>₹</u>		tal number of volunteers (estimate if necessary)				6	
Ac		tal unrelated business revenue from Part VIII, colu				7a	<u>C</u>
-	b Ne	t unrelated business taxable income from Form 9	90-T, line 34	<u>1</u>		7b	
1	• •			-	Prior Year	16	Current Year
ne		ntributions and grants (Part VIII, line 1h)			3194		101433
Revenue		ogram service revenue (Part VIII, line 2g)			0.0	0.	 556
R		restment income (Part VIII, column (A), lines 3, 4, a	•		2538		15804
		ner revenue (Part VIII, column (A), lines 5, 6d, 8e,	<u></u> ⊢	5822		117793	
		tal revenue · add lines & through IF (nust equal E ants and similar amounts pard (Part IX, column (A		3063		60763	
		nefits paid to or for members (Part IX, column (A),	(4/)	-	300.	0.	00703
,	15 Sa	laries, other compensation, employee benefits (Pa	art Manuma (A) lines 5-10)	-		0.	(
se		ofessional fundraising fees (Part IX, column.(A), lin		-		0.	(
Expenses		tal fundraising expenses (Part (X) (2) (Pipe (D), line	L	0.		<u> </u>	
EX		her expenses (Part IX, column-(A); lines 17a-11d,		<del>- • •</del>	415	20.	23260
		tal expenses. Add lines 13-17 (must equal Part IX			721		8402
		venue less expenses Subtract line 18 from line 1			-139		33770
ces	10 110	Vollad 1000 Oxportions Capitage line to from the		F	Beginning of Current		End of Year
sets	ı	tal assets (Part X, line 16)			2358		271900
Ags	21 To	tal liabilities (Part X, line 26)				0.	(
Net As Fund B	22 Ne	t assets or fund balances Subtract line 21 from li	ne 20		2358	40.	271900
		Signature Block		<del></del>			
Unde	er penaltie	s of perjury, I declare that I have examined this return, ii	ncluding accompanying schedul	es and state	ments, and to the bes	t of my kno	wledge and belief, it
true,	correct, a	ind complete. Declaration of Preparer Lother than officer	) is based on all information of w	hich prepar	er has any knowledge	١	
		Unttern & mills	•	-	4/23	12012	
Sign	ո   🏴	Signature of Afficer			Date	,	
Her	e	Anthony L. Engebretsen,	Treasurer				
	J	Type or print name and title					
	P	rint/Type preparer's name	Preparer's signature		Date Ch	eck [	PTIN
Paid					set	-employed	
Prep	arer F	rm's name			Firm's E	N	
Use	Only F	rm's address					
					Phone n	0	
May	the IRS	discuss this return with the preparer shown above	e? (see instructions)				Yes N
0320	01 02-22-1	1 LHA For Paperwork Reduction Act Notice	see the senarate instruct	ione			Form <b>990</b>

	990 (2010) Education Foundation of Bloomington 41-1568904 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	The Education Foundation of Bloomington's purpose is to help meet
	educational needs of students of the Bloomington Public Schools.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code: ) (Expenses \$ 19113 • including grants of \$ 19113 • ) (Revenue \$ )
48	INNOVATION GRANTS - PROJECTS THAT ADDRESS THE NEEDS OF STUDENTS,
	TEACHERS, AND PARENTS.
4b	(Code:) (Expenses \$5000 • including grants of \$5000 • ) (Revenue \$)
	COMPANIES TO CLASSROOMS - Fiscal Sponsor - Collects supplies, surplus
	materials, and goods from local businesses and distributes them to
	Bloomington and Richfield schools at no charge.
	•
	<del> </del>
	(Code. ) (Expenses \$ 36650 • including grants of \$ 36650 • ) (Revenue \$)
4c	
	SCHOLARSHIPS - FINANCIAL AID FOR BLOOMINGTON STUDENTS ATTENDING POST-SECONDARY EDUCATION CLASSES AS DETERMINED BY THE SCHOLARSHIP
	COMMITTEE.
4d	Other program services. (Describe in Schedule O)
	(Expenses \$ 18560 • including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ► 79323.
	Form <b>990</b> (2010)

	r		Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
_	If "Yes," complete Schedule A	1 2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-	^	
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			_
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ì		
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		77	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		x
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		A
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_x_
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
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, XII, and XIII 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,			
	and program service activities outside the United States? 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 assistance to any organization			<b>.</b>
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		<u> </u>
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.	16		
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ' '		<del> </del>
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
•	complete Schedule G, Part III	19		<u> x</u>
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	<u> </u>	<u> </u>
		Form	990	(2010)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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 25	24a		Х
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		
	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) and 501(c)(4) 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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			٠,,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			•
00	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	Instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	00-		x
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	<u> </u>	^
·	director, trustee, or direct or indirect owner? 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			
•	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	}		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	1
		Form	990	(2010)

· aı	Check if Schedule O contains a response to any question in this Part V				$\overline{}$
	oncok ii concade o contains a response to any question in this rat v			Vaa	
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<sub>1a</sub>   0		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a U			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r				
	(gambling) winnings to prize winners?	oportubio guilling	1c		ĺ
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 retuing		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			į l	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible?	<b>.</b>	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributivere not tax deductible?	ions or gπs	0.		
7	Organizations that may receive deductible contributions under section 170(c).		_6b_		<del> </del>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	vices provided to the payor:	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			i
	to file Form 8282?	· - <b></b>	7c	1	х
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 of	ontract?	7e_	L	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Figure 1.	orm 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	· · · · · ·			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.		اما		
a b	Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?		9a	<del> </del>	
10	Section 501(c)(7) organizations. Enter:		9b		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter	<u> </u>	1	1	
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a	<u> </u>	<b>↓</b>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	ļ		
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	<del> </del>	<del> </del>
L	Note. See the instructions for additional information the organization must report on Schedule O.			1	
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	405			
_	Enter the amount of reserves on hand	13b	-		
	Did the organization receive any payments for indoor tanning services during the tax year?	_ ioc	14a	<del>                                     </del>	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		<del>  ^</del>
		<u>.</u>		990	(2010

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

	Check if Schedule O contains a response to any question in this Part VI			$\mathbf{x}$			
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 20	ם [					
b	Enter the number of voting members included in line 1a, above, who are independent	ם					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		<u>X</u>			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Does the organization have members or stockholders?	6		<u>X</u>			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		<u>x</u> _			
b		7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
	by the following:						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>			
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)						
			Yes	No			
10a		10a		X			
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with those of the organization?	10b					
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	<u>X</u>				
b							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X			
Ь	<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise						
_	to conflicts?	12b					
Ç	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	100					
13	Does the organization have a written whistleblower policy?	12c		X			
14	Does the organization have a written document retention and destruction policy?	14		X			
15	Did the process for determining compensation of the following persons include a review and approval by independent	17					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			•			
а	The same of 1 050 5	15a		x			
	Other officers or key employees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			<u> </u>			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		X			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation						
	ın joınt venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b	l	<u> </u>			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►MN						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for					
	public inspection. Indicate how you make these available. Check all that apply						
40	Own website X Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	and fina	incial				
20	statements available to the public.	at.c= ►					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz Anthony L. Engebretsen - 952-460-7435	ation 🕨	_				
	2575 West 88th Street, 2nd Floor, Bloomington, MN 55431						
		Form	990	(2010)			
00000			-	, - · · - /			

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and Title	Average			Pos				Reportable	Reportable	Estimated	
	hours per	(cl	neck	all	that	app	ly)	compensation	compensation	amount of	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
KARYN J. ARAZI						}		_	_	_	
PRESIDENT		X		X	<u> </u>	ļ		0.	0.	0.	
ARLENE BUSH											
DIRECTOR		X	L			ļ	_	0.	0.	0.	
DR. CARL C. CASPERSON											
DIRECTOR		X		L.,		ļ		0.	0.	0.	
ANTHONY ENGEBRETSEN			]		]		1	1			
TREASURER		X	_	X		<u> </u>		0.	0.	0.	
ROBERT O. ERICKSON											
DIRECTOR		X		ļ				0.	0.	0.	
LES FUJITAKI										_	
DIRECTOR		X		_		_		0.	0.	0,	
ROBERT J. HAUER, JR.										_	
DIRECTOR		X				<u> </u>		0.	0.	0,	
KAROLYN L. LEE											
VICE PRESIDENT		X	<u> </u>	Х	_	_	_	0.	0.	0.	
ADDIE MATTSON								•			
SECRETARY		X		X		-	-	0.	0,	0,	
TED NEMZEK		١,,								_	
DIRECTOR		X	ļ	-	-	-	⊢	0.	0.	0 .	
BARBARA PARRISH		x									
DIRECTOR		<del> </del> ♣				-	├	0.	0.	0.	
RENEE J. RAMING		X						0.	0.	_	
DIRECTOR	<del></del>	╁≏	├─	<del> </del> -	$\vdash$	<u> </u>	-			0.	
LAURA S. SCHMIDT		x	ŀ					0.	0.	0 .	
DIRECTOR MARK MUCHECON	<del></del> -	┤≏		<del>                                     </del>	<del> </del>		-		0.		
MARK THORSON		x	1	}				0.	0.		
DIRECTOR		+≏	t	<del> </del>	$\vdash$	1	$\vdash$	<del>                                     </del>		0 .	
ANN C. TILLOTSON DIRECTOR	}	X		}				0.	0.	0.	
FLORA TSUKAYAMA		† <del>*</del>	$\vdash$	1	t	$\vdash$		†	<u>.</u>	<del> </del>	
DIRECTOR		X						0.	0.	0.	
MARY K. UDSETH		†**	1	$\vdash$		1					
DIRECTOR		x						0.	0.	0.	
032007 12-21-10	<del></del>	1				_		<u>.                                    </u>		Form <b>990</b> (2010	

(A) Name and title	(B) Average hours per			(C Pos	C) ition			(D)  Reportable compensation	(E) Reportable compensation		(F) Estimated amount of		
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC		other compens from the organization and relations	ation ne ition ited	
CARY WEATHERBY		х						0.		0.		0.	
DIRECTOR WENDY MARCZAK		Α	ļ			Ì	_	0.		*		<u> </u>	
DIRECTOR		X						0.		0.		0.	
MAUREEN PETERSON DIRECTOR		x						0.		0.		0.	
1b Sub-total	1	1			L.,_	<b></b>	l	0.		0.		0.	
c Total from continuation sheets to Part V	II, Section A							0.		0.		0.	
d Total (add lines 1b and 1c)  2 Total number of individuals (including but recompensation from the organization	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100		0.		<u>0.</u> 0	
		_								Г	Yes	No	
<ul> <li>Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the si</li> </ul>	such individual					_			-	-	3	x	
and related organizations greater than \$15			-						J		4	X	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con					-		relat	ed organization or indiv	idual for services	ļ	5	x	
Section B. Independent Contractors	ipiete ochedui	00	01 3	ucn	per	3011					<u> </u>	1 22	
Complete this table for your five highest countries the organization.     NONE	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	ensa	ation from		
(A) Name and business	address							(B) Description of s	services	С	(C) ompensat	on	
							_						
Total number of independent contractors (     \$100,000 in compensation from the organi		not li	mite	ed to		ose li O	stec	above) who received n	nore than				

	T VIII	ii   Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ıts	1 a	Federated campaigns	1a					
E	b	Membership dues	1b					
an (S	С	Fundraising events	1c					
Contributions, gifts, grants and other similar amounts	d	Related organizations	1d					
		Government grants (contribution						
음의	f	All other contributions, gifts, grants,	F 1					
들뒝		similar amounts not included above	1f	101433.				
E E	_	Noncash contributions included in lines 1a-	1f \$		404400			
0 6	h	Total. Add lines 1a-1f	<del></del>	<b>P</b>	101433.		<del></del>	<del> </del>
	_			Business Code				
je	2 a							
ie Š	b						·	<del> </del>
ξğ	d			· <del>-</del>	<del></del>	· · · · · · · · · · · · · · · · · · ·		<del> </del>
Program Service Revenue	e							<del></del>
원	_	All other program service revenu	е				<u></u>	<del> </del>
		Total. Add lines 2a-2f	•	<b>•</b>				1
	3	Investment income (including div	/idends, intere	est, and				
		other similar amounts)		▶	556.			556.
	4	Income from investment of tax-e	xempt bond p	roceeds 🕨				
	5	Royalties		<b>_</b> _				
			(i) Real	(ii) Personal				
	6 a	Gross Rents						
	b	' <u>-</u>	·					
1	C	` ′ —		L				
1	d	· , , , , , , , , , , , , , , , , , , ,						
ł	7 a		(i) Securities	(ii) Other				
		assets other than inventory						
	D	Less: cost or other basis						
	_	and sales expenses						
	o o							
ä	8 a	Gross income from fundraising e	•		<del></del> .			
Other Revenue		including \$ contributions reported on line 1c	of					
æ		Part IV, line 18		24695.				
je	۲	Less direct expenses	a b	0004				
δ		Net income or (loss) from fundra	_	<b>D</b>	15804.			15804.
		a Gross income from gaming activ	-					
		Part IV, line 19	а					
}	t	Less: direct expenses	b					
	c	Net income or (loss) from gamin	g activities	<b></b>				
	10 a	a Gross sales of inventory, less ref	turns		•			
		and allowances	а					
	t	Less: cost of goods sold	b					
		Net income or (loss) from sales of	of inventory					
		Miscellaneous Revenue		Business Code				
	11 a			<u> </u>		ļ		
	t	·						
	•		<del></del>	<del></del>				
	C	All other revenue				<del> </del>	<del></del>	
		Total, Add lines 11a-11d			117702			16360
03200	12	Total revenue. See instructions.			117793.	0.	0	. 16360

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	All other organizations must comp	olete column (A) but are i	not required to complete		
	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 governments and		,		
	organizations in the U.S. See Part IV, line 21	24113.	24113.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	36650.	36650.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		· · · · · · · · · · · · · · · · · · ·		
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	250.		250.	
13	Office expenses	187.		187.	
14	Information technology	2791.		2791.	
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	200.		200.	
20	interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	424.		424.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	Food For Thought	9649.	9649.		
b	Student Success Stipend	5411.	5411.		
С	Prodigy Awards	3000.	3000.		
d	Senior Night	500.	500.		
е	Bank Service Charges	320.		320.	
f	All other expenses	528.		528.	
25	Total functional expenses. Add lines 1 through 24f	84023.	79323.	4700.	0.
26	Joint costs. Check here   98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
					Farm 990 (2010)

Form **990** (2010)

Pai	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		53204.	1	87969.
	2	Savings and temporary cash investments		56455.	2	56760.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, director	ors, trustees, key			
		employees, and highest compensated employees. C	Complete Part II			
		of Schedule L			5	<u>-</u>
	6	Receivables from other disqualified persons (as defin	ned under section			
		4958(f)(1)), persons described in section 4958(c)(3)(E	3), and contributing			
		employers and sponsoring organizations of section	501(c)(9) voluntary			
		employees' beneficiary organizations (see instruction	ns)		6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D 10	a			
	b	Less accumulated depreciation 10	b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11		126181.	12	127171.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal lin	e 34)	235840.	16	<u> 271900.</u>
	17	Accounts payable and accrued expenses		17		
	18	Grants payable			18	<del></del>
	19	Deferred revenue .			19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete Part			21	
Liabilities	22	Payables to current and former officers, directors, tr			}	
<u>ia</u>		highest compensated employees, and disqualified p	ersons Complete Part II			
_		of Schedule L		-	22	
	23	Secured mortgages and notes payable to unrelated			23	
	24	Unsecured notes and loans payable to unrelated the	rd parties		24	
	25	Other liabilities Complete Part X of Schedule D		0.	25	0.
	26	Total liabilities. Add lines 17 through 25	N V	0.	26	<u> </u>
		Organizations that follow SFAS 117, check here	and complete			
ĕ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets		43874.	27	46587.
lan	28	Temporarily restricted net assets		65785.		98142.
Ä	29	Permanently restricted net assets		126181.		127171.
Š	23	Organizations that do not follow SFAS 117, check	k here   and	120101.	23	12/1/10
Ē		complete lines 30 through 34.	Kilele P allu			
ts c	30	Capital stock or trust principal, or current funds			30	
sse	31	Paid-in or capital surplus, or land, building, or equip	ment fund	<del></del>	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated incom			32	
Š	33	Total net assets or fund balances	, 5. 5 101100	235840.		271900.
	34	Total liabilities and net assets/fund balances		235840.		271900.
	, •	. Star macritico and not according balances				2,1500

Form **990** (2010)

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

3b

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2010

Open to Public Inspection

Employer identification number

Education Foundation of Bloomington 41-1568904 Reason for Public Charity Status (All organizations must complete this part ) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c X Type III · Functionally integrated d \_\_\_ Type III - Other Type I b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No Х the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. organization in col. (i) listed in your organization in col. organization organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes SCHOOLS WITHIN INDEP 28024. X

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

Schedule A (Form 990 or 990-EZ) 2010

28024.

032021 12-21-10

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	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
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			İ						
	furnished by a governmental unit to				1					
	the organization without charge			<u> </u>						
4	Total. Add lines 1 through 3									
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly	İ								
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
	Public support. Subtract line 5 from line 4									
Sec	ction B. Total Support		1	,	γ	1				
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
7	Amounts from line 4									
8	Gross income from interest,		1							
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV)									
	Total support. Add lines 7 through 10		L .				L			
	Gross receipts from related activities,	•	=			12				
13	First five years. If the Form 990 is for	•	s first, second, the	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)				
Se	organization, check this box and stop ction C. Computation of Publ		ercentage							
14	Public support percentage for 2010 (	line 6, column (f) c	divided by line 11,	column (f))		14	%			
15	Public support percentage from 2009	Schedule A, Part	t II, line 14			15	%			
16a	33 1/3% support test - 2010.If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and			
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n		•				
t	33 1/3% support test - 2009. If the o	irganization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check the	ns box			
	and stop here. The organization qual	· · · · · · · · · · · · · · · · · · ·	• • •				▶□			
178	10% -facts-and-circumstances tes	t - <b>2010.</b> If the org	janization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check	this box and stop	here. Explain in Pa	art IV how the orga	nization			
	meets the "facts-and-circumstances"	_	•	• • • •	-		▶∟			
t	10% -facts-and-circumstances tes	-								
	more, and if the organization meets t				•		е			
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.									
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 17						
					Sch	edule A (Form 99	0 or 990-EZ) 2010			

## Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	ciow, picase comp	nete i ait ii j		<del></del>		
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	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						
Ŭ	are not an unrelated trade or bus-	ļ ,					
	iness under section 513						
					<del> </del>	<del>                                     </del>	<del> </del>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf		<u> </u>		<u> </u>		
5	The value of services or facilities	}					
	furnished by a governmental unit to					Ì	
	the organization without charge		<u> </u>				
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and	]					
	3 received from disqualified persons						
k	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)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6						
10	a Gross income from interest,	'	1				
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	c Add lines 10a and 10b						
	Net income from unrelated business				<u> </u>		<del></del>
	activities not included in line 10b,					1	
	whether or not the business is regularly carried on						
12	Other income Do not include gain						
_	or loss from the sale of capital						
12	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	r the organization'	e first second the	rd fourth or fifth i	tay yaar as a sacti	on 501(c)(3) organ	uzation
17	check this box and stop here	the organization.	s mat, second, trii	ia, ioartii, or iiitii	ian year as a secti	on so recipio, organ	Lation,
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15				column (fl)		15	%
16		•		00.0 (1))		16	<u></u>
	ction D. Computation of Inves					1.0	
	Investment income percentage for 20					17	%
	Investment income percentage from		· · · · · · · · · · · · · · · · · · ·	10, 00101111 (1))		18	
	a 33 1/3% support tests - 2010. If the			on line 14, and lin	e 15 is more than	<u> </u>	<del></del>
	more than 33 1/3%, check this box a	_					▶□
1	b 33 1/3% support tests - 2009. If the		_				and P
,	line 18 is not more than 33 1/3%, che	•					. —
20	Private foundation. If the organization			•	, , ,		
	ato roundation. in the organization	did flot officer a	200 OTTING 14, 13	Jan Or 13D, CHECK	DOX aid SEE II	1011110110110	

### SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2010
Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

Education Foundation of Bloomington 41-1568904 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

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

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Schedule D (Form 990) 2010

	dule D (Form 990) 2010 Educati t III Organizations Maintaining C	on Foundat:						68904 ts (continu	
3	Using the organization's acquisition, accessi								
	(check all that apply):		•			_			
а	Public exhibition	d	Loan or ex	change progra	ams				
b	Scholarly research	е							
c	Preservation for future generations							-	
4	Provide a description of the organization's co	ollections and explain	n how they further	the organizati	on's exe	mpt purpo	se in Part	XIV	
5	During the year, did the organization solicit of	•	•	-					
-	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizat	on answered	"Yes" to	Form 990	, Part IV, I	ne 9, or	
	reported an amount on Form 990, Pa		·						
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	ons or other as	sets not	ıncluded	-		
	on Form 990, Part X?		•					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:						
		·	· ·					Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a							☐ No		
b	b If "Yes," explain the arrangement in Part XIV.								
Par			swered "Yes" to f	orm 990, Part	IV, line 1	10			
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	126181.	(	).l					
b	Contributions		126500	).					
С	Net investment earnings, gains, and losses	990.	-319	1					
d	Grants or scholarships						-		
e	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	127171.	12618:	i.					
2									
а									
b	100.00								
С		%							
За	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization								
	by:							Y	'es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Schedule R?					3b	
4	4 Describe in Part XIV the intended uses of the organization's endowment funds								
Pa	rt VI Land, Buildings, and Equipn	nent. See Form 99	0, Part X, line 10.						
	Description of investment	(a) Cost or o	1	st or other is (other)	1 '''	Accumulate epreciation		(d) Book	value
10	Land		340	V/					·-
ıa b	Buildings				<del>                                     </del>		-		
0	Leasehold improvements								
ن	Equipment	-							
d	Other				<u> </u>				
	I. Add lines 1a through 1e (Column (d) must o	equal Form 990 Pod	Y column (R) had	10(c) )	·				0.
<u>10ta</u>	i. Add intes ta trirough te (Columnia) Must (	squai ruiii 990, Pan	. ^, Wiumin (b), iini	5 10(C/)					<u> </u>

Schedule D (Form 990) 2010

	dule D (Form 990) 2010 Education Foundation of Bloom XI Reconciliation of Change in Net Assets from Form 990 to		oial St		8904 Page 4
Га	· · · · · · · · · · · · · · · · · · ·	Audited Fillali		atements	11000
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		117793.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		84023.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	•	33770.
4	Net unrealized gains (losses) on investments		4		990.
5	Donated services and use of facilities		5		
6	Investment expenses		6	· · · · - · · · · · · · · · · · · · · ·	
7	Prior period adjustments		7	····	1300.
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		2290.
10 Do:	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10	r Poturn	<u>36060.</u>
_	t XII Reconciliation of Revenue per Audited Financial Statemer	iitz witti Hevel	iue pe		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1			
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c		<b></b>	
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
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 XIV)	4b			
С	Add lines 4a and 4b			4c	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	enses	per Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	<u> </u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	rt XIV Supplemental Information				
X, lır <u>Pa</u>	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compart V, line 4: Income from permanently endownused for student scholarships.	olete this part to pro	ovide an	y additional info	rmation.
		<del></del>			
		<del></del>			
-				· ···	

### SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization						Employer ide	ntification number
	<u>on Foundation of B</u>					41-1568	
Part I Fundraising Activities. required to complete this part	Complete if the organization answer	ered "\	es" to	o Form 990, Part IV,	line 1	7. Form 990-EZ	I flers are not
1 Indicate whether the organization rais	ed funds through any of the following	ng acti	vities	Check all that apply			
a Mail solicitations	<del></del>			overnment grants			
b Internet and email solicitations	<del></del> ,		-	nment grants			
c Phone solicitations	g Special	fundra	using	events			
d In-person solicitations	w aval agraament with any military	(in al	d	fficara disastasa tu.			
2 a Did the organization have a written of key employees listed in Form 990, P.	-	•	-			Yes	□ No
b If "Yes," list the ten highest paid indi	-			-			
compensated at least \$5,000 by the		uant t	o agi c	cirionis under winer	11101	and also is to	50
		· · · · · · · · · · · · · · · · · · ·		<u> </u>	Ι		<u> </u>
(i) Name and address of individual	(ii) Actuate	(iii)	Did aiser	(iv) Gross receipts	tò (c	Amount paid or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity	or cor	ustody itrol of utions?	from activity	1	fundraiser (i)	organization
		Yes	No				
		ļ	ļ				
		ļ					
		<del> </del>			-	<del></del>	
		ļ					
Total			<b>•</b>				
<ol> <li>List all states in which the organization or licensing.</li> </ol>	on is registered or licensed to solicit	contrib	oution	s or has been notifie	d it is	exempt from r	egistration
					-		
			<del></del>		<del></del>		<del>.</del>
						<del> </del>	
				· · · · · · · · · · · · · · · · · · ·		· <del></del>	
LHA Paperwork Reduction Act Notice,	see the Instructions for Form 990	or 99	D- <b>EZ</b> .			Schedule G (For	m 990 or 990-EZ) 2010

	edu irt l	e G (Form 990 or 990 EZ) 2010 Educat  Fundraising Events. Complete if the	ion Foundati e organization answered	on of Bloomi I "Yes" to Form 990, Par	ngton 41- t IV, line 18, or reported	1568904 Page 2 more than \$15,000
		of fundraising event contributions and gre	oss income on Form 990	EZ, ines 1 and 6b. List	events with gross receip	ots greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Golf		None	(add col (a) through
			Scramble			, , , , , , , , , , , , , , , , , , , ,
m			(event type)	(event type)	(total number)	col (c))
Š						
Revenue	1	Gross receipts	24695.			24695.
	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	24695.			24695.
	4	Cash prizes				
ses	5	Noncash prizes				
Orrect Expenses	6	Rent/facility costs				
Direct	7	Food and beverages	4353.			4353.
	8	Entertainment				
	۵	Other direct expenses	4538.			4538.
	10	Direct expense summary Add lines 4 through		<u> </u>		( 8891)
	11	Net income summary. Combine line 3, colum				15804.
Pa	irt	III Gaming. Complete if the organization		990. Part IV. line 19. or	reported more than	130046
		\$15,000 on Form 990-EZ, Ine 6a				
				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Ş.						
æ	1	Gross revenue				
	- <u>-</u> -	3,000 1010100				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	_	Other direct expenses				
	5	Other direct expenses				
	6	Volunteer labor	Yes %  No	Yes % No	Yes %  No	
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		<b>•</b>	
	8	Net gaming income summary Combine line			_	
	. •	Net gaming income summary combine line	i, column d, and line /			
0	En	ter the state(s) in which the organization opera	otes gaming activities			
		the organization licensed to operate gaming ac	-	etatos?	<del></del>	Yes No
		- · · · · · · · · · · · · · · · · · · ·				res No
	, 11	No," explain:	<del></del>			<del>.</del>
		· <u>-</u> · · · · · · · · · · · · · · · · · · ·				
10-	. \	ere any of the organization's gaming licenses r	avokod suspandad ar te	rminated during the tay	waar?	Yes No
		· · · · · · · · · · · · · · · · · · ·	·		5	Yes No
	, 11	Yes," explain.		<del></del>	<del></del>	
	-		·· · · · · · · · · · · · · · · · · · ·		<del></del>	
	_					
0320	82 0	1-13-11			Schedule G (Fo	rm 990 or 990-EZ) 2010

Sch	nedule G (Form 990 or 990-EZ) 2010 Education Foundation of Bloomington 41-	1568904	: Page <b>3</b>
11	Does the organization operate gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
12	Indicate the percentage of gaming activity operated in		110
		40-	0/
	a The organization's facility	13a	<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
_	of gaming revenue retained by the third party > \$		
_	of "Yes," enter name and address of the third party		
·	on the harte and address of the time party		
	Name		
	Address >		
16	Gaming manager information		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	·		
č	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		□ No
	retain the state gaming license?	Yes	NO
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$	<del></del>	
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (innes 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.		

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Education Foundation of Bloomington General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990) Part I

OMB No 1545-0047

Open to Public

Inspection

**Employer identification number** X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 |

41-1568904

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for mon	toring the use of grant 1	funds in the United	d States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	United States. O	omplete if the orga	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Check this	s box if no one recipient	t received more th	an \$5,000 Part II	can be duplicated if	additional space is nee	pape
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							Provide funding for
Schools within Independent School							projects that address the
District #271 - 1350 W. 106th							needs of students,
Street - Bloomington, MN 55431		170(b)(1)(A)(ii)	19113.	0			teachers, and parents,
Companies to Classrooms							Provide funding for
8301 Grand Ave S., Suite 200							operational expenses,
Bloomington, MN 55420	20-2249768	501(c)(3)	5000.	0.			including rent,
			, , , , ,				
<ul><li>2 Enter total number of section 501(c)(3) and government organizations</li><li>3 Enter total number of other organizations</li></ul>	ind government or s	ganizations					
1 -	, see the instruct	ions for Form 990.					Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010) Education Foundation of Bloomington

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

Part III can be duplicated if additional space is needed

Page 2

41-1568904

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Scholarships	39		.0		
•					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the informatic	in required in Part I,	line 2, and any other	additional information	
Schedule I, Part I, Line 2: Applicati	ons	are submitted	and	reviewed by a	
committee of the foundation. Each	grant	pplication	application must 1)include	clude the	
name of the school/program site, 2	2)provide	the name of	of the applicant	licant or	
team contact and phone numbers, 3)	3)be accom	accompanied by	a letter o	of support	
from the principal or program leader,	er, and	4)provide	a detailed	description	
of the proposed project, including	audience,	e, activities,	and	timeliness.	
The applications are reviewed by the		committee to de	determine th	that the	
projects are innovative educational	l projects,	or	support the e	exempt purpose	
of the organization, and that the	proposed	activities	are not	already	
	į				Schedule I (Form 990) (2010)

Schedule I (Form 990) 2010 Education F Part IV Supplemental Information	Foundation of Bloomington	41-1568904 Page 2
Part IV   Supplemental Information		
funded through manufact budgets	Roundation swants and mat	intended to
funded through regular budgets.	roundation grants are not	intended to
supplement or replace funding.		
supprement of reprace randing.		
· · · · · · · · · · · · · · · · · · ·		
	<del>.</del>	
1101-11-1-0-300-00-1	100000	

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

## . Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

Education Foundation of Bloomington

Employer identification number 4.1 - 1.568904

Education Foundation of Bloomington 41-1500904
Form 990, Part III, Line 4d, Other Program Services:
PRODIGY AWARDS - TEACHERS VOTED ON BY THEIR PEERS ARE GIVEN AWARDS TO
RECOGNIZE THEIR OUTSTANDING AND EXEMPLARY DEDICATION TO THE BLOOMINGTON
SCHOOL DISTRICT.
Expenses \$ 3000. including grants of \$ 0. Revenue \$ 0.
STUDENT SUCCESS STIPENDS - FINANCIAL AID FOR STUDENTS TO PARTICIPATE IN
VARIOUS EDUCATIONAL ACTIVITIES.
Expenses \$ 5411. including grants of \$ 0. Revenue \$ 0.
FOOD FOR THOUGHT - provides hot lunches to students in need of
financial assistance.
Expenses \$ 9649. including grants of \$ 0. Revenue \$ 0.
SENIOR NIGHT - Expenses for school event to honor high school seniors before graduation.
Expenses \$ 500. including grants of \$ 0. Revenue \$ 0.
Form 990, Part VI, Section B, line 11: A draft copy of the Form 990 was
emailed to members of the board to review and comment on before it was
filed with the IRS.
Form 990, Part VI, Section C, Line 19: The organization's governing
documents and financial statements are available to the public upon
request.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization  Education Foundation of Bloomington	Employer identification number 41-1568904
Form 990, Part XI, line 5, Changes in Net Assets:	
Net unrealized gains on investments:	990.
Prior period adjustments:	1300.
Total to Form 990, Part XI, Line 5	2290.
	····

Form 8868 (Rev. 1-2011) •					
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box					X
Note. Only complete Part II if you have already been granted an a	utomatic	3-month extension on a previously filed	Form 8	8868	
If you are filing for an Automatic 3-Month Extension, complet				<u>.</u>	
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).					
Type or	Name of exempt organization			loyer identification	number
print Education Foundation of Bloc	Education Foundation of Bloomington			1-1568904	
File by the extended Number, street, and room or suite no. If a P.O box, see instructions					<del>.</del>
due date for 2575 West 88th Street. 2nd Floor					
filing your return See City, town or post office, state, and ZIP code For a foreign address, see instructions					
Instructions Bloomington, MN 55431-1925		, 			
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990	01				<u> </u>
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above)	05 06	Form 6069 Form 8870			11
STOP! Do not complete Part II if you were not already granted	1	•	cly file	d Form 8968	1 12
Anthony L. Enge			SIY IIIC	<u> </u>	
• The books are in the care of <b>&gt;</b> 2575 West 88th Street, 2nd Floor - Bloomington, MN 55431					
Telephone No. ► 952-460-7435 FAX No ►					
If the organization does not have an office or place of business in the United States, check this box					
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this					
box lf it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.					
4 I request an additional 3-month extension of time until May 15, 2012					
5 For calendar year, or other tax year beginning <u>JUL 1, 2010</u> , and ending <u>JUN 30, 2011</u>					
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return					
Change in accounting period					
7 State in detail why you need the extension					
The organization needs additional time to gather information in order					
to file a complete and accurat	te ta	x return.			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less any	Γ		
nonrefundable credits See instructions.			8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated				l.	
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					
previously with Form 8868					0.
c Balance due. Subtract line 8b from line 8a Include your pa	•	th this form, if required, by using			_
EFTPS (Electronic Federal Tax Payment System) See instructions.				\$	<u> </u>
_		nd Verification			a la d
Under penalties of perjury, I declare that I have examined this form, includ it is true, correct, and complete, and that I am authorized to prepare this fo	orm.	panying scriedules and statements, and to th	e dest c	or my knowledge and t	ellet,
Signature ► Title ► 1	<u>Treas</u>	urer	Date	<b>&gt;</b>	
				Form 9969 (D	ov 1.2011\

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