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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 private foundations)

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Open to Public Inspection

	Α	For the	2014 calen	ıdar year, or tax	year begi	inning 7/	01	, 201	4, and endir	ng 6/3	30	, 201	.5		
	В	Check if ap	plicable	C			•				D Employer ic	lentification	number		
		Addre	ss change	Education	Found	ation of	Bloomin	gton			41-15	68904			
		Name change 2575 West 88th Street, 2nd Floor								E Telephone r	umber				
		Initial	return	Bloomning	ton, M	N 55431-	1925				952-9	41-792	.4		
		Final re	turn/terminated							•					
		Amen	ded return								G Gross recen	ots \$	107,460.		
		H	ation pending	F Name and addr	ess of princip	oal officer				H(a) Is this a	group return for	subordinate			
			audir panamig	Same As C						H(b) Are all	subordinates incl attach a list (see	uded?	\mathbf{H}^{-}		
	$\overline{\mathbf{I}}$	Tax-exe	mpt status	X 501(c)(3)	501(c) ()◀ ((insert no)	4947(a)(1)	or 527	If 'No,'	attach a list (see	instructions	., — —		
	i	Websi		w.educatio			<u>`</u>			H(c) Group (exemption numbe	er 🕨			
	K		organization	X Corporation	Trust	Association	Other >		L Year of forma			of legal don	nucile MN		
	Pa		Summai	11	1,,,,,,	1 / 10000100011		<u></u>		1700	, , ,		111		
	H	1 Br	efly descr	ibe the organiza	tion's mis	sion or most	significant ac	ctivities:	Provide	and fac	cilitate	progr	ams and		
		S	ervices	s to youth	in the	Bloomi	nation Pub	olic Sc	chools.	<u> </u>	2111000	7577	727 727		
(CO)	Governance		21,1500	,_ <u>co</u> 1000.					<u> </u>						
5	Ē	_													
₹	Š	2 Cr	neck this b	ox ► If the	organızati	ion discontin	ued its operat	tions or di	sposed of m	ore than 2	5% of its net	assets.			
145	ğ			oting members of							_ 3	<u> </u>	22		
F	න්			ndependent votir	-		-				4		0		
≵	Activities			r of individuals e				irt V, line	2a)		5		0		
署	흃			r of volunteers (o 10			6		0		
Ф	⋖	7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34									'a 'b	0.			
重	-	- 1	- Guinelalei	Journes Savar	JIE II ICOITIE	e irom ronn	990-1, lifle 3-	+			rior Year		urrent Year		
SCANNED NOV 11 4 2015		R	entributions	s and grants (Pa	et VIII lin	o 1h)				F-	77,569		106, 889.		
#	_8\			vice revenue (Pa							11,369	<u>'-</u>	100,009.		
Ŝ	Revenue			ncome (Part VIII			4 and 7d)			-	565		571.		
9 ,	Æ			e (Part VIII, col				nd 11e)		<u> </u>					
		\ \ \ \ \ \	(^\/	e – add lines 8					line 12)		78,134	_	107,460.		
				similar amounts							41,150		68,820.		
				d to or for memb											
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)													
ea'	968	16a Professional fundraising fees (Part IX, column (A), line 11e)							•						
SCANNED NOV	Expenses			ising expenses (-				150						
	ង			-				<u> </u>	158.	-	00 564		20 216		
岩				ses (Part IX, col) less OE)		-	22,564		28,316.		
ñ				ses. Add lines 13				i), line 25)	1	-	63,714		97,136.		
	88	19 Re	evenue les	s expenses. Sub	otract line	18 from line	! 12				14,420		10,324.		
Z	200	20 To	tal accate	(Part X, line 16)						Beginnin	g of Current Ye		End of Year		
\mathbb{S}	A B			es (Part X, line 16,						ļ	305,944 0		316, 268.		
	Fund			-	-	01 (-			0.		
ော				r fund balances.	Subtract	line 21 from	line 20	:_	•		305,944	-	316, 268.		
2				re Block											
2015	Unde	er penalties plete Decla	of perjury, I d ration of prep	teclare that I have exa arer (other than office	amined this re er) is based o	eturn, including a in all information	accompanying scho of which preparer	edules and st has any kno	atements, and to wledge	the best of m	y knowledge and	belief, it is	rue, correct, and		
-	_			(1)	2000	.0 1	- 8 - 2 -				10-1	<u> </u>	, . , . , 		
	Sig		Signati	ure of officer			aggar	4		Da	te	<u>بـ ا عد</u>			
	He		Dic	hard Safar	.7			\supset		Treas	rurer				
	•••			or print name and title						IICa	urer				
			Print/Type	preparer's name		Preparer's s	ignature		Date		Check if	PTIN			
	D -	:a		·		_ ` .	id Prepa	rer			self-employed				
	Pa	eparer	Firm's nam	ne Þ		- Inon re	iza i i epa.								
		e Only									Firm's EIN ►				
		y	Funts add								Phone no				
	May	the IDS	discuss t	his return with th	ne prepare	er shown ah	ove? (see incl	tructions)			THURS NO		Yes No		

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 05/28/14

Form 990 (2014)

	n 990 (2014) Education Foundation of Bloomington	41-1568904	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	,		
	The Education Foundation of Bloomington's purpose is to help me	et_educational	l_needs
	of students of Bloomington Public Schools	-	
			.
	Did the exception undertake on confinent except and divine the year which were not held on the		
Z	Did the organization undertake any significant program services during the year which were not listed on the p Form 990 or 990-EZ?		es X No
	If 'Yes,' describe these new services on Schedule O.	∐ Y €	s M
2	Did the organization cease conducting, or make significant changes in how it conducts, any program s	services? V	es X No
,	If 'Yes,' describe these changes on Schedule O.	icivices.	cs A No
4	Describe the organization's program service accomplishments for each of its three largest program se	rvices as measured	hy expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocational revenue, if any, for each program service reported.	ons to others, the total	al expenses,
	(Code) (Euconoce \$ CO 000 polyuting greats of \$	(Revenue \$	
48		·	· Wich
	Scholarships - Scholarships are awarded to seniors from Jeffers Schools at accademic honors events for the graduating class.	on and kennedy	. – – – – – – – – – – – – – – – – – – –
		- -	-
		- 	
			·
		· 	
	Children's Food for Thought - Provides free school meals for st income is not low enough to qualify for Federally funded free/r	educed-price n	neals.
			
			· ·- ·
40	C (Code:) (Expenses \$4,926. Including grants of \$) Student Success Stipends - Financial aid for students to partic educational activities.	(Revenue \$ipate in vario	ous)
			-
		- 	
40	d Other program services. (Describe in Schedule O.) (Expenses \$ 5,580. including grants of \$) (Revenue	\$)
40	e Total program service expenses ► 94, 055.		
BAA	TEEA0102L 05/28/14	F	orm 990 (2014)

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		Х
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		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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
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.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		X
ı	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b	Х	
•	c 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	11 c		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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		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.	11 f		Х
12:	a 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	12Ь		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
l	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		х
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		Х
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		х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
	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		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
- 1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 ь		

Form	n 990 (2014) Education Foundation of Bloomington	41-1568904	٢	rage 4
Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	n or		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	s on Part IX,	х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization' and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> 'Yes,' <i>complet Schedule J</i>	s current e		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 2 complete Schedule K. If 'No, 'go to line 25a	O as of 4d and 24a		х
Ė	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to cany tax-exempt bonds?	defease 24c		
c	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess be transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	nefit 25a		х
t	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior y that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' cor Schedule L, Part I	rear, and nplete 25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any curre former officers, directors, trustees, key employees, highest compensated employees, or disqualified pe if 'Yes', complete Schedule L, Part II	nt or rsons?		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantic contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family m of any of these persons? If 'Yes,' complete Schedule L, Part III			Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part I instructions for applicable filing thresholds, conditions, and exceptions):	v		
а	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	•	х
c	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) w officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	as an 28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule	M 29	ļ	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified contributions? If 'Yes,' complete Schedule M	d conservation 30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule	e 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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations se 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	ections 33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part I and Part V, line 1	I, III, or IV,		х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	Х
t	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	controlled 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable organization? If 'Yes,' complete Schedule R, Part V, line 2	related 36_		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization a treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	and that is		Х

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O BAA

Form **990** (2014)

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Form 990 (2014) Education Foundation of Bloomington

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			<u>. </u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .			
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a	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		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0	3 b		
4 a	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)?	4 a		х
b	If 'Yes,' enter the name of the foreign country:			
	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	:	х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	•	
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?	7 a		x
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			<u> </u>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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		
	Sponsoring organizations maintaining donor advised funds.	_		
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		<u> </u>
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter.			
	Gross income from members or shareholders.			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	125		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	12a		\vdash
	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
-	Note. See the instructions for additional information the organization must report on Schedule O.	-53		\vdash
h	Enter the amount of reserves the organization is required to maintain by the states in	l		
	which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
AA			900	(2014)

Form 990 (2014) Education Foundation of Bloomington 41-1568904 Page 6 Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1 a 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 1h 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 Х 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? \overline{X} 5 6 Did the organization have members or stockholders? 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Яa b Each committee with authority to act on behalf of the governing body? 8ь X 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10 a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? X 13 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website Own website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O

Bloomington MN 55438 952-941-7924

State the name, address, and telephone number of the person who possesses the organization's books and records:

Richard Safarz 7725 Countryside Dr

Form 990 (2014) Education Foundation of Bloomington	41-1568904	Page
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Contractors	ompensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII		[

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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.

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

Shock this box in related the diganization for any rela	T		(C)						,	
(A) Name and Title	(B) Average hours per	tha	n one s both dire	box, an o ector/	unles Hicer Itruste	eck mo ss perso and a ee)	on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099 MISC)	from the organization and related organizations
(1) Mary Udseth	0_0	X						0.	0.	0.
(2) Stephen Bariteau	0	x						0.	0.	0.
(3) Robert Erickson	0 0	Х						0.	0.	0.
(4) Les Fujitake	0 -	X						0.	0.	0.
(5) Richard Safarz Treasurer	0 -	X		х				0.	0.	0.
(6) Karolyn L. Lee	0_0	X		^				0.	0.	0.
<pre>Ø Addie Mattson Secretary</pre>	0 0	X		х				0.	0.	0.
(8) Ted Nemzek	0	X		Λ				0.	0.	0.
(9) Barbara Parrish Vice President	0 -	X	П	х				0.	0.	0.
(10) Renee J. Raming	0	X		*				0.	0.	0.
(11) Laura Schmit	0 0	Х						0.	0.	0.
(12) Ann C. Tillotson President	0 -	X	\prod	х				0.	0.	0.
(13) Flora Tsukayama	0	Х						0.	0.	0.
(14) Cary Weatherpy	0 -	X	\prod					0.	0.	0.
		•					_			

Part VII Section A. Officers, Directors, 1rt		ney	Em			es, a	anc	nignest Con	iperisated Emp	loyees	(conun	iueo)
(A) Name and title	Average hours per week (list any hours	box	, unles cer an	heck ss pe d a c	ition more erson directi	than or s both or/trust	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Est armou comp	(F) timated nt of oth pensation om the	m
	for related organiza - trons below dotted line)	ividual trustee birector	Institutional trustee	Officer	Key emplayee	Highest compensated employee	mer			and	inization I related nization	ı
(15) Wendy Marczak	0	x						0.	0.			0.
(16) Marcie Coval	0 0	x						0.	0.			0.
(17) Carol Frisch	0	x						0.	0.			0.
(18) Janet Pladson	0	X						0.	0.			0.
(19) Renee Fetzer	0								0.		_	0.
(20) Mark Holman	0	X			-			0.	0.			
(21) Maureen Bartolotta	0	X						0.				0.
(22)	0	X						0.	0.			0.
(23)												
(24)		-									-	
(25)			$ \cdot $								-	
1 b Sub-total	<u> </u>	1	1_1		<u>L</u>		>	0.	0.	-	<u> </u>	0.
c Total from continuation sheets to Part VII, Secti	ion A						▶	0.	0.			0.
d Total (add lines 1b and 1c)							•	0.	0.			0.
2 Total number of individuals (including but not limited from the organization ▶ 0	to those	listed	abov	ve) v	who	recei	ved	more than \$100,00	00 of reportable comp	pensation	1	
											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	ctor, or tru ch individi	ustee <i>ual</i>	, key	en en	nplo	yee,	or h	nighest compensa	ted employee	3		х
For any individual listed on line 1a, is the sum of the organization and related organizations greater.	f reportat er than \$1	le co 150,0	mpe 00?	nsa If "Y	atior Yes'	and com	oth plet	er compensation e Schedule J for	from	4		X
 such individual Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye. 	ie compei	nsatio	on fre	om lule	any	unre	late	ed organization or	ındivıdual	5		X
Section B. Independent Contractors	s, compi	<u> </u>	U. ICU		-	, Juc	,,, _p					
Complete this table for your five highest comper compensation from the organization. Report comper	nsated ind	leper	dent	t co dar	ntra	ctors r endi	tha ng v	at received more to	han \$100,000 of rganization's tax yea	r.		
(A) Name and business add								(B Description)	((Compe	C) nsatio	n n
· · · · · · · · · · · · · · · · · · ·								 				
2 Total number of independent contractors (including		nted	to the	ose	liste	d abo	ve)	who received more	e than			
\$100,000 of compensation from the organization	0_									Form	000 /	~014

1	Check if Schedule O contains a response or note to any	line in this Part VII	IL .		🗍
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1 b Membership dues c Fundraising events d Related organizations e Government grants (contributions) 1 a 1 b 1 b 1 c 43,634.				
Contribution and Other	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: h Total. Add lines 1a-1f	106,889.			
	2a Business Code	100,003.			
Program Service Revenue	c d				
Program	f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest and				
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds. Royalties 	571.	571.		
	(i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) 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 c Gain or (loss) d Net gain or (loss)		-	····	
Other Revenue	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses c Net income or (loss) from fundraising events				
U	9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b				
	c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a				
	b c d All other revenue				
BAA	e Total. Add lines 11a-11d	107,460.	571.	0.	0. Form 990 (2014)

	990 (2014) Education Foundation		n	41-1568	8904 Page 10
	t IX Statement of Functional Expens			· <u> </u>	
Sect	ion 501(c)(3) and 501(c)(4) organizations must con			omplete column (A).	
	Check if Schedule O contains a r				
	not include amounts reported on lines 7b, 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 and domestic governments. See Part IV, line 21				
_	Grants and other assistance to domestic individuals. See Part IV, line 22	68,820.	68,820.		
	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	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	0.	0.	•	
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 (non-employees)				
a	Management				
t	Legal				
•	: Accounting				
c	Lobbying	·····			
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion.	483.		483.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance	562.		562.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	302.		302.	
ā	Food for Thought	14,729.	14,729.		
	Student Success Stipend	4,926.	4,926.		
	Kennedy Robotics	3,439.	3,439.		
	Bank Service Charge	1,432.		1,432.	
	All other expenses	2,745.	2,141.	446.	158.
25	Total functional expenses. Add lines 1 through 24e	97,136.	94,055.	2,923.	158.
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 [If following SOP 98-2 (ASC 958-720)]				

2 Savungs and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(i)), persons described in section 4958(f)(g) woultnary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and foans receivable, net 8 Inventioners for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 1 Investments – publicly traded securities 1 Interstments – publicly tra			Check if Schedule O contains a response or note to	o any line in this Part X			
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Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 Total liabilities and net assets/fund balances 305, 944. 33 316, 268.	밀	29	-		165,679.	29	<u>161,678.</u>
30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 Total liabilities and net assets/fund balances 30 31 31 31 32 32 32 33 33 316,268.	Pr Fu			heck here >			
Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances 31 32 33 31 31 32 32 31 31 32 31 32 31 32 31 31 32 31 31 31 31 31 31 31 31 31 31 31 31 31	ğ	30	Capital stock or trust principal, or current funds		30		
Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	8	31	Paid-in or capital surplus, or land, building, or equipment of the surplus of the	nent fund		31	
33 Total net assets or fund balances 305,944. 33 316,268. 34 Total liabilities and net assets/fund balances 305,944. 34 316,268.	Ag	32	Retained earnings, endowment, accumulated income	, or other funds		32	
Total liabilities and net assets/fund balances . 305, 944. 34 316, 268.	ब्र	33	Total net assets or fund balances		305,944.	33	316,268.
		34	Total liabilities and net assets/fund balances	<u> </u>		34	

	1990 (2014) Education Foundation of Bloomington	<u>41-156890</u>	4	Pa	age 12
Pa	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	1	07,4	460.
2	Total expenses (must equal Part IX, column (A), line 25)	2		97,1	136.
3	Revenue less expenses. Subtract line 2 from line 1	3		10,3	324.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	05,9	944.
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 in Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		16 1	200
Dai	t XII Financial Statements and Reporting	10		10,4	<u> 268.</u>
T al	<u> </u>				
	Check if Schedule O contains a response or note to any line in this Part XII		1		
_			_	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 in Schedule O.				
2	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	viewed on a		•	
ı	Were the organization's financial statements audited by an independent accountant?		2ь		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sbasis, consolidated basis, or both:	eparate		•	
	Separate basis Consolidated basis Both consolidated and separate basis				
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2с		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a	.	Х
ı	of Yes, did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit]		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		<u> </u>
BAA			Form	990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2014

Mame (or the organization					Erreproyer roenunca	uon number
Eđu	cation Foundation of	Bloomington				41-1568904	1
Par	I Reason for Public Cha	rity Status (All or	rganizations must o	omple	te this	part.) See instruct	ions.
The c	organization is not a private found	dation because it is: (For lines 1 through 11,	check o	nly one	box.)	
1	A church, convention of church	nes, or association of ch	nurches described in sect	ion 170(b)(1)(A)(i).	
2	A school described in section	n 170(b)(1)(A)(ii). (Att	ach Schedule E.)				
3	A hospital or a cooperative h	nospital service organi	zation described in sec	tion 170	(Ъ)(1)(А)(iii).	
4	A medical research organiza	ition operated in conju	unction with a hospital o	describe	d ın sec	tion 170(b)(1)(A)(iii). Er	nter the hospital's
	name, city, and state						
5	An organization operated for the 170(b)(1)(A)(iv). (Complete	ne benefit of a college of Part II.)	or university owned or ope	erated by	a gover	nmental unit described in	section
6	A federal, state, or local gov						
7	An organization that normally in section 170(b)(1)(A)(vi).	Complete Part II.)			ental uni	t or from the general pub	lic described
8	A community trust described	, , , , ,		•			
9	An organization that normally from activities related to its exinvestment income and unre June 30, 1975 See section	empt functions — subje lated business taxabl 509(a)(2). (Complete I	ct to certain exceptions, a e income (less section ! Part III)	and (2) n 511 tax)	o more t from bu	han 33-1/3% of its suppousinesses acquired by t	ort from gross
10	An organization organized a		-	-			
11	An organization organized a or more publicly supported of lines 11a through 11d that defined the control of the	organizations describe	d in section 509(a)(1) d	r sectio	n 509(a)	(2). See section 509(a)	
а	Type I. A supporting organization organization (s) the power to recomplete Part IV. Sections A	gularly appoint or elect	d, or controlled by its sup t a majority of the director	ported o	rganızatı tees of t	ion(s), typically by giving he supporting organizatio	the supported on You mus t
b		zation supervised or c organization vested in	controlled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by the supported organization	naving control or on(s). You
c	X Type III functionally integrated organization(s) (see instruct	. A supporting organizat	tion operated in connection plete Part IV, Sections A	n with, ai A, D, an	nd function d E.	onally integrated with, its s	supported
d	Type III non-functionally integrated. The instructions). You must com	rated. A supporting orgorganization generally indete Part IV. Section	panization operated in cor must satisfy a distribute of A and D. and Part V.	nection tion reqi	with its s uiremen	supported organization(s) t and an attentiveness i	that is not requirement (see
е	Check this box if the organiz	ation received a writte	en determination from t	he IRS			
f	Enter the number of supported	organizations	., •				1
g	Provide the following information	n about the supported	d organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)	Schools		6			20,085.	0.
(B)							
(C)							
(D)							
(E)							
Total						20,085	0.

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

Schedule A (Form 990 or 990-EZ) 2014 Education Foundation of Bloomington 41-1568904

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 begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization'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						
4	Total. Add lines 1 through 3						
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						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, 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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc (see ins	tructions)	•		1	2
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	nird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ []
	tion C. Computation of Pu						
	Public support percentage for 20	•		ne 11, column (f))	1	<u> </u>	4 %
	Public support percentage from	·	·			<u> </u>	5 %
16	a 33-1/3% support test — 2014. If and stop here. The organization				nd the line 14 is 3	33-1/3% or moi	re, check this box
ł	33-1/3% support test 2013. If and stop here. The organization				Sa, and line 15 is	33-1/3% or mo	ire, check this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	es' test, check this	box and stop her	re. Explain in F	Part VI how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts- d-circumstances'	and-circumstance test. The organiz	es' test, check this ation qualifies as	box and stop her a publicly support	re. Explain in f ed organizatio	Part VI how the
	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a			
DAA					C-1		000 or 000 EZV 2014

Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 performed, 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 business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or						
	facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	-					
Ь	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.)						
<u>Sec</u>	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🟲 📗	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	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 in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11 and 12.)						·
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)(3) ▶ ∏
	tion C. Computation of Pu						
15	Public support percentage for 20			ne 13, column (f))	15	8
16	Public support percentage from					. 16	ao
Sec	tion D. Computation of Inv					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage f	or 2014 (line 10c,	, column (f) divide	ed by line 13, colu	ımn (f))	. 17	96
18	Investment income percentage f					18	8
	a 33-1/3% support tests — 2014. If is not more than 33-1/3%, check	this box and sto	p here. The organ	nization qualifies	as a publicly supp	orted organization	՝ ▶∐
ŧ	33-1/3% support tests - 2013. If line 18 is not more than 33-1/3%	f the organization 6, check this box	did not check a t and stop here. Th	oox on line 14 or l ne organization qu	line 19a, and line Jalifies as a public	16 is more than 3 cly supported orga	3-1/3%, and nization ►
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	d see instructions.	►∏

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A and D, and Complete Part V.)

	Sections A, D, and E. If you checked The of Part I, complete Sections A and D, and complete	e ra	IL V.)	
Sect	tion A. All Supporting Organizations			
			Yes	No
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	1	Х	
	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		х
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		х
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	3ь		
С	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	3с		<u> </u>
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		х
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	4ь		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		x.
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		х
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		х
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		х
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		х
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9ь		х
c	Did a disqualified person (as defined in line 9(a)) 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 .	9с		х
10 a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a		х
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.)	10b		

Sched	ule A (Form 990 or 990-EZ) 2014 Education Foundation of Bloomington 41-156	8904	F	Page 5
Part	IV Supporting Organizations (continued)		,	
11	Has the organization accepted a gift or contribution from any of the following persons?	F	Yes	No
a.	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		X
	on B. Type I Supporting Organizations		<u>. </u>	1
	on any province of the control of th		Yes	No
,	Oid the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities of the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	. 1		
	Old 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		
Sect	on C. Type II Supporting Organizations		•	•
			Yes	No
	Nere 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)	ne 1		
Sect	on D. All Type III Supporting Organizations			
			Yes	No
3	Old the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	х	-
	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	х	
;	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's 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		x
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	5):		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
ь	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions)		
_		,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
:	Old 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.	2a		х
1	Old the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		х
3 (Parent of Supported Organizations. Answer (a) and (b) below.			

3a

3Ь

•	•			
	A (Form 990 or 990-EZ) 2014 Education Foundation of Bloomin			56890 4 Page 6
Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1 📙	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovemb Sect	er 20, 1970. See instruc tions A through E.	tions. All
Section	A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net	short-term capital gain	1		
2 Rec	overies of prior-year distributions	2		
3 Oth	er gross income (see instructions)	3		
4 Add	lines 1 through 3	4		
5 Dep	reciation and depletion	5		
inco	ion of operating expenses paid or incurred for production or collection of gross ome or for management, conservation, or maintenance of property held for duction of income (see instructions)	6		
7 Oth	er expenses (see instructions)	7		
8 Adj	usted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section	B — Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1 Agg tax	regate fair market value of all non-exempt-use assets (see instructions for short year or assets held for part of year):			
a Ave	rage monthly value of securities	1a		
b Ave	rage monthly cash balances	1b		
c Fair	market value of other non-exempt-use assets	1c		
d Tota	al (add lines 1a, 1b, and 1c)	1d		
	count claimed for blockage or other ors (explain in detail in Part VI):			
2 Acq	uisition indebtedness applicable to non-exempt-use assets.	2		
	tract line 2 from line 1d	3		
	h deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, instructions)	4		
5 Net	value of non-exempt-use assets (subtract line 4 from line 3)	5	· -	
6 Mul	iply line 5 by .035	6		
7 Rec	overies of prior-year distributions	7		
8 Min	imum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
1 Adjı	isted net income for prior year (from Section A, line 8, Column A)	1		
2 Ente	er 85% of line 1	2		
3 Min	mum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Ente	er greater of line 2 or line 3	4		

7 BAA

5 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

5

BAA

C

d Excess from 2013 e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Education Foundation of Bloomington 41-1568904 Page

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

2014

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection
Employer identification number

	Education Foundation of Bl	oomington	41-1568904	
Par	Organizations Maintaining Dono	or Advised Funds or Other Similar Fu wered 'Yes' to Form 990, Part IV, line	nds or Accounts.	
		(a) Donor advised funds	(b) Funds and other accoun	nts
1	Total number at end of year .	(a) Bollor advised railed	(2) 1 2 1 2 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2	
2	Aggregate value of contributions to (during year)	·		
3	Aggregate value of grants from (during year)		<u> </u>	
4	Aggregate value at end of year			
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the assets held in coorganization's exclusive legal control?	lonor advised funds	No
6		ors, and donor advisors in writing that grant fur t of the donor or donor advisor, or for any othe		_ ∏No
Par		wered 'Yes' to Form 990, Part IV, line	7	
	Purpose(s) of conservation easements held b		7.	
•	Preservation of land for public use (e.g.,		of a historically important land area	
	Protection of natural habitat	· 🗀	of a certified historic structure	
	Preservation of open space			
2	□ ' '	held a qualified conservation contribution in the for	rm of a conservation easement on the	
_	last day of the tax year.	neid a quantied conservation contribution in the for	The deconstruction casement on the	
			Held at the End of the 1	Tax Year
á	Total number of conservation easements		2a	
ŧ	Total acreage restricted by conservation ease	ments.	2 b	
•	: Number of conservation easements on a certi	fied historic structure included in (a)	. 2c	
•	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and not on a histo	oric 2d	-
3	Number of conservation easements modified, trait tax year ►	nsferred, released, extinguished, or terminated by	the organization during the	
4	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy re	garding the periodic monitoring, inspection, ha	andling of violations,	_
	and enforcement of the conservation easeme		. La Yes	No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation easements	during the year	
7	Amount of expenses incurred in monitoring, inspi	ecting, and enforcing conservation easements duri	ng the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(II)?	n line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i) Yes [No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and expe to the organization's financial statements that	nse statement, and balance sheet, and describes the organization's account	ling for
Par		ctions of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line		_
1 a	a If the organization elected, as permitted unde art, historical treasures, or other similar assets hi in Part XIII, the text of the footnote to its final	eld for public exhibition, education, or research in	enue statement and balance sheet w furtherance of public service, provide,	orks of
ł	If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items:	r SFAS 116 (ASC 958), to report in its revenue or public exhibition, education, or research in furth		s of art,
	(i) Revenue 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, amounts required to be reported under SFAS	nistorical treasures, or other similar assets for fina 116 (ASC 958) relating to these items	ncial gain, provide the following	
á	Revenue included in Form 990, Part VIII, line		- \$	
	Assets included in Form 990, Part X		▶\$	

Schedule D (Form 990) 2014 Educa Part III Organizations Mainta						Other	41-1568 Similar Ass		ontinu	Page 2 led)
3 Using the organization's acquisition			 		_ - · · · · ·					
items (check all that apply) a Public exhibition		ان اند	Loon	Or 040	haaaa braarama					
. j⊢		d	Other		change programs					
"H。 1, ,,,,	ations	٠								
Preservation for future gener Provide a description of the organiz Part XIII.		and expla	iin how the	y furth	er the organization's	s exempt	purpose in			
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or rec	eive dona	ntions of a	rt, hist	orical treasures, o	r other s	imilar assets	Yes	٢	No
Part IV Escrow and Custodia							'Yes' to For			
line 9, or reported an	amount on Fo	rm 990,	Part X,	line	21.					
1 a ls the organization an agent, trus on Form 990, Part X?	stee, custodian, (or other in	itermediar	y for c	ontributions or oth	er asset	s not included	Yes		No
b If 'Yes,' explain the arrangement	in Part XIII and	complete	the follow	ing tal	ble		<u> </u>	Amoun	+	
c Beginning balance						10		Amoun	-	
						10				
d Additions during the year						1 e				
e Distributions during the year						1 f				
f Ending balance	mount on Form	000 Dod	V line 21	for o	norow or ovetodial		liobility?	V	— г	I No
2a Did the organization include an a b If 'Yes,' explain the arrangement							٠ ـ ـ	Yes	⊢	_ No
to it res, explain the arrangement	III Fart Alli. Cir	ck nere ii	ше ехріа	HalloH	nas been provide	u in Fan	LAIH		L	
Part V Endowment Funds. C	omplete if the	organiz	zation a	nswe	red 'Yes' to For	rm 990	, Part IV, lın	e 10.		
	(a) Current yea	r	(b) Prior yea	ar	(c) Two years back	(d)	Three years back	(e)	Four year	s back
1 a Beginning of year balance	165,6	79.	140,	358.	123,04	5.	127,171.		126,	181.
b Contributions										
c Net investment earnings, gains, and losses	5:	13.	26,	L36.	19,060	0.	-2,878.			990.
d Grants or scholarships	3,0	32.								
e Other expenditures for facilities and programs					·		0.			
f Administrative expenses	1,4	32.	1,:	315.	1,24	7.	1,248.			
g End of year balance	161,6		165,		140,85		123,045.	1	127.	171.
2 Provide the estimated percentage								•		
a Board designated or quasi-endowm	ent ►		8							
b Permanent endowment ▶	-8		-							
c Temporarily restricted endowmer	nt ►	8								
The percentages in lines 2a, 2b,		qual 100%	, b							
3a Are there endowment funds not in to organization by.	the possession of	the organiz	zation that	are he	ld and administered	for the		ſ	Yes	No
(i) unrelated organizations								3a(i)	X	
(ii) related organizations								3a(ii)		Х
b If 'Yes' to 3a(ii), are the related of	organizations list	ed as requ	uired on S	chedu	le R?			3b		- ^
4 Describe in Part XIII the intended	•					+ YTT	т			ı
Part VI Land, Buildings, and			0.000		JCC TUI	C AII.	<u> </u>			
Complete if the organi		red 'Yes	s' to Fori	n 990), Part IV, line	11a. S	ee Form 990), Pari	t X, lır	ne 10.
Description of property	(a)	Cost or o	ther basis nent)) Cost or other basis (other)		ccumulated	(d)	Book va	alue
1 a Land .	, 1									
b Buildings			·	1						
c Leasehold improvements				T						
d Equipment	.			<u> </u>						
e Other	<u> </u>			T	+					
Total. Add lines 1a through 1e. (Colum	nn (d) must eaua	I Form 99	0. Part X	colum	n (B), line 10c)		>			0.
BAA			-,, -,		(=),		Schedu	ile D (F	orm 990	

(a) Decru	Complete if the organization answered tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	
	If derivatives	(b) book value	(C) method of Valuation. Cost	or characteristics value
				
	held equity interests.	11 7 7 7 7 7	7 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7	7-3
	MInneapolis Foundation	161,678	End of Year Market	value
(<u>A)</u> (B)		· · · · · · · · · · · · · · · · · · ·		
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)				
(H)				
(l)				
	(b) must equal Form 990, Part X, column (B) line 12.)	161,678.		
Part VIII	Investments – Program Related.		N/A	
	Complete if the organization answered			
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)				
(2)				<u></u>
(3)				
(4)				
(5)				
(6)				· · · · · · · · · · · · · · · · · · ·
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, column (B) line 13)			
Part IX	Other Assets.	N/A		
,	Complete if the organization answered	I 'Yes' to Form 990), Part IV, line 11d. See Fo	
	(a) De	scription		(b) Book value
(1)				
(2)		<u>-</u>		
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)			· ·	
	ımn (b) must equal Form 990, Part X, column (ı	R) line 15.)	····	•
Total. (Colu			· · · · · · · · · · · · · · · · · · ·	
Total. (Colu	Other Liabilities.		le or 11f See Form 990 Part X I	ine 25
Total. (Colu				ine 25
Total. (Colu	Other Liabilities. Complete if the organization answered 'Yes' to F	orm 990, Part IV, line 11		ine 25
Part X (1) Federa	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11		ine 25
Part X (1) Federa (2)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11		ine 25
(1) Federa (2) (3)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11		ine 25
(1) Federa (2) (3) (4)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11		ine 25
(1) Federa (2) (3)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11		ine 25
(1) Federa (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11		ine 25
(1) Federa (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11		ine 25
(1) Federa (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11		ine 25
(1) Federa (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11		ine 25
(1) Federa (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11		ine 25
(1) Federa (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 11		ine 25

Schedule D (Form 990) 2014 Education Foundation of Blooming	rton	41-1568904	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem	ents With Reven	ue per Return. N/A	
Complete if the organization answered 'Yes' to Form 990	, Part IV, line 12	а.	
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:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	. 2c		
d Other (Describe in Part XIII.)	2d		
e 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			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b		4с	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	. 5	-
 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 	2 a	. 1	
b Prior year adjustments .	2 b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		. 2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	4a 4b		
c Add lines 4a and 4b	10 \	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	10.)	13	
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also	d 4, Part IV, lines 1b complete this part to	and 2b, Part V, provide any additional information	on.

Part V, Line 4: Income from permanently endowed funds are intended to be used for ${\tt student \ scholarships.}$

Schedule **D** (Form 990) 2014

BAA

Open to Public Inspection OMB No. 1545-0047 2014 **Employer Identification number** X 41-1568904 See Part IV Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form890. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered Yes' to Form 990, Part IV, line 21 or 22. Attach to Form 990. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Education Foundation of Bloomington Part | General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990)

<u>8</u> □

Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash grant (e) Amount of non-cash (p. Method of Valueton (g) Description of non-cash (hock FMV anniated (n) Amount of non-cash (hock FMV anniated (n) cash assistance (d) Amount of cash grant (e) Amount of non-cash (hock FMV anniated (n) cash assistance (d) Amount of cash grant (e) Amount of non-cash (hock FMV anniated (n) cash assistance (d) cash assis	for any recipient t	hat received m	iore than \$5,000. P	art II can be duplic	ated if additional	t received more than \$5,000. Part II can be duplicated if additional space is needed.	(h) Purpose of grant
or government		if applicable		assistance	(book, rMV, appraisal, other)	non-cash assistance	or assistance
						-	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						,	
						-	
						•	
Enter total number of section 501(c)(3) and government organ	3) and government or	ganizations listed	izations listed in the line 1 table			A	0
Enter total number of other organizations listed in the line 1 table	ions listed in the line	table				•	0
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instructions	for Form 990.		TEEA3901L	06/19/14	Schedule	Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) Education Foundation of Bloomington

Grants and Other Assistance to Domestic Individuals. Complete of the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

,	(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
1 Scł	1 Scholarships	64	68,820.			
8						
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9						
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Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	le the information	required in Part I,	line 2, Part III, co	lumn (b), and any othe	r additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

Schedule I, Part I, Line 2: Appications are submitted and reviewed by a committee of exempt purpose of the organization, and that the proposed activities are not already funded through regular budgets. Foundation grants are not intended to supplement or the foundation. Each grant applications must 1) include the name of school/program site, 2) provide the name of the applicant or team contact and phone number, 3) be determine that the projects are innovative educational projects, or support the activities, and timeliness. The applications are reviewed by the committee to 4) provide a detailed description of the proposed project, including audience, accompanied by a letter of support from the principal or program leader, and

replace funding

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Attach to Form 990 or 990-EZ.
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Education Foundation of Bloomington

Employer identification number

41-1568904

Form 990, Part III, Line 4d - Other Program Services Description

Kennedy Robotics - Costs to cover robotic activities at Kennedy High School.

Hertiage Days - Cost for children books distributed to kids.

Prodogy Awards - Recognizes teams of Bloomington School District staff who successfully organize their members, set goals to improve their results and measure their achievements.

Senior Night - Expenses for school event to honor high school seniors before graduation.

Form 990, Part VI, Line 11b - Form 990 Review Process

A draft copy of Form 990 was emailed to all Board Members to review and comment on before it was filed.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The organization's governing documents and financial statements are available to the public upon request.