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Form **990** 

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 **2016** 

Open to Public Inspection

| A                       | For the 20                      | 016 calend             | dar year, or tax y                                  | /ear begin                         | ning 7/0          | )1                      | , 2016  | 5, and endin     | g 6/                                  | 30                            |             | , 2017   |
|-------------------------|---------------------------------|------------------------|---|------------------------------------|-------------------|-------------------------|---|------------------|---------------------------------------|-------------------------------|-------------|--|
| В                       | Check if app                    | licable                | С   |                                    |                   |                         |   |                  |                                       | D Employ                      | er iden     | itification number                               |
|                         | Address                         | change                 | Education   | Foundat                            | tion of           | Bloomin                 | aton  |                  |                                       | 41-3                          | 1568        | 3904   |
|                         | Name c                          | hange                  | 2575 West   |                                    |                   |                         |   |                  |                                       | E Telepho                     |             |  |
|                         | Instial re                      | etum                   | Bloomingto  | n, MN!                             | 55431-19          | 925                     |   |                  |                                       | 952-                          | -941        | L-7924   |
|                         | Final retur                     | rn/termanated          |   |                                    |                   |                         |   |                  |                                       |                               |             |  |
|                         | <del>  </del>                   | ed return              |   |                                    |                   |                         |   |                  |                                       | G Gross re                    | eceipts     | \$ 209,094.                                      |
|                         | H                               | tion pending           | F Name and addre                                    | ss of principal                    | officer           |                         |   |                  | H(a) is this                          | a group return                | <del></del> |  |
|                         |                                 |                        | Same As C   |                                    |                   |                         |   |                  | H(b) Are all                          | subordinates<br>attach a list | includ      | H H  |
| <del>-</del>            | Тах ехел                        | nt status              | X 501(c)(3)   | 501(c) (                           | ) <b>4</b> (ii    | nsert no )              | 4947(a)(1) o                                      | or 527           | If No                                 | attach a fist                 | (see in     | istructions) — —                                 |
| <u>.</u>                | Website                         | <del></del> -          | BMN.ORG   | 100.(0)                            |                   | iodit iio /             | 1011(0)(1)  | · 1 927          | We) Group                             | exemption nu                  | ımber       | <b>.</b>   |
| K                       |                                 | rganization            | X Corporation                                       | Trust                              | Association       | Other >                 |   | Year of format   | <u> </u>                              |                               |             | legal domicile MN                                |
|                         | pt   S                          |                        |   | 1030                               | 7.0300/2007       | - Out.                  |   | - Tour or formar | 170                                   | 0 [                           | AGIC O      | regar connecte PIII                              |
| - 10                    | 1 Bue                           | fly descri             | be the organizat                                    | ion's missi                        | on or most        | significant a           | ctivities Pr                                      | ovide a          | nd fac                                | 111tat                        | 9 DI        | rograms and                                      |
|                         |                                 |                        | to youth  |                                    |                   |                         |   |                  | uu rac                                | <u> </u>                      | <u> </u>    | tograms and                                      |
| 2                       | 25                              | <u>, _ v _ c c c c</u> | - co Youch  | +++- c.+c-                         | - <del> </del>    | 90011                   | 27.70 20  |                  |                                       |                               |             |  |
| Activities & Governance |                                 |                        |   |                                    |                   |                         |   |                  |                                       |                               |             |  |
| ) Ye                    | 2 Che                           | ck this bo             | x ► If the c  | rganization                        | n discontinu      | ed its opera            | ations or dis                                     | posed of mo      | ore than 2                            | 5% of its                     | net a       | ssets  |
| ŏ                       | -                               |                        | ting members of                                     | ~                                  |                   |                         | •   |                  |                                       | j                             | 3           | 26   |
| ೲ                       |                                 |                        | dependent voting                                    | -                                  | _                 |                         | •   | •                |                                       |                               | 4           | 0  |
| 뜵                       | _                               |                        | of individuals ei                                   |                                    | ,                 | ear 2016 (P             | art V, line 2                                     | !a)              |                                       |                               | 5           | 0  |
| 흟                       |                                 |                        | of volunteers (e                                    |                                    |                   |                         | 10  |                  |                                       |                               | 6           | 0  |
| ₹                       | ,                               |                        | ed business reve<br>I business taxab                |                                    |                   |                         |   |                  |                                       |                               | 7a<br>7b    | 0.   |
|                         | Dive                            | unrelateu              | DUSITIESS (AXAD                                     | ie income                          | TOTAL S           | IIIIC 3                 | <del>, , , , , , , , , , , , , , , , , , , </del> |                  | } -                                   | rior Year                     | /10         | Current Year                                     |
|                         | 8 Cor                           | ntribidions            | and grants (Par                                     | t VIII line                        | 1h)               |                         |   |                  | ļ <u>"</u>                            | 96,8                          | 00          | -  |
| ě                       | 1                               |                        |   |                                    | -                 |                         |   |                  | $\vdash$                              | 30,0                          | 70.         | 187,182  |
| Revenue                 | ₹                               |                        |   |                                    |                   |                         |   |                  |                                       | -4,2                          | 85          | 21,912.  |
| æ                       | 1                               |                        | e (Part VIII, colu                                  |                                    |                   |                         | ind 11e)  |                  |                                       |                               | .00.        | 21,712.  |
|                         | 1                               |                        | e – add lines 8 t                                   |                                    |                   |                         |   | line 12)         |                                       | 92,6                          | 13.         | 209,094  |
|                         |                                 |                        | milar amounts p                                     | ~                                  |                   |                         |   |                  |                                       | 52,6                          |             | 46,000.  |
|                         | l                               |                        | to or for member                                    |                                    |                   |                         | •   |                  |                                       | ,-                            |             |  |
|                         | l                               | -                      | er compensation                                     |                                    |                   |                         |   |                  | · · · · · · · · · · · · · · · · · · · |                               |             |  |
| Ses                     | 16a Pro                         |                        | fundraising fees                                    | _                                  |                   |                         |   | •                |                                       |                               |             |  |
| Expenses                | h Tot                           |                        | sing expenses (F                                    | •                                  | • • •             | •                       |   | 34 ACE           | 7 75                                  | 441                           |             | Marie Land Tole - Land                           |
| ᄶ                       | 47 01                           |                        | = -   |                                    |                   |                         |   | 34,465.          | A selection                           |                               |             |  |
|                         | 17 Oth                          | er expens              | es (Part IX, colu                                   | IMN (A), III<br>17 /mustus         | ies Ha-Ho         | , 111-24 <del>0</del> ) | 63. dua as (253.                                  |                  |                                       | 39,5                          |             | 106, 295.  |
|                         | 18 Tota                         | aı expensi             | es Add lines 13                                     | 17 (Must e                         | equal Part I      | , compre                | CEIAE   | :D               |                                       | 92,1                          |             | 152,295.   |
| _                       |                                 | enue less              | expenses Sub  | ract line is                       | 6 Irom line       | 2                       |   | <u> </u>         | <del> </del>                          |                               | 35.         | 56,799.  |
| sets or                 | 20 Total                        | al accete              | (Part X, line 16).                                  |                                    |                   | SEI SEI                 | <b>21</b> 20                                      | 17 🥳             | Beginnii                              | ng of Curren<br>316, 7        |             | End of Year 373, 501                             |
| 100                     | 21 Total                        |                        | s (Part X, line 2                                   | 6)                                 |                   | <b>四</b>   1            |   | S                | <u> </u>                              | 310, 1                        | 0           | 3/3,301  |
| Net Ass                 | 22 Not                          |                        |   |                                    | 21 from           | 2000                    | <u> </u>  |                  | -                                     | 216 7                         |             | <del>                                     </del> |
|                         |                                 |                        | fund balances                                       | Subtract III                       | ne Zi iloni       |                         | DEN, L  | <u> </u>         |                                       | 316,7                         | 02.         | 373,501  |
|                         |                                 |                        | e Block   |                                    |                   |                         |   |                  | 4b- b4-6-                             |                               |             | aluat alua Inno possoni pand                     |
| com                     | er penaities o<br>plete Declara | ation of prepa         | eciare that I have exam<br>erer (other than officer | nined this retu<br>) is based on a | all information o | t which prepare         | er has any know                                   | ledge            | the desi of th                        | ny ki kowiedye                | and o       | elief, it is true correct and                    |
|                         |                                 |                        | (Nech   | 1116L                              | Lako              | 12/2                    |   |                  |                                       | 7                             | ·- I        | २ - । 1  |
| Şıç                     | 10                              | Signatu                | re of officer                                       |                                    | 0                 | _                       | ·   |                  | Da                                    | ate .                         | •           | <del></del>                                      |
| He                      | re                              | Ric                    | hard Safar:   | z                                  | 4-                |                         |   |                  | Trea                                  | surer                         |             |  |
|                         |                                 |                        | print name and title                                | <u> </u>                           |                   |                         | ·· - · -  |                  |                                       |                               |             |  |
|                         |                                 | Pont/Type p            | reparer's name                                      | •••                                | Preparer's sig    | nature                  |   | Date             |                                       | Check                         | if          | PTIN   |
| Pa                      | id                              |                        |   |                                    | Non-Par           | d Prepa                 | rer   |                  |                                       | self employe                  |             |  |
|                         | eparer                          | Firm's name            | . •   |                                    |                   |                         |   |                  |                                       |                               |             |  |
| Use Only Firms address  |                                 |                        |   |                                    |                   |                         | Firm s EIN  | <b>-</b>         |                                       |                               |             |  |
|                         | -                               |                        |   |                                    |                   |                         |   |                  |                                       | Phone no                      |             |  |
| Ма                      | y the IRS                       | discuss th             | ns return with th                                   | e preparer                         | shown abov        | ve? (see ins            | structions)                                       |                  |                                       | <del></del>                   |             | Yes No   |
|                         | <u>,</u>                        |                        | leduction Act No                                    |                                    |                   |                         |   | TEI              | EA0113L 114                           | 116/16                        | 46          | Form <b>990</b> (2016)                           |

| Form 990 (2016) Education Foundation of Bloomington   | 41-156890                                | 4 Page 2                         |
|---|--|----------------------------------|
| Partill Statement of Program Service Accomplishments  |  |                                  |
| Check if Schedule O contains a response or note to any line in this Part III  | ·····                                    | . X                              |
| 1 Briefly describe the organization's mission:  |  |                                  |
| The Education Foundation of Bloomington's purpose is to help meet   | t_education                              | al needs                         |
| of students of Bloomington Public Schools   |  |                                  |
|   |  |                                  |
|   |  |                                  |
| 2 Did the organization undertake any significant program services during the year which were not listed on the pri  | or                                       |                                  |
| Form 990 or 990-EZ?   |  | Yes X No                         |
| If 'Yes,' describe these new services on Schedule O.  |  | _                                |
| 3 Did the organization cease conducting, or make significant changes in how it conducts, any program sei  | rvices?                                  | Yes X No                         |
| If 'Yes,' describe these changes on Schedule O.   |  |                                  |
| 4 Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported. | ices, as measure<br>is to others, the to | d by expenses.<br>otal expenses, |
| 4a (Code ) (Expenses \$ 46,000 including grants of \$ ) (R  | tevenue \$                               | )                                |
| Scholarships - Scholarships are awarded to seniors from Jefferson   |  | dy High                          |
| Schools at accademic honors events for the graduating class.  |  | al                               |
| 2011011 21 100000011 101011 2101011 201 0110 3100001113 011011.   |  |                                  |
| ~   |  |                                  |
|   |  |                                  |
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|   |  |                                  |
|   |  |                                  |
|   |  |                                  |
|   |  |                                  |
|   |  |                                  |
|   |  |                                  |
| Innovation Grants - Projects that address the needs of students, parents.   | teachers,                                | and                              |
|   |  |                                  |
| 4c (Code: ) (Expenses \$ 15,388. including grants of \$ ) (R Children's Food for Thought - Provides free school meals for studincome is not low enough to qualify for Federally funded free/red   |  |                                  |
|   |  |                                  |
| 4d Other program services (Describe in Schedule O.)  (Expenses \$ 11,632. including grants of \$ ) (Revenue \$  |  | )                                |
| 4e Total program service expenses ► 110,020.  BAA  TEEA0102L 11/16/16   |  | Form <b>990</b> (2016)           |

|      |   |      | res    | 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    | Х      |       |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I  | 3    |        | 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    |        | х     |
| 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    |        | X     |
| 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.   |      |        | ,     |
| а    | 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 |        | Х     |
| t    | 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 ь | х      |       |
| d    | 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     |
| е    | 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  | 111  |        | 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  |        | x     |
| t    | Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b  |        | X     |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E   | 13   |        | _X_   |
| 14a  | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a  |        | X     |
| b    | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b  |        | X     |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV  | 15   |        | 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   |        | X     |
| 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     |
| 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   |        | Х     |
| BAA  | TEEA0103L 11/16/16  | Form | 990 (2 | 2016) |

Form 990 (2016) Education Foundation of Bloomington

Part IV Checklist of Required Schedules (continued)

|      |   |      | Yes    | No    |
|------|---|------|--------|-------|
| 20a  | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H   | 20a  |        | X     |
| b    | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b  |        |       |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II   | 21   |        | Х     |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III   | 22   | Х      |       |
| 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? <i>If 'Yes,' complete Schedule J</i>   | 23   |        | х     |
| 24 8 | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a                          | 24a  |        | Х     |
| ŧ    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b  |        |       |
|      | 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  |        |       |
|      | 1 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 benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I  | 25a  |        | Х     |
| t    | o 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   | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27   |        | Х     |
| 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    | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  | 28a  |        | X     |
| t    | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV  | 28b  |        | X     |
| C    | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  | 28c  |        | Х     |
| 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   |        | X     |
| 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   |        | х     |
|      | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34   |        | Х     |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a  |        | X     |
| t    | olf 'Yes' to line 35a, 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  | 35b  |        |       |
| 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   |        | х     |
| 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   |        | 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   | 38   | х      |       |
| BAA  |   | Form | 990 (2 | 2016) |

| ,   |          | Yes           | No   |
|---|----------|---------------|--|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | 0        |               | +  |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b  | 히        |               | 1  |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  | <b>ガ</b> |               |  |
| (gambling) winnings to prize winners?.  | 1 c      |               | 1  |
| 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        |               | Γ  |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | . 2b     |               | <del> </del>                                     |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |          |               | <del> </del>                                     |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a       |               | 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   | 3b       |               | <del>                                     </del> |
| 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     |               | 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).   |          |               |  |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | . 5a     |               | X  |
| <b>b</b> 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?.   | 5 c      |               |  |
| 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>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6 ь      |               |  |
| 7 Organizations that may receive deductible contributions under section 170(c).   |          |               |  |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7a       |               | X  |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?   | . 7b     |               | <del>                                     </del> |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file   |          |               |  |
| Form 82827  | 7 c      |               | X  |
| d if 'Yes,' indicate the number of Forms 8282 filed during the year   |          |               | <u> </u>   |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .   | 7e       |               | X  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.   | 71       |               | Х  |
| g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7 g      |               |  |
| h 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   |          |               | ļ  |
| organization have excess business holdings at any time during the year?   | . 8      |               | ļ  |
| 9 Sponsoring organizations maintaining donor advised funds.   |          |               | <u> </u>   |
| a Did the sponsoring organization make any taxable distributions under section 4966?  | 9a       |               | ļ  |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 96       |               | <b></b>  |
| 10 Section 501(c)(7) organizations. Enter:  |          |               | ł  |
| a Initiation fees and capital contributions included on Part VIII, line 12  | -        |               | į  |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   | -        | l             |  |
| 11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  |          | 1             | ļ  |
|   |          | - 1           | 1  |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )  |          |               |  |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a      |               |  |
| b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   | - 1      | - 1           |  |
| 3 Section 501(c)(29) qualified nonprofit health insurance issuers.  |          |               |  |
| a Is the organization licensed to issue qualified health plans in more than one state?  | 13a      |               |  |
| Note. See the instructions for additional information the organization must report on Schedule O.   |          | 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   | _        |               |  |
| c Enter the amount of reserves on hand  | 4        |               | - 17   |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?  | 14a      |               | X  |
| <b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O  | 14b      | <del>~~</del> | 200  |
| TEEA0105L 11/16/16  | Form !   | 59U (         | ZU16)  |

| Pai | t VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be   | elow,        | and    | for      |
|-----|--|--------------|--------|----------|
|     | a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char<br>Schedule O. See instructions.  | iges .       | ın     |          |
|     | Check if Schedule O contains a response or note to any line in this Part VI  |              |        | X        |
| Sec | tion A. Governing Body and Management  |              |        |          |
|     |  |              | Yes    | No       |
| 1 a | a Enter the number of voting members of the governing body at the end of the tax year  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. |              |        |          |
| t   | Enter the number of voting members included in line 1a, above, who are independent   | 1            | ĺ      |          |
| 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            |        | X        |
| 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            | Х      |          |
| 4   | Did the organization make any significant changes to its governing documents   | - <u>-</u> - |        |          |
|     | since the prior Form 990 was filed?  | 4            |        | Х        |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5            |        | X        |
| 6   | Did the organization have members or stockholders?   | 6            |        | X        |
| 7 a | 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        |
|     | 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        |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |              |        |          |
| ā   | The governing body?  | 8a           | X      |          |
| -   | Each committee with authority to act on behalf of the governing body?  | 8 b          | Х      |          |
| 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            |        | Х        |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Ri   | eveni        | ie Co  | de.)     |
|     |  |              | Yes    | No       |
|     | Did the organization have local chapters, branches, or affiliates?   | 10a          |        | X        |
|     | of '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?   | 10ь          |        |          |
|     | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11 a         | X      |          |
|     | Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O   |              |        | لــــا   |
|     | Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise   | 12a          |        | <u>X</u> |
|     | to conflicts?  | 12Ь          |        |          |
|     | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done   | 12c          |        |          |
|     | Did the organization have a written whistleblower policy?  | 13           |        | X        |
|     | Did the organization have a written document retention and destruction policy?   | 14           |        | X        |
|     | 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?   |              |        |          |
|     | The organization's CEO, Executive Director, or top management official   | 15a          |        | <u>X</u> |
| t   | Other officers or key employees of the organization  | 15b          |        | X        |
| 36- | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).  | {            | 1      | Í        |
|     | 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        |
| t   | olf '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          |        |          |
|     | 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 (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply.   | only)        | avaıla | ble      |
| 19  | Own website Another's website X 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 availal   | ala ta       |        |          |
|     | the public during the tax year.  See Schedule O  State the name, address, and telephone number of the person who possesses the organization's books and records:   | ne W         |        |          |
| ZU  | Richard Safarz 7725 Countryside Dr Bloomington MN 55438 952-941-7924   |              |        |          |
| BAA |  | <u></u>      | 000 // |          |

| Form 990 (2016) | Education            | Foundation      | of   | Bloomington               | 41-1568904                       | Page : |
|-----------------|----------------------|-----------------|------|---------------------------|----------------------------------|--------|
| Part VIII Com   | pensation of Control | Officers, Direc | tors | , Trustees, Key Employees | , Highest Compensated Employees, | and    |

## 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.

Check if Schedule O contains a response or note to any line in this Part VII

- 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.

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

|                       | 1   |                                   |                       | (C)      | )                 |                              |        | l  |  | ·  |
|-----------------------|---|-----------------------------------|-----------------------|----------|-------------------|------------------------------|--------|--|--|--|
| (A)<br>Name and Title | (B)<br>Average<br>hours<br>per                                      | "                                 | s bott<br>dır         | ector    | office:<br>/trust |                              | '      | (D)  Reportable compensation from the organization | Reportable compensation from related organizations | (F) Estimated amount of other compensation               |
|                       | week (list any hours for related organiza- tions below dotted line) | individual trustee<br>or director | Institutional trustee | Officer  | Key employee      | Highest compensated employee | Former | the organization<br>(W-2/1099-MISC)                | related organizations<br>(W-2/1099-MISC)           | from the<br>organization<br>and related<br>organizations |
| (1) Joan Borchers     | 0   | ]                                 | ]                     | 1        | 1                 |                              |        |  |  |  |
| Director              | 0   | X                                 |                       | <u> </u> | <u> </u>          |                              | _      | 0.   | 0.   | 0.   |
| (2) Stephen Bariteau  | 10  |                                   | l                     | Ì        |                   | }                            |        | }  |  |  |
| Director              | 0   | X                                 |                       | L_       |                   |                              | L.     | 0.   | 0.   | 0.   |
| (3) Robert Erickson   | 0   |                                   |                       |          |                   | 1                            |        |  |  |  |
|                       | 0   | X                                 |                       |          |                   | 11                           |        | 0.   | 0.   | 0.   |
| _(4) Les Fujitake     | 0   |                                   |                       |          |                   | ]                            |        |  |  |  |
|                       | 0   | X                                 |                       |          |                   | -                            |        | 0.   | 0.   | 0.   |
| (5) Richard Safarz    | 0   |                                   | ]                     |          |                   | 1 1                          |        |  |  |  |
| Treasurer             | 0   | X                                 | -                     | X        |                   | 1                            | _      | 0.   | 0.   | 0.   |
| (6) Karolyn L. Lee    | 00  | x                                 |                       |          |                   |                              |        | 0.   | 0.   | 0.   |
| (7) Addie Mattson     | 0   |                                   |                       |          |                   |                              |        |  |  |  |
| Secretary             | 0   | X                                 |                       | X        |                   |                              |        | 0.   | 0.   | 0.   |
| (8) Ted Nemzek        | 0   |                                   |                       |          |                   | }                            |        |  |  |  |
| Director              | 0   | X                                 |                       |          | <u> </u>          |                              |        | 0.   | 0.   | 0.   |
| (9) Barbara Parrish   | _0_   | }                                 |                       |          | }                 | }                            |        |  |  |  |
| Vice President        | 0   | X                                 |                       | X        | <u> </u>          |                              |        | 0.   | 0.   | 0.   |
| (10) Renee J. Raming  | 0   |                                   |                       |          |                   |                              |        |  |  |  |
|                       | 0   | X                                 |                       |          | L                 |                              |        | 0.   | 0.   | 0.   |
| (1) Laura Schmit      | 0   | х                                 |                       |          |                   |                              |        | 0.   | 0.   | 0.   |
| (12) Tamra Sieve      | 0   |                                   | Н                     |          | -                 |                              |        |  |  | <u>v.</u>  |
| Director              | 0   | Х                                 |                       |          |                   |                              |        | 0.   | 0.   | 0.   |
| (13) Ann C. Tillotson | 0   | <del></del>                       |                       | -        | <u> </u>          |                              |        |  |  | <u> </u>   |
| President             | 0   | Х                                 |                       | Х        | }                 | [                            |        | 0.   | 0.   | 0.   |
| (14) Flora Tsukayama  | 0   | <u> </u>                          | П                     | <u> </u> |                   |                              |        |  | <del>-</del>                                       | <u>~</u>   |
|                       | 0   | Х                                 |                       |          |                   |                              |        | 0.   | 0.   | 0.   |
| BAA                   | TEEA0   |                                   | 11/1                  | 6/16     |                   | <b>ــــــ</b>                |        | ·  |  | Form <b>990</b> (2016)                                   |

| 1 417 111 00000011111 011100101 11110010101  |                               |  |                      | ·F.          | -,-                |  |                | - 1.1.3.1.0.2. 0.0.1                | polisated Lilip                          | TO J CCS (continued)         |
|--|-------------------------------|--|----------------------|--------------|--------------------|--|----------------|-------------------------------------|--|------------------------------|
|  | (B)                           | 1  |                      | ((           | -                  |  |                | ]                                   |  |                              |
| (A)  | Average                       | (do  | not c                | check        | sition<br>more     | e than   | one            | (D)                                 | (E)                                      | (F)                          |
| Name and title   | hours<br>per                  | box  | , unle<br>cer a      | ess pe       | erson<br>direct    | is bot   | th an<br>stee) | Reportable compensation from        | Reportable compensation from             | Estimated<br>amount of other |
|  | week<br>(list any             | Q 3  | 15                   | 0            | <del>K</del> e     | Q =  | Ī              | the organization<br>(W-2/1099-MISC) | related organizations<br>(W-2/1099-MISC) | compensation                 |
|  | hours                         | g §  | 퇄                    | Officer      | ey e               | employee   | Former         | (11-271033-14113C)                  | (**-2/1099-WI3C)                         | from the organization        |
|  | related organiza              | हिं है   | 9                    | 74           | employee           | 8 8  | 18             |                                     |  | and related<br>organizations |
|  | - tions<br>below              | or director                                      | ទ                    |              | yee                | l a  |                | 1 1                                 |  | Į                            |
|  | dotted<br>line)               | 8  | nstitutional trustee |              |                    | employee   |                | }                                   |  | <u>{</u>                     |
|  | }                             | 1  | "                    |              | }                  | 8  | 4              | }                                   |  |                              |
| (15) Cary Weatherby  | 0                             |  |                      |              |                    | 1  | 1              |                                     | · <del></del>                            | <del></del>                  |
|  | 0                             | x  |                      |              | -                  | 1  | 1              | 0.                                  | 0.                                       | 0.                           |
| (16) Wendy Marczak   | 0                             |  |                      |              |                    |  | Τ_             |                                     |  |                              |
|  | 0                             | X  | 1                    |              |                    | l  | {              | 0.1                                 | 0.                                       | 0.                           |
| (17) Marcie Coval  | 0                             |  |                      |              |                    |  | Τ_             |                                     | <del></del>                              |                              |
|  |                               | x  |                      |              | 1                  | 1  |                | 0.1                                 | 0.                                       | 0.                           |
| (18) Carol Frisch  | 0                             |  | П                    |              | -                  |  | 1              | <del> </del>                        |  |                              |
|  | 0                             | X  |                      |              |                    | Ì  | ļ              | 0.                                  | 0.                                       | 0.                           |
| (19) Janet Pladson   | 0                             |  |                      |              | -                  | <del>                                     </del> |                |                                     | <del></del>                              | <u>~</u> :                   |
| 32-1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-   | 0                             | X  |                      |              |                    |  | 1              | 0.                                  | 0.                                       | 0.                           |
| (20) Renee Fetzer  | 0                             | <del>                                     </del> |                      |              |                    | 1  |                |                                     | <u></u>                                  |                              |
| 32.22.22.22.22.22.22.22.22.22.22.22.22.2   | 0                             | x  |                      |              |                    | 1  |                | 0.                                  | 0.                                       | 0.                           |
| (21) Mark Holman   | 0                             | 1  |                      |              | _                  | 1  | <u> </u>       |                                     | <del></del>                              | · · ·                        |
|  | 0                             | x  |                      |              |                    | 1  |                | 0.                                  | 0.                                       | 0.                           |
| (22) Maureen Bartolotta  | 0                             | +  | $\vdash$             |              | _                  | †  | -              |                                     |  |                              |
| 7-7.1242-04-244-0-1  | 0                             | X  |                      |              |                    | 1  | 1              | 0.                                  | 0.                                       | 0.                           |
| (23) Melissa Riebel  | 0                             | 1  |                      |              |                    |  |                |                                     |  | <del></del>                  |
|  | 0                             | X  |                      |              |                    | {  |                | 0.                                  | 0.                                       | 0.                           |
| (24) Tiffany Shermack  | 0                             |  |                      |              |                    | 1  | 1              |                                     |  |                              |
| Director   | 0                             | x  |                      |              |                    | l  |                | 0.1                                 | 0.                                       | 0.                           |
| (25) Virg Senescall  | 0                             |  |                      |              |                    |  |                |                                     |  | <del></del>                  |
| Director   | 0                             | X  |                      |              |                    | į  | 1              | 0.1                                 | 0.                                       | 0.                           |
| 1 b Sub-total  |                               |  |                      |              |                    |  | •              | 0.                                  | 0.                                       | 0.                           |
| c Total from continuation sheets to Part VII, Section  | on A                          |  |                      |              |                    |  | •              | 0.                                  | 0.                                       | 0.                           |
| d Total (add lines 1b and 1c)  |                               |  |                      |              |                    |  | <b>&gt;</b>    | 0.                                  | 0.                                       | 0.                           |
| 2 Total number of individuals (including but not limited   | to those I                    | ısted  | abov                 | ve) v        | who                | recei  | ved            | more than \$100,00                  | 0 of reportable comp                     | ensation                     |
| from the organization   0  |                               |  |                      | _            |                    |  |                |                                     |  |                              |
|  |                               |  |                      |              |                    |  |                |                                     |  | Yes No                       |
| 3 Did the organization list any former officer, direct   | tor, or tru                   | stee,  | key                  | em           | plo                | yee,   | or t           | nighest compensat                   | ed employee                              |                              |
| on line 1a? If 'Yes,' complete Schedule J for suc  | h individu                    | ial  | •                    |              |                    |  |                |                                     |  | 3 X                          |
| 4 For any individual listed on line 1a, is the sum of  | reportab                      | le co  | тре                  | nsa          | tion               | and  | oth            | er compensation f                   | rom                                      |                              |
| the organization and related organizations greate<br>such individual                                       | er than \$1                   | 50,00  | 20?                  | If 'Y        | es,                | ' con  | nple           | te Schedule J for                   |  | 4 X                          |
|  |                               | <b>.</b>   |                      |              |                    | •  |                |                                     |  | 4 X                          |
| 5 Did any person listed on line 1a receive or accru-<br>for services rendered to the organization? If 'Yes | e compen<br>s.' <i>comple</i> | isatio   | n tro<br>ched        | om a<br>lule | any<br><i>J fo</i> | unre<br>or suc                                   | eiate<br>ch o  | ed organization or<br>erson         | individual                               | . 5 X                        |
| Section B. Independent Contractors   |                               |  |                      |              |                    |  |                |                                     | <del></del>                              | ·111^                        |
| 1 Complete this table for your five highest compen   | sated inde                    | epen   | dent                 | cor          | ntra               | ctors  | tha            | it received more th                 | an \$100,000 of                          |                              |
| compensation from the organization. Report compen  | sation for                    | the c  | alen                 | dar          | year               | endi   | ng v           | <del>,</del>                        | <del></del>                              |                              |
| (A) Name and business add  | 229                           |  |                      |              |                    |  |                | (B) Description of                  | f services                               | (C)<br>Compensation          |
| Traine and business add  |                               |  |                      |              |                    |  |                | 2000 phone                          | . 55171505                               |                              |
|  |                               |  |                      |              |                    |  |                | <b></b>                             |  |                              |
|  |                               |  |                      |              |                    |  |                | <del> </del>                        |  |                              |
|  |                               |  |                      |              |                    |  |                | <del> </del>                        |  |                              |
|  |                               |  |                      |              |                    |  |                | ļ                                   |  |                              |
| O Table where the desired and an incident the table to   |                               | .to.d. 1   |                      |              | . at -             | J a l  |                | <u></u>                             | th                                       | <del></del>                  |
| 2 Total number of independent contractors (including to  |                               | ited (   | י וחס                | ise i        | 15(60              | a ado  | ve)            | wno received more                   | uian                                     |                              |
| \$100,000 of compensation from the organization  | <u>~</u>                      |  |                      |              |                    |  |                | <del></del>                         |  | F                            |
| BAA  | •                             | TEEAO  | 1108L                | 11/1         | 6/16               |  |                |                                     |  | Form <b>990</b> (2016)       |

|  | Check if Schedule O contains a response or note to any  | line in this Part VI  | IL .                                   |   |  |
|--|---|---|--|---|--|
|  |   | (A)<br>Total revenue  | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events . 1 c d Related organizations . 1 d e Government grants (contributions) 1 e  f All other contributions, gifts, grants, and similar amounts not included above . 1 f 187,182. g Noncash contributions included in lines 1a-1f: \$ |   |  |   |  |
| E E  | h Total, Add lines 1a-1f  | 187,182.  | 1                                      |   |  |
| 9  | Business Code   | 107,102.  | <del></del>                            |   | <del> </del>   |
| Program Service Revenue                                | 2 a b c d e f All other program service revenue. g Total. Add lines 2a-2t   |   |  |   |  |
|  | <u></u>   |   |  |   | <del> </del>   |
|  | 3 Investment income (including dividends, interest and other similar amounts). ▶ 4 Income from investment of tax-exempt bond proceeds. ▶ 5 Royalties. ▶   | 21,912.   |  | <del></del>                             | 21,912.  |
|  | (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 . \$   |   | -                                      |   |  |
| 0  | c Net income or (loss) from fundraising events >  9 a 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 c Net income or (loss) from sales of inventory   |   |  |   | <b></b>  |
|  | Miscellaneous Revenue Business Code   |   |  |   | <del> </del>   |
|  | 11a   |   |  |   |  |
|  | c d All other revenue.  |   |  |   |  |
|  | e Total. Add lines 11a-11d  |   |  |   |  |
| RAA  | 12 Total revenue. See instructions  | 209,094.  | 0.                                     | 0.                                      | 21, 912.   |
| 244  | 1EFA0   | CONTRACTOR |  |   | PERSON VINES (CALIFIC                                |

| Sec  | tion 501(c)(3) and 501(c)(4) organizations must com   |                       |                              | implete column (A)                     | · · · · · · · · · · · · · · · · · · · |
|------|---|-----------------------|------------------------------|--|---------------------------------------|
|      | Check if Schedule O contains a r  |                       |                              |  | X                                     |
| Do ( | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses    | <b>(D)</b><br>Fundraising<br>expenses |
| 1    | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                              |  |                                       |
| 2    | Grants and other assistance to domestic individuals. See Part IV, line 22   | 46,000.               | 46,000.                      |  |                                       |
| 3    | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                              |  |                                       |
| 4    | Benefits paid to or for members   |                       |                              |  |                                       |
| 5    | Compensation of current officers, directors, trustees, and key employees  | 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  |                       |                              |  | <del>"</del>                          |
| 8    | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                              |  |                                       |
| 9    | Other employee benefits   | 1                     |                              |  |                                       |
| 10   | Payroll taxes   |                       |                              |  | <del></del>                           |
| 11   | Fees for services (non-employees):  |                       |                              |  | <del></del>                           |
|      | Management  |                       | ļ                            |  |                                       |
|      | Legal   |                       |                              |  | <del></del>                           |
|      | Accounting  |                       |                              |  |                                       |
|      | 11 -64  | <del></del>           | <del></del>                  |  |                                       |
|      | Professional fundraising services See Part IV, line 17  |                       |                              |  |                                       |
|      | ·   | 1 600                 |                              |  |                                       |
|      | Investment management fees  | 1,623.                |                              | 1,623.                                 |                                       |
| _    | (A) amount, list line 11g expenses on Schedule O.)  Advertising and promotion.  |                       |                              |  |                                       |
|      | - Carrier   | 05                    |                              | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | <del></del>                           |
| 13   | · · · · · · · · · · · · · · · · · · ·   | 95.                   |                              | 95.                                    |                                       |
| 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   | Conferences, conventions, and meetings  |                       |                              |  | <del></del>                           |
| 20   | Interest  |                       |                              | ·····                                  | <del></del>                           |
| 21   | Payments to affiliates  |                       |                              |  | <del></del>                           |
| 22   | Depreciation, depletion, and amortization.  |                       |                              |  |                                       |
| 23   | Insurance   | 611.                  |                              | 611.                                   | <del></del>                           |
| 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.)               |                       |                              |  |                                       |
| a    | Innovation Grants   | 37,000.               | 37,000.                      |  |                                       |
|      | Centennial Event  | 21,065.               |                              |  | 21,065.                               |
|      | Food for Thought  | 15,388.               | 15,388.                      |  | ~~.                                   |
|      | Golf Event  | 13,400.               |                              |  | 13,400.                               |
| -    | All other expenses. See. Sch. O   | 17,113.               | 11,632.                      | 5,481.                                 | 20/100.                               |
|      | Total functional expenses. Add lines 1 through 24e  | 152,295.              | 110,020.                     | 7,810.                                 | 34,465.                               |
|      |   |                       | 220,020.                     |  | 34,403.                               |
| 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) |                       |                              |  |                                       |

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Form 990 (2016)

BAA

| Pá                         | irt X | Balance Sheet   |                                       |     |                                       |
|----------------------------|-------|---|---------------------------------------|-----|---------------------------------------|
|                            |       | Check if Schedule O contains a response or note to any line in this Part X  |                                       |     |                                       |
|                            | ,     |   | (A)<br>Beginning of year              |     | (B)<br>End of year                    |
|                            | 1     | Cash — non-interest-bearing   | 114,827.                              | 1   | 151,340.                              |
|                            | 2     | Savings and temporary cash investments  | 52,055.                               | 2   | 52,081.                               |
|                            | 3     | Pledges and grants receivable, net  |                                       | 3   |                                       |
|                            | 4     | Accounts receivable, net  |                                       | 4   |                                       |
|                            | 5     | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |                                       | 5   |                                       |
| ø                          | 6     | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L |                                       | 6   |                                       |
|                            | 7     | Notes and loans receivable, net   |                                       | 7   |                                       |
| Assets                     | 8     | Inventories for sale or use   | ····                                  | 8   |                                       |
| As                         | 9     | Prepaid expenses and deferred charges   | <del></del>                           | 9   |                                       |
|                            | 10a   | Land, buildings, and equipment cost or other basis.  Complete Part VI of Schedule D   |                                       |     |                                       |
|                            | b     | Less: accumulated depreciation 10b  |                                       | 10c | <del></del>                           |
|                            | 11    | Investments – publicly traded securities  | <del></del>                           | 11  |                                       |
|                            | 12    | Investments – other securities. See Part IV, line 11  | 149,820.                              | 12  | 170,080.                              |
|                            | 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 line 34)   | 316,702.                              | 16  | 373,501.                              |
|                            | 17    | Accounts payable and accrued expenses .   |                                       | 17  |                                       |
|                            | 18    | Grants payable  |                                       | 18  |                                       |
|                            | 19    | Deferred revenue  | <del> </del>                          | 19  |                                       |
|                            | 20    | Tax-exempt bond liabilities   |                                       | 20  |                                       |
| <u>e</u> .                 | 21    | Escrow or custodial account liability. Complete Part IV of Schedule D   |                                       | 21  | ·                                     |
| Liabilities                | 22    | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L   | · · · · · · · · · · · · · · · · · · · | 22  |                                       |
| ⊐                          | 23    | Secured mortgages and notes payable to unrelated third parties  |                                       | 23  | · · · · · · · · · · · · · · · · · · · |
|                            | 24    | Unsecured notes and loans payable to unrelated third parties  |                                       | 24  | <del></del>                           |
|                            | 25    | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  |                                       | 25  |                                       |
|                            | 26    | Total liabilities. Add lines 17 through 25  | 0.                                    | 26  | 0.                                    |
| s<br>R                     |       | Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.   |                                       |     |                                       |
| Ě                          | 27    | Unrestricted net assets   | 101, 107.                             | 27  | 137,166.                              |
| <u>e</u>                   | 28    | Temporarily restricted net assets   | 65,775.                               | 28  | 66,255.                               |
| <b>5</b>                   | 29    | Permanently restricted net assets   | 149,820.                              | 29  | 170,080.                              |
| Net Assets or Fund Balance |       | Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.   |                                       |     |                                       |
| ģ                          | 30    | Capital stock or trust principal, or current funds  | ·                                     | 30  |                                       |
| get                        | 31    | Paid-in or capital surplus, or land, building, or equipment fund  |                                       | 31  |                                       |
| Asi                        | 32    | Retained earnings, endowment, accumulated income, or other funds  |                                       | 32  |                                       |
| ě                          | 33    | Total net assets or fund balances   | 316,702.                              | 33  | 373,501.                              |
| ž                          | 34    | Total liabilities and net assets/fund balances  | 316, 702                              |     | 373 501                               |

| rorm s | 990 (2016) Education Foundation of Bloomington   | 41-       | 1568904 |             | Page 12   |
|--------|--|-----------|---------|-------------|-----------|
| Part   | XIK Reconciliation of Net Assets   |           |         |             |           |
|        | Check if Schedule O contains a response or note to any line in this Part XI.   |           |         |             |           |
| 1 7    | otal revenue (must equal Part VIII, column (A), line 12)   |           | 1       | 209         | ,094.     |
| 2 1    | Total expenses (must equal Part IX, column (A), line 25)   |           | 2       |             | ,295.     |
| 3 F    | Revenue less expenses. Subtract line 2 from line 1   | . (       | 3       |             | ,799.     |
| 4 1    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  |           | 4       |             | ,702.     |
| 5 r    | Net unrealized gains (losses) on investments.  | . [       | 5       |             |           |
| 6 (    | Donated services and use of facilities   |           | 6       | <del></del> |           |
| 7 1    | nvestment expenses   |           | 7       |             |           |
| 8 F    | Prior period adjustments   |           | 8       |             |           |
| 9 (    | Other changes in net assets or fund balances (explain in Schedule O).  | [         | 9       |             | 0.        |
|        | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,   | 1         |         |             |           |
|        | olumn (B))   |           | 10      | 373         | ,501.     |
| Part   | XII Financial Statements and Reporting   |           |         |             |           |
|        | Check if Schedule O contains a response or note to any line in this Part XII .   |           |         |             |           |
|        |  |           |         | Ye          | s No      |
| 1 /    | Accounting method used to prepare the Form 990: Cash X Accrual Other   |           |         | <b>一点想题</b> | 為意思       |
| I      | f the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.   |           |         |             |           |
| 2a\    | Vere the organization's financial statements compiled or reviewed by an independent accountant?  |           |         | 2 a         | X         |
|        | f 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis | reviewe   | d on a  |             |           |
| b١     | Were the organization's financial statements audited by an independent accountant?   |           |         | 2 b         | X         |
| ł      | f 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a pasis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis         | į         | te      |             |           |
| c i    | f 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t eview, or compilation of its financial statements and selection of an independent accountant?                | he audıt, |         | 2 c         |           |
| 1      | f the organization changed either its oversight process or selection process during the tax year, explan Schedule O.   |           |         |             |           |
| 1      | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?  |           |         | 3 a         | х         |
|        | f 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.                  | ired audi | t<br>   | 3ь          | 2 (001.5) |
| BAA    |  |           |         | rorm 99     | 0 (2016)  |

## 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

2016

Open to Public Inspection

| Name o     | Name of the organization Employer identification number  |  |  |   |                         |  |   |   |                |  |  |
|------------|--|--|--|---|-------------------------|--|---|---|----------------|--|--|
|            | Education Foundation of Bloomington 41-1568904   |  |  |   |                         |  |   |   |                |  |  |
|            |  | Reason for Public Cha  |  |   |                         |  |   | tions.  |                |  |  |
| The c      | The organization is not a private foundation because it is: (For lines 1 through 12, check only one box )                            |  |  |   |                         |  |   |   |                |  |  |
| 1          | L  | A church, convention of church   |  |   |                         |  | i).   |   |                |  |  |
| 2          | L  | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)  |  |   |                         |  |   |   |                |  |  |
| 3          | L  | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  |  |   |                         |  |   |   |                |  |  |
| 4          | 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.   |  |   |                         |  |   |   |                |  |  |
| 5          |  | 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.)  |  |   |                         |  |   |   |                |  |  |
| 6          | Γ  | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).   |  |   |                         |  |   |   |                |  |  |
| 7          |  | 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          | $\Box$   | A community trust described  | ın section 170(b)(1)(                          | A)(vi). (Complete Part I  | 1.)                     |  |   |   |                |  |  |
| 9          | F  | An agrıcultural research organı  |  |   | -                       | oniunctio                                | on with a land-grant colle                                | eae   |                |  |  |
| -          | Щ  | or university or a non-land-gran   |  |   |                         |  |   |   |                |  |  |
|            |  | university:  |  |   |                         |  |   |   |                |  |  |
| 10         |  | An organization that normally r<br>from activities related to its<br>investment income and unrel<br>June 30, 1975. See section 5   | exempt functions—sub<br>lated business taxable | pject to certain exception<br>e income (less section                                | ns, and                 | (2) no i                                 | more than 33-1/3% of i                                    | ts support from gross                               | ;              |  |  |
| 11         |  | An organization organized ar   | nd operated exclusive                          | ly to test for public safe  | ety. See                | section                                  | 1 509(a)(4).  |   |                |  |  |
| 12         | X  | An organization organized ar<br>or more publicly supported o<br>lines 12a through 12d that de  | rganizations describe                          | d in <b>section 509(a)(1)</b> d   | or <b>sectio</b>        | n 509(a                                  | <b>)(2).</b> See <b>section 509(a</b> )                   | ut the purposes of on <b>(X3).</b> Check the box in | e<br>ì         |  |  |
| 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<br>a majority of the director                           | ported or<br>rs or trus | rganizat<br>tees of t                    | ion(s), typically by giving<br>he supporting organization | the supported on <b>You must</b>                    |                |  |  |
| b          |  | Type II. A supporting organiz management of the supporting must complete Part IV, Secti  | organization vested in                         | ontrolled in connection the same persons that co                                    | with its<br>ontrol or   | support<br>manage                        | ed organization(s), by the supported organization         | having control or<br>ion(s). <b>You</b>             |                |  |  |
| С          | X  | Type III functionally integrated.  | A supporting organizat                         | ion operated in connection  | n with, ai              | nd functio                               | onally integrated with, its                               | supported   |                |  |  |
| d          |  | Type III non-functionally integritunctionally integrated. The constructions) You must com  | rganization generally                          | must satisfy a distribu   | nection<br>tion req     | with its s<br>uiremen                    | supported organization(s)<br>t and an attentiveness       | that is not requirement (see                        |                |  |  |
| е          |  | Check this box if the organization of the control o | ation received a writte                        | en determination from t   | the IRS                 | that it is                               | a Type I, Type II, Type                                   | e III functionally                                  |                |  |  |
| f          | Er   | nter the number of supported of  |  |   |                         |  |   |   | $\overline{1}$ |  |  |
| g          | Р  | ovide the following information  | n about the supported                          | d organization(s).  |                         |  |   | <del></del>   | _              |  |  |
|            | i) N   | ame of supported organization  | (ii) EIN                                       | (iii) Type of organization<br>(described on lines 1-10<br>above (see instructions)) | organizat               | s the<br>ion listed<br>overning<br>ment? | (v) Amount of monetary support (see instructions)         | (vi) Amount of other support (see instructions)     | ,              |  |  |
|            |  |  |  | · · · · · · · · · · · · · · · · · · ·   | Yes                     | No                                       |   | <del></del>   |                |  |  |
| (A)        | Sc   | chools   |  | 6   |                         |  | 108,217.  | 0   | ·              |  |  |
| (B)        |  |  |  |   |                         |  |   |   |                |  |  |
| (C)        |  |  |  |   |                         |  |   |   | _              |  |  |
|            |  |  |  | -   |                         |  |   |   |                |  |  |
| (D)        |  |  |  |   | <del> </del>            |  |   |   |                |  |  |
| <u>(E)</u> |  | · · · · · · · · · · · · · · · · · · ·  |  |   | <u> </u>                |  |   |   | _              |  |  |
| Total      |  |  |  |   |                         |  | 100 217   | ^   |                |  |  |

|     | edule A (Form 990 or 990-EZ) 201  |   |  |                                      |                                | 41-156890             |               |  |  |
|-----|---|---|--|--------------------------------------|--------------------------------|-----------------------|---------------|--|--|
| Pa  | t II Support Schedule for   | Organizations                               | Described in                               | Sections 170                         | (b)(1)(A)(iv) ar               | nd 170(b)(1)(A)       | (vi)          |  |  |
|     | (Complete only if you checked organization fails to qualify   | I the box on line 5,<br>under the tests lis | 7, or ४ of Part । or<br>sted below, please | if the organization complete Part II | i failed to qualify ur<br>II.) | ider Part III. If the |               |  |  |
| Sec | tion A. Public Support  |   |  |                                      |                                | <del></del>           | <del></del>   |  |  |
|     | endar year (or fiscal year<br>inning in) ►  | (a) 2012                                    | <b>(b)</b> 2013                            | (c) 2014                             | (d) 2015                       | <b>(e)</b> 2016       | (f) Total     |  |  |
| 1   | Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)   |   |  |                                      |                                |                       |               |  |  |
| 2   | Tax revenues levied for the<br>organization's benefit and<br>either paid to or expended<br>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 .  |   |  |                                      |                                | 1                     | <del></del>   |  |  |
| 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   | <del></del>                                 | <del></del>                                | <del></del>                          | <del></del>                    | ,                     |               |  |  |
|     | endar year (or fiscal year<br>inning in) ►  | (a) 2012                                    | <b>(b)</b> 2013                            | (c) 2014                             | ( <b>d</b> ) 2015              | <b>(e)</b> 2016       | (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<br>business activities, whether or<br>not the business is regularly<br>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 active  | rities, etc. (see in                        | structions) .                              |                                      | •                              | 12                    |               |  |  |
| 13  | First five years. If the Form 990 is organization, check this box and   |   | n's first, second, th                      | ird, fourth, or fifth                | tax year as a section          | on 501(c)(3)          | . •           |  |  |
| Sec | tion C. Computation of Pu   | blic Support F                              | Percentage                                 |                                      |                                |                       |               |  |  |
|     | Public support percentage for 20 Public support percentage from   | • •   | •  | ne 11, column (f)                    | )                              | 14                    | %<br>%        |  |  |
|     | 33-1/3% support test-2016. If t   | he organization d                           | id not check the b                         |                                      | d line 14 is 33-1/3            | <del></del>           | <del></del>   |  |  |
| b   | and stop here. The organization qualifies as a publicly supported organization  b 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   |   |  |                                      |                                |                       |               |  |  |
| 17a | 10%-facts-and-circumstances te<br>or more, and if the organization<br>the organization meets the 'facts   | meets the 'facts-a                          | and-circumstance                           | s' test, check this                  | box and stop her               | re. Explain in Part   | 10%<br>VI how |  |  |
| b   | b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. |   |  |                                      |                                |                       |               |  |  |

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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2016 Education Foundation of Bloomington 41-1568904

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

| (Complete only if you checked to     | he box on line 10 of Part I or if the orgai | nization failed to qualify under P | art II. If the organization |
|--------------------------------------|---|------------------------------------|-----------------------------|
| fails to qualify under the tests lis | sted below, please complete Part II)        |                                    | _                           |

| Sec   | tion A. Public Support   |                                  |                      |                      |                     |                 |              |
|-------|--|----------------------------------|----------------------|----------------------|---------------------|-----------------|--------------|
| Calen | dar year (or fiscal year beginning in) >   | (a) 2012                         | <b>(b)</b> 2013      | (c) 2014             | (d) 2015            | (e) 2016        | (f) Total    |
| 1     | Gifts, grants, contributions,<br>and membership fees<br>received. (Do not include<br>any 'unusual grants.')  |                                  |                      | ·                    |                     |                 |              |
| 2     | Gross receipts from admissions, merchandise sold or services performed, or facilities turnished 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   |                                  |                      |                      |                     |                 |              |
| 4     | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                                  |                      |                      | ,                   |                 |              |
| 5     | The value of services or facilities furnished by a governmental unit to the organization without charge  |                                  |                      |                      |                     |                 |              |
|       | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.   |                                  |                      |                      |                     |                 |              |
| b     | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |                                  |                      |                      |                     |                 |              |
| С     | Add lines 7a and 7b  |                                  |                      |                      |                     |                 |              |
| 8     | Public support. (Subtract line 7c from line 6.).   |                                  | -                    |                      | ,                   |                 |              |
| Sec   | tion B. Total Support  |                                  |                      |                      | r                   |                 |              |
|       | dar year (or fiscal year beginning in) 🟲   | (a) 2012                         | <b>(b)</b> 2013      | (c) 2014             | (d) 2015            | <b>(e)</b> 2016 | (f) Total    |
| _     | Amounts from line 6  |                                  |                      |                      |                     | <br>            |              |
|       | 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.  |                                  |                      |                      |                     |                 |              |
| 11    | Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                       |                                  |                      |                      |                     |                 |              |
|       | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  |                                  |                      |                      |                     |                 |              |
| 13    | Total support. (Add lines 9, 10c, 11, and 12.)   |                                  |                      |                      |                     |                 |              |
| 14    | First five years. If the Form 990 organization, check this box and   | is for the organiza<br>stop here | ation's first, secor | nd, third, fourth, o | r fifth tax year as | a section 501(  | c)(3)        |
| Sec   | tion C. Computation of Pul   | blic Support P                   | ercentage            |                      |                     |                 |              |
| 15    | Public support percentage for 20   | 16 (line 8, columi               | n (f) divided by lin | ne 13, column (f))   | •                   | 1:              | 5 %          |
|       | Public support percentage from 2   |                                  |                      |                      |                     | . 10            | 6 8          |
|       | tion D. Computation of Inv   |                                  |                      |                      |                     |                 |              |
| 17    | Investment income percentage for   | •                                | • •                  |                      | mn (f))             | 1:              |              |
| 18    |  |                                  |                      |                      |                     | 11              |              |
| 19a   | 33-1/3% support tests-2016. If the support tests-2016 is not more than 33-1/3%, check  |                                  |                      |                      |                     |                 |              |
| b     | 33-1/3% support tests-2015. If the line 18 is not more than 33-1/3%  | he organization d                | id not check a bo    | x on line 14 or lin  | e 19a, and line 16  | is more than    | 33-1/3%, and |
| 20    | Private foundation. If the organization  |                                  | -                    |                      |                     |                 | -            |
|       |  |                                  |                      |                      |                     |                 |              |

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

## Section 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe  |     |                 |               |
|     | the designation. If historic and continuing relationship, explain.   | 1   | Х               |               |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> 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             |
| 1   | 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 <b>Part VI</b> when and how the organization made the determination.  | 3b  |                 |               |
| (   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.   | 3c  |                 |               |
| 4   | Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.  | 4a  |                 | X             |
| 1   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b  |                 |               |
|     | 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 <b>Part VI</b> 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  |                 |               |
| 5:  | Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b)  |     |                 | ]             |
| ٠,  | and (c) below (if applicable) Also, provide detail in <b>Part VI,</b> 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             |
| ŧ   | 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  |                 |               |
| C   | Substitutions only. Was the substitution the result of an event beyond the organization's control?   | 5c  |                 |               |
| 6   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one  |     |                 |               |
|     | or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.  | 6   |                 | X             |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with  |     |                 |               |
|     | regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)  | 7   |                 | X             |
| 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 or 990-EZ).   | 8   |                 | X             |
| •   |  |     |                 | <del></del> - |
| 98  | 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 <b>Part VI</b> .                               | 9a  |                 | X             |
|     | ···  | 30  | +               |               |
|     | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.  | 9b  |                 | X             |
| C   | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI  | 9c  |                 | X             |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,'  |     |                 |               |
|     | answer 10b below.  | 10a |                 | X             |
| ŧ   | 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 | $\neg \uparrow$ |               |

|                  | dule A (Form 990 or 990-EZ) 2016   | Education Foundation of Bloomington 41-15   | 58904      |         | Page 5  |
|------------------|--|---|------------|---------|---------|
| Par              | IV Supporting Organizat  | ions (continuea)  |            | Yes     | No      |
| 11               | Has the organization accepted a  | gift or contribution from any of the following persons?   |            | +163    | NO      |
| а                | A person who directly or indirectly or governing body of a supported or  | ontrols, either alone or together with persons described in (b) and (c) below, the ganization?  | 11a        | -       | X       |
| ь                | A family member of a person des  | cribed in (a) above?  | 11b        |         | Х       |
| с                | A 35% controlled entity of a person  | on described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.  | 110        |         | Х       |
| Sect             | tion B. Type I Supporting O  | rganizations  |            |         |         |
|                  | or elect at least a majority of the org<br><b>Part VI</b> how the supported organization had more than             | ership of one or more supported organizations have the power to regularly appoint ganization's directors or trustees at all times during the tax year? If 'No,' describe in zation(s) effectively operated, supervised, or controlled the organization's activities one supported organization, describe how the powers to appoint and/or remove and among the supported organizations and what conditions or restrictions, if any, a tax year. | s. 1       | Yes     | No      |
|                  | that operated, supervised, or con-   | the benefit of any supported organization other than the supported organization(s) trolled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such of the supported organization(s) that operated, supervised, or controlled the  | 2          |         |         |
| Sect             | tion C. Type II Supporting (   | Organizations   |            |         |         |
|                  |  |   | <b></b>    | Yes     | No      |
| 1                | of each of the organization's supp   | s directors or trustees during the tax year also a majority of the directors or trustees ported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the directors of the same persons that controlled or managed the supported organization(s)  | he 1       |         |         |
| Sect             | tion D. All Type III Supporti  |   |            | <u></u> | <u></u> |
|                  |  |   |            | Yes     | No      |
|                  | organization's tax year, (i) a writt<br>year, (ii) a copy of the Form 990  | ich of its supported organizations, by the last day of the fifth month of the en notice describing the type and amount of support provided during the prior tax that was most recently filed as of the date of notification, and (iii) copies of the its in effect on the date of notification, to the extent not previously provided?  | 1          | х       |         |
|                  | organization(s) or (ii) serving on t   | ficers, directors, or trustees either (i) appointed or elected by the supported the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how se and continuous working relationship with the supported organization(s).   | 2          | Х       |         |
|                  | voice in the organization's investr  | cribed in (2), did the organization's supported organizations have a significant nent policies and in directing the use of the organization's income or assets at Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played   | 3          |         | X       |
| Sect             | ion E. Type III Functionally   | Integrated Supporting Organizations   |            |         |         |
| 1<br>a<br>b<br>c | The organization satisfied the The organization is the paren   | at the organization used to satisfy the Integral Part Test during the year (see instruction Activities Test. Complete line 2 below.  t of each of its supported organizations. Complete line 3 below governmental entity. Describe in Part VI how you supported a government entity if  | •          | etions) |         |
| 2                | Activities Test. Answer (a) and (b)  | ) below.  |            | Yes     | No      |
| а                | Did substantially all of the organiz<br>supported organization(s) to which to<br>organizations and explain how the | cation's activities during the tax year directly further the exempt purposes of the ne organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> nese activities directly furthered their exempt purposes, how the organization was ganizations, and how the organization determined that these activities constituted   | 2a         |         | X       |
|                  | the organization's supported orga  | constitute activities that, but for the organization's involvement, one or more of nization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for supported organization(s) would have engaged in these activities but for the  | 2b         |         | X       |
| 3                | Parent of Supported Organization   | s. Answer (a) and (b) below.  |            |         |         |
| а                | ·· •   | ver to regularly appoint or elect a majority of the officers, directors, or trustees of   | 3a         |         | ×       |
| b                | Did the organization exercise a subsupported organizations? If 'Yes,'  | tantial degree of direction over the policies, programs, and activities of each of its describe in <b>Part VI</b> the role played by the organization in this regard.   | 3tb        |         | X       |
| BAA              | <del></del>  | TEFA0405L 09/28/16 Schedule A (For  | m 990 or 9 | an FZ   |         |

|          | edule A (Form 990 or 990-EZ) 2016 Education Foundation of Bloomi   |        |                        | 568904 Page                    |
|----------|--|--------|------------------------|--------------------------------|
| Par<br>1 |  |        | <del></del>            | Port VIV. See                  |
| •        | Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization                                 | ons mu | st complete Sections A | through E                      |
| Sec      | tion A — Adjusted Net Income   |        | (A) Prior Year         | (B) Current Year<br>(optional) |
| 1        | Net short-term capital gain  | 1      |                        |                                |
| 2        | Recoveries of prior-year distributions   | 2      | <del></del>            | <del> </del>                   |
| 3        | Other gross income (see instructions)  | 3      |                        |                                |
| 4        | Add lines 1 through 3.   | 4      |                        | <del> </del>                   |
|          | Depreciation and depletion   | 5      | <del></del>            | <del> </del>                   |
| 6        | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6      |                        |                                |
| 7        | Other expenses (see instructions)  | 7      |                        |                                |
| 8        | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).  | 8      |                        |                                |
| Sec      | tion B — Minimum Asset Amount  |        | (A) Prior Year         | (B) Current Year<br>(optional) |
| 1        | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |        |                        |                                |
| а        | Average monthly value of securities  | 1a     |                        |                                |
| t        | Average monthly cash balances  | 1b     |                        |                                |
| C        | Fair market value of other non-exempt-use assets   | 1c     |                        |                                |
|          | Total (add lines 1a, 1b, and 1c)   | 1d     |                        | <u> </u>                       |
| е        | Discount claimed for blockage or other factors (explain in detail in Part VI):   |        |                        |                                |
| 2        | Acquisition indebtedness applicable to non-exempt-use assets   | 2      |                        |                                |
| 3        | Subtract line 2 from line 1d.  | 3      |                        |                                |
| 4        | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | 4      |                        |                                |
| 5        | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5      |                        |                                |
| 6        | Multiply line 5 by 035.  | 6      |                        |                                |
| 7        | Recoveries of prior-year distributions   | 7      |                        |                                |
| 8        | Minimum Asset Amount (add line 7 to line 6)  | 8      |                        |                                |
| Sec      | tion C — Distributable Amount  |        | ,                      | Current Year                   |
| 1        | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1      |                        |                                |
| 2        | Enter 85% of line 1.   | 2      |                        |                                |
| 3        | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3      |                        |                                |
| 4        | Enter greater of line 2 or line 3.   | 4      |                        |                                |
| 5        | Income tax imposed in prior year   | 5      |                        |                                |
| 6        | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | 6      | , = = ====             |                                |

Schedule A (Form 990 or 990-EZ) 2016

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

BAA

e Excess from 2016 BAA

d Excess from 2014

Schedule A (Form 990 or 990-EZ) 2016

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1: Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer Identification number

|             | Education Foundation of Bl   | oomington  |  | į                               | 41-1568904                                   |                    |
|-------------|--|--|--|---------------------------------|--|--------------------|
| Par         | Organizations Maintaining Dono   | or Advised Funds or Oth  | er Similar Fun                                 | ds or Acc                       |  |                    |
| I ai        | Complete if the organization ans   | wered 'Yes' on Form 990  | ), Part IV, line                               | 6.                              |  |                    |
|             |  | (a) Donor advised  | funds  | <b>(b)</b> Fo                   | inds and other acc                           | ounts              |
| 1           | Total number at end of year  |  |  |                                 |  | <del></del>        |
| 2           | Aggregate value of contributions to (during year)  |  |  |                                 |  | <del></del>        |
| 3           | Aggregate value of grants from (during year)   |  |  | ·                               | · · · · · · · · · · · · · · · · · · ·        |                    |
| 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 advised                     | funds Yes                                    | No                 |
| 6           | Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?                                | ors, and donor advisors in write<br>it of the donor or donor advisor | ing that grant fund<br>r, or for any other     | s can be use<br>purpose con     | ed only<br>ferring                           | □ No               |
| Pai         | <del></del>  |  |  | <u></u>                         | <u> </u>                                     | <u> </u>           |
| ļ <u></u> : | Complete if the organization ans   | wered 'Yes' on Form 990  | ), Part IV, line                               | 7.                              |  |                    |
| 1           | Purpose(s) of conservation easements held b  | y the organization (check all the                                    | hat apply).                                    |                                 |  |                    |
|             | Preservation of land for public use (e.g.,   | recreation or education)   | Preservation of                                | f a historicall                 | y important land a                           | rea                |
|             | Protection of natural habitat  |  | Preservation of                                | f a certified h                 | nistoric structure                           |                    |
|             | Preservation of open space   |  | _  |                                 |  |                    |
| 2           | Complete lines 2a through 2d if the organization   | held a qualified conservation cor                                    | itribution in the form                         | of a conserv                    | ation easement on t                          | he                 |
|             | last day of the tax year.  |  |  | <del>г</del>                    |  |                    |
|             | Total combined assessments   |  |  | <del></del>                     | eld at the End of the                        | ie Tax Year        |
|             | Total number of conservation easements   |  | •  | 2a                              |  | <del></del>        |
|             | Total acreage restricted by conservation ease  |  |  | 2b                              |  |                    |
| -           | : Number of conservation easements on a cert   |  |  | 2c                              |  | <del></del> _      |
| (           | Number of conservation easements included structure listed in the National Register .  | •  | •  | 2d                              | ·  |                    |
| 3           | Number of conservation easements modified, traitax year ►  | nsferred, released, extinguished,                                    | or terminated by th                            | e organizatioi                  | n during the                                 |                    |
| 4           | Number of states where property subject to conse   | ervation easement is located 🟲                                       |  | _                               |  |                    |
| 5           | Does the organization have a written policy re<br>and enforcement of the conservation easeme   |  | ng, inspection, han                            | dling of viola                  | itions,                                      | No                 |
| 6           | Staff and volunteer hours devoted to monitoring,   | inspecting, handling of violations                                   | s, and enforcing con                           | iservation eas                  | ements during the y                          | ear                |
| 7           | Amount of expenses incurred in monitoring, inspi   | ecting, handling of violations, an                                   | d enforcing conserva                           | ation easeme                    | nts during the year                          |                    |
| 8           | Does each conservation easement reported o and section 170(h)(4)(B)(ii)?   | in line 2(d) above satisfy the re                                    | equirements of sec                             | tion 170(h)(4                   | <sup>‡)(B)(i)</sup>                          | No                 |
| 9           | In Part XIII, describe how the organization report include, if applicable, the text of the footnote  | s conservation easements in its to the organization's financial      | revenue and expens<br>statements that de       | se statement,<br>escribes the   | and balance sheet, a<br>organization's acco  | and<br>ounting for |
| _           | conservation easements.  | estions of Art Uistoriaal  | Trooperation                                   | Othar Cim                       | Har Access                                   |                    |
| Pai         | Complete if the organization ans   | swered 'Yes' on Form 990   | D, Part IV, line                               | 8.                              | mar Assets.                                  |                    |
| 1 :         | If the organization elected, as permitted unde<br>art, historical treasures, or other similar assets h<br>in Part XIII, the text of the footnote to its fina | eld for public exhibition, education                                 | on, or research in fui                         | nue statemen<br>rtherance of p  | t and balance shee<br>jublic service, provid | et works of<br>e,  |
| ł           | If the organization elected, as permitted under<br>historical treasures, or other similar assets held following amounts relating to these items:             | er SFAS 116 (ASC 958), to rep<br>for public exhibition, education, c | ort in its revenue s<br>ir research in further | statement an<br>rance of public | d balance sheet wo<br>c service, provide the | orks of art,<br>e  |
|             | (i) Revenue included on Form 990, Part VIII,   | , line 1   |  |                                 | <b>►</b> \$                                  |                    |
|             | (ii) Assets included in Form 990, Part X   |  |  |                                 | . <b>&gt;</b> \$                             |                    |
| 2           | If the organization received or held works of art, amounts required to be reported under SFAS  |  |  | cial gain, prov                 | ide the following                            |                    |
| á           | Revenue included on Form 990, Part VIII, line  | e 1  |  |                                 | <b>►</b> \$                                  |                    |
|             | Assets included in Form 990, Part X .  |  | _  | _                               | ►\$  |                    |

| Schedule D (Form 990) 2016 Educa  |                                       |                                |                 |                                 | 41-156                       |  |  |  |  |  |
|---|---------------------------------------|--------------------------------|-----------------|---------------------------------|------------------------------|--|--|--|--|--|
| Part III   Organizations Mainta   | ining Collect                         | tions of Arl                   | , Historic      | al Treasures, o                 | r Other Similar Ass          | ets (continued)                              |  |  |  |  |
| 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): |                                       |                                |                 |                                 |                              |  |  |  |  |  |
| a Public exhibition   |                                       | d [                            | Loan or e       | exchange programs               |                              |  |  |  |  |  |
| b Scholarly research  |                                       | e                              | Other           |                                 | <del></del>                  | ·  |  |  |  |  |
| c Preservation for future gener   |                                       |                                |                 |                                 |                              |  |  |  |  |  |
| Part XIII.  | · · · · · · · · · · · · · · · · · · · |                                |                 |                                 |                              |  |  |  |  |  |
| 5 During the year, did the organiza<br>to be sold to raise funds rather th  | tion solicit or re                    | eceive donatio                 | ons of art, h   | istorical treasures,            | or other similar assets      | ∏Yes ∏No                                     |  |  |  |  |
| Part IV Escrow and Custodia   | l Arrangeme                           | nts. Compl                     | ete if the      | organization ar                 |                              | <del></del>                                  |  |  |  |  |
| line 9, or reported an  | amount on F                           | orm 990, F                     | Part X, lin     | e 21.                           |                              |  |  |  |  |  |
| 1 a Is the organization an agent, trus<br>on Form 990, Part X?  | stee, custodian                       | or other interi                | mediary for     | contributions or oth            | ner assets not included      | Yes No                                       |  |  |  |  |
| <b>b</b> If 'Yes,' explain the arrangement  | in Part XIII and                      | d complete the                 | e following     | table:                          |                              |  |  |  |  |  |
|   |                                       |                                |                 |                                 |                              | Amount                                       |  |  |  |  |
| c Beginning balance   |                                       |                                |                 |                                 | . 1c                         |  |  |  |  |  |
| <b>d</b> Additions during the year.   |                                       |                                |                 |                                 | 1d                           |  |  |  |  |  |
| e Distributions during the year   | ••                                    | • •                            |                 |                                 | 1 e                          | <u>.                                    </u> |  |  |  |  |
| f Ending balance .  |                                       |                                |                 |                                 | 1f)                          |  |  |  |  |  |
| 2a Did the organization include an a  |                                       |                                |                 |                                 | - 1                          | Yes No                                       |  |  |  |  |
| <b>b</b> If 'Yes,' explain the arrangement  | in Part XIII. Cr                      | eck here if th                 | e explanati     | on has been provid              | ed on Part XIII .            | · []   |  |  |  |  |
| Part V   Endowment Funds. C   | omploto if th                         | o organiza                     | tion once       | orad 'Vas' on E                 | orm 000 Port IV lis          | 20.10  |  |  |  |  |
| Part V   Endowment Funds. C   | (a) Current ye                        |                                | Prior year      | (c) Two years bac               |                              | (e) Four years back                          |  |  |  |  |
| 1 a Beginning of year balance .   | 149,8                                 | <del></del>                    | 161,678         | <del></del>                     |                              | 123,045.                                     |  |  |  |  |
| <b>b</b> Contributions  | 140,0                                 | 20.                            | 101,070         | 103,0,                          | 140,050.                     | 123,043.                                     |  |  |  |  |
|   | !                                     |                                |                 | <del></del>                     |                              |  |  |  |  |  |
| c Net investment earnings, gains, and losses  | 21,8                                  | 18.                            | -4,372          | . 51                            | 3. 26,136.                   | 19,060.                                      |  |  |  |  |
| d Grants or scholarships .  |                                       |                                | 5,950           | . 3,08                          | 2.                           |  |  |  |  |  |
| e Other expenditures for facilities and programs  |                                       |                                |                 |                                 | 0.                           |  |  |  |  |  |
| f Administrative expenses   | 1 5                                   | 58.                            | 1,526           | . 1,43                          |                              | 1,247.                                       |  |  |  |  |
| g End of year balance   | 170,0                                 |                                | 149,820         |                                 |                              | 140,858.                                     |  |  |  |  |
| 2 Provide the estimated percentage  |                                       |                                |                 |                                 |                              | 1 140,000.                                   |  |  |  |  |
| a Board designated or quasi-endowm  |                                       | 3 e                            |                 | 9, 00.2 (2),                    |                              |  |  |  |  |  |
| b Permanent endowment ►   | - %                                   |                                |                 |                                 |                              |  |  |  |  |  |
| c Temporarily restricted endowmer   | nt ►                                  | &                              |                 |                                 |                              |  |  |  |  |  |
| The percentages on lines 2a, 2b, ar   | <del></del>                           | ial 100%                       |                 |                                 |                              |  |  |  |  |  |
| 3a Are there endowment funds not in t   | ·                                     |                                | on that are l   | hold and administers            | d for the                    |  |  |  |  |  |
| organization by:  | ine possession o                      | i the Organizat                | ion that are i  | neiu anu auministere            | d for the                    | Yes No                                       |  |  |  |  |
| (i) unrelated organizations   |                                       |                                |                 |                                 | •                            | 3a(i) X                                      |  |  |  |  |
| (ii) related organizations  |                                       |                                |                 |                                 |                              | 3a(ii) X                                     |  |  |  |  |
| b If 'Yes' on line 3a(ii), are the rela   |                                       |                                |                 |                                 | •                            | 3b   |  |  |  |  |
| 4 Describe in Part XIII the intended  | d uses of the or                      | ganization's e                 | endowment       | funds. See Par                  | t XIII                       |  |  |  |  |  |
| Part VI Land, Buildings, and  | Equipment.                            |                                |                 |                                 |                              |  |  |  |  |  |
| Complete if the organi  | zation answ                           | ered 'Yes'                     | on Form 9       | 990, Part IV, line              | e 11a. See Form 99           | 0, Part X, line 10.                          |  |  |  |  |
| Description of property   | (a                                    | ) Cost or othe<br>(investment) | er basis<br>nt) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value                               |  |  |  |  |
| 1a Land .   |                                       |                                |                 |                                 |                              |  |  |  |  |  |
| <b>b</b> Buildings  | . [                                   |                                |                 |                                 |                              |  |  |  |  |  |
| c Leasehold improvements  |                                       |                                |                 |                                 |                              |  |  |  |  |  |
| <b>d</b> Equipment .  | Γ                                     |                                |                 |                                 |                              |  |  |  |  |  |
| e Other   | <u> </u>                              |                                |                 |                                 |                              |  |  |  |  |  |
| Total. Add lines 1a through 1e. (Colum  | nn (d) must equ                       | al Form 990,                   | Part X, colu    | ımn (B), lıne 10c ).            |                              | 0.   |  |  |  |  |
| BAA   |                                       |                                |                 |                                 | Schedu                       | ule <b>D</b> (Form 990) 2016                 |  |  |  |  |

BAA

Schedule D (Form 990) 2016

| Complete if the organization answered  | (b) Book value                           |   |  |
|--|--|---|--|
| (a) Description of security or category (including name of security)   | (b) book value                           | (c) Method of valuation: Cost or end              | -or-year market value                  |
| (1) Financial derivatives  |  | <del> </del>                                      |  |
| (2) Closely-held equity interests  |  | End of Year Market Walls                          |  |
| (3) Other MInneapolis Foundation   |  | End of Year Market Valu                           | ie                                     |
| (A)<br>(B)   |  | <del> </del>                                      | <del></del>                            |
| (D)  |  | <u> </u>  | <del></del>                            |
| (C)  |  |   |  |
| (C)<br>(D)<br>(E)  | · · · · · · · · · · · · · · · · · · ·    |   | <del></del>                            |
| (F)  |  |   |  |
| (G)  | <del></del>                              | <del></del>                                       |  |
| (H)  |  | <del> </del>                                      | <del></del>                            |
| (1)  |  | <del> </del>                                      |  |
| Total (Column (b) must equal Form 990, Part X, column (B) line 12.)  | 170,080.                                 | <del> </del>                                      | <del></del>                            |
|  | 1,0,000.                                 | N/A   | <del></del>                            |
| Part VIII Investments — Program Related. Complete if the organization answered   | l 'Yes' on Form 99                       | 0, Part IV, line 11c. See Form                    | 990, Part X, line 13                   |
| (a) Description of investment  | (b) Book value                           | (c) Method of valuation: Cost or en               | d-of-year market value                 |
| (1)  |  |   |  |
| (2)  |  |   |  |
| (3)  |  |   |  |
| (4)  |  |   |  |
| (5)  |  | <u></u>   |  |
| (6)  |  |   | ······································ |
|  |  |   |  |
| (8)  |  |   |  |
| (9)  | <u> </u>                                 |   |  |
| (10)   |  |   |  |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13) . Part IX Other Assets.  | 1  |   |  |
| Part IX Other Assets.  Complete if the organization answered   | i 'Yes' on Form 99                       | 0. Part IV. line 11d. See Form                    | 990, Part X, line 15.                  |
|  | scription                                |   | (b) Book value                         |
| (1)  |  |   |  |
| (2)  |  |   | 1                                      |
| (3)  |  |   | <del></del>                            |
|  |  | <del></del>                                       |  |
| (4)  |  |   |  |
| (4)<br>(5)   |  |   |  |
| (4)<br>(5)<br>(6)  |  |   |  |
| (4)<br>(5)<br>(6)<br>(7)   |  |   |  |
| (4)<br>(5)<br>(6)  |  |   |  |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)  |  |   |  |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)   | B) line 15 ) .                           |   |  |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities.  | · · · · · · · · · · · · · · · · · · ·    |   | <u></u>                                |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities. Complete if the organization answered 'Yes' on F  | Form 990, Part IV, line                  | 11e or 11f. See Form 990, Part X, line 2          | <u></u>                                |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column ( Part X Other Liabilities. Complete if the organization answered 'Yes' on F  | · · · · · · · · · · · · · · · · · · ·    | 11e or 11f. See Form 990, Part X, line 2          | <u></u>                                |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column ( Part X Other Liabilities. Complete if the organization answered 'Yes' on 8 (a) Description of liability (1) Federal income taxes  | Form 990, Part IV, line                  | 11e or 11f. See Form 990, Part X, line 2          | <u></u>                                |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column ( Part X Other Liabilities. Complete if the organization answered 'Yes' on 6 (a) Description of liability (1) Federal income taxes (2)  | Form 990, Part IV, line                  | 11e or 11f. See Form 990, Part X, line 2          | <u> </u>                               |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on Factor (a) Description of liability (1) Federal income taxes (2) (3)  | Form 990, Part IV, line                  | 11e or 11f. See Form 990, Part X, line 2          | <u> </u>                               |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (  Part X Other Liabilities.  Complete if the organization answered 'Yes' on fermion (a) Description of liability (1) Federal income taxes (2) (3) (4)  | Form 990, Part IV, line                  | 11e or 11f. See Form 990, Part X, line 2          | <u></u>                                |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (  Part X Other Liabilities.  Complete if the organization answered 'Yes' on f  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)   | Form 990, Part IV, line                  | 11e or 11f. See Form 990, Part X, line 2          | <u></u>                                |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (  Part X Other Liabilities. Complete if the organization answered 'Yes' on f  (a) Description of hability (1) Federal income taxes (2) (3) (4) (5) (6)   | Form 990, Part IV, line                  | 11e or 11f. See Form 990, Part X, line 2          | <u></u>                                |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (  Part X Other Liabilities.  Complete if the organization answered 'Yes' on f  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)   | Form 990, Part IV, line                  | 11e or 11f. See Form 990, Part X, line 2          | <u></u>                                |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (  Part X Other Liabilities. Complete if the organization answered 'Yes' on f  (a) Description of hability (1) Federal income taxes (2) (3) (4) (5) (6) (7)   | Form 990, Part IV, line                  | 11e or 11f. See Form 990, Part X, line 2          | <u></u>                                |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on Fabrilly (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)  | Form 990, Part IV, line                  | 11e or 11f. See Form 990, Part X, line 2          | <u></u>                                |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on Factorial income taxes (2) (3) (4) (5) (6) (7) (8) (9)  | Form 990, Part IV, line                  | 11e or 11f. See Form 990, Part X, line 2          | <u> </u>                               |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of hability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.). | Form 990, Part IV, line 1 (b) Book value | 11e or 11f. See Form 990, Part X, line 25         | 5                                      |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (  Part X Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description of hability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)   | (b) Book value  (b) Book value           | inancial statements that reports the organization | 5                                      |

TEEA3303L 08/15/16

| Schedule D (Form 990) 2016 Education Foundation of Bloomington  | 41                | L-1568904   | Page 4 |
|---|-------------------|-------------|--------|
| Part XI Reconciliation of Revenue per Audited Financial Statements  |                   | eturn. N/A  |        |
| Complete if the organization answered 'Yes' on Form 990, Pa   | art IV, line 12a. |             |        |
| 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  | 2b                | ]           |        |
| c Recoveries of prior year grants   | 2c                | ]           |        |
| d Other (Describe in Part XIII.)  | 2 d               | 7 1         |        |
| e Add lines 2a through 2d   |                   | 2 e         |        |
| 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                | 1 1         |        |
| b Other (Describe in Part XIII ) .  | 4b                | 1           |        |
| c Add lines 4a and 4b.  |                   | 4c          |        |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  |                   | 5           |        |
| Part XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Pa |                   | Return. N/A |        |
| 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:   |                   |             |        |
| a Donated services and use of facilities  | 2a                |             |        |
| <b>b</b> Prior year adjustments   | 2b                | 1           |        |
| c Other losses  | 2c                | 1           |        |
| d Other (Describe in Part XIII.)  | 2 d               | 1           |        |
| e Add lines 2a through 2d   |                   | 2 e         |        |
| 3 Subtract line 2e from line 1  |                   | 3           |        |

Part XIII Supplemental Information.

b Other (Describe in Part XIII.)

c Add lines 4a and 4b.

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

## Part V, Line 4 - Intended Uses Of Endowment Fund

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

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

BAA

4 c

5

**≗** □ (h) Purpose of grant or assistance Schedule I (Form 990) (2016) Open to Public Inspection OMB No. 1545-0047 2016 Employer Identification number X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on 41-1568904 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. (g) Description of noncash assistance See Part IV ...... (f) Method of valuation (book, FMV, appraisal, other) 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? Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.

Attach to Form 990. TEEA3901L 11/03/16 Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ... (c) IRC section (if applicable) BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table.. General Information on Grants and Assistance (e) Education Foundation of Bloomington 1 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990) 11111 Parti Part II ୍ର € E¦ 8 **©** 6 8

Schedule I (Form 990) (2016) Education Foundation of Bloomington

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

| (a) Type of grant or assistance  | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 Scholarships   | 41                       |                          |                                  |   |                                       |
| 2  |                          |                          |                                  |   |                                       |
| m  |                          |                          |                                  |   |                                       |
| 4  |                          |                          |                                  |   |                                       |
| LO.  |                          |                          |                                  |   |                                       |
| 9  |                          |                          |                                  |   |                                       |
| 7  |                          |                          |                                  |   |                                       |
| Ba就即 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | ide the information      | required in Part I,      | line 2; Part III, co             | umn (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

Schedule I (Form 990) (2016)

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.

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

41-1568904

Employer identification number

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

Student Success Stipends - Financial aid for students to participate in various educational activities.

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.

Hertiage Days - Cost for children books distributed to kids.

## 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.

# Form 990, Part IX, Line 24e Other Expenses

|  | (A)Total   | (B)<br>Program<br>Services       | (C)<br>Management<br>& General | (D) <u>Fundraising</u> |
|--|--|----------------------------------|--------------------------------|------------------------|
| Companies to Classrooms<br>Hertitage Days<br>Other<br>Printing and Publications<br>Prodogy Awards<br>Senior Night<br>Student Success Stipend | 3,000.<br>304.<br>957.<br>274.<br>1,000.<br>500.<br>9,828. | 304.<br>1,000.<br>500.<br>9,828. | 3,000.<br>957.<br>274.         |                        |

| Schedule O (Point 950 of 950-LZ) 2010 | 1 agc =                        |
|---------------------------------------|--------------------------------|
| Name of the organization              | Employer identification number |
| Education Foundation of Bloomington   | 41-1568904                     |

Form 990, Part IX, Line 24e (continued) Other Expenses

|                 | (A)                             | (B)                     | (C)                     | (D)         |
|-----------------|---------------------------------|-------------------------|-------------------------|-------------|
|                 | Total                           | Program <u>Services</u> | Management<br>& General | Fundraising |
| Web Development | Total $\frac{1,250.}{$17,113.}$ | \$ 11,632.              | 1,250.<br>\$ 5,481.     | \$ 0.       |