See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	107,635	22	106,991
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	107,635	25	106,991
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	107,635	27	106,991

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28 To provide mini-grants to staff and students to support and enhance the academic and enrichment programs of Bloomfield Hills Schools

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a** 60,827

29

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ **32**

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Cathleen Badalamenti, Executive Director 1155 Northlawn, Birmingham, MI 48009	30	55,000	0	0
Mary Ellen Miller, President 5235 Vineyards Ct , Troy, MI 48098	2	0	0	0
Daniel McDonald, Vice President 29090 Brookside Dr , Apt 107, Lake Orion, MI 48360	3	0	0	0
Anne Marie Veneroni, Secretary 4140 Tanglewood Ct , Bloomfield Hills, MI 48302	3	0	0	0
Christina Kostiuk, Treasurer 7273 Wing Lake Rd , Bloomfield Hills, MI 48301	3	0	0	0
Marc Barron, Director 4280 Telegraph Rd , Bloomfield Hills, MI 48302	1	0	0	0
Ingrid Day, Director 5196 Kellen Lane, Bloomfield Hills, MI 48302	1	0	0	0
Linda Finkel, Director 735 Oakleigh Dr , Bloomfield Hills, MI 48302	1	0	0	0
Rob Glass, Director 7273 Wing Lake Rd , Bloomfield Hills, MI 48301	1	0	0	0
Sue Nine, Director 191 Lowell Court, Bloomfield Hills, MI 48304	1	0	0	0
Christine Tang, Director 4579 Kiftsgate Bend, Bloomfield Hills, MI 48302	1	0	0	0
Cynthia Von Oeyen, Director 518 Whitehall Rd , Bloomfield Hills, MI 48304	1	0	0	0

IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0034

OMB Clearance No.: 1545-1150

In reply refer to: 0425830663
Apr. 11, 2017 LTR 2695C 0 R
26-4589093 201606 67
00019401
BODC: TE

BLOOMFIELD HILLS SCHOOLS FOUNDATION
7273 WING LAKE RD
BLOOMFIELD HILLS MI 48301

011464

Taxpayer Identification Number: 26-4589093
Form: 990-EZ
Tax Period: June 30, 2016
29492-077-01918-7

Dear Taxpayer:

We received your Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, for the tax period shown above and need additional information. When responding please send only the requested information ATTACHED BEHIND A COPY OF THIS LETTER. Do not send a complete copy of your return unless the requested Information changes your original return.

Schedule B is either missing or incomplete. Schedule B, Schedule of Contributors, is a required attachment for all organizations that file a Form 990, 990-EZ, or 990-PF. You need to complete and attach Schedule B or certify you are not required to file Schedule B. Guidelines for filing Schedule B can be found in Form 990, Form 990-EZ, or Form 990-PF instructions. These instructions can be obtained through our website at www.irs.gov.

✓ Check here if the organization is not required to attach Schedule B. You must also sign the declaration at the end of this letter.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

Please send the information to us within 30 days from the date of this letter. To avoid delays in processing:

1. Attach a copy of this letter to the front of your reply.
2. Do not send a copy of your original return because it doesn't have the information we need.
3. Write your Employer Identification Number at the top of each form you send to us.
4. Sign the declaration at the end of this letter and send it to us with the information we have requested.

TIN 26-4589093

0425830663
Apr. 11, 2017 LTR 2695C 0 R
26-4589093 201606 67
00019404

BLOOMFIELD HILLS SCHOOLS FOUNDATION
7273 WING LAKE RD
BLOOMFIELD HILLS MI 48301

011464

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Christina M. Kostuck
Signature of officer or trustee

4-18-17
Date

Treasurer
Title