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(6)	$\langle \cdot \rangle$
Form 990 (9)	Und

Department of the Treasury Internal Revenue Service

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

ler 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u> </u>	OI LITE	2017 Calendar year, or tax year beginning UAN 1, 2017 and	enuning t	JOH 30, ZOI1					
B c ap	heck if oplicable	C Name of organization		D Employer identific	cation number				
	Addres	EDUCARE FOUNDATION INC		_]					
	Name change	Doing business as		41-1	745553				
$\overline{}$	Initial return		Room/suite						
$\vdash$	Final	DO BOY 241 507_386_4828							
_	Jreturn/ termin- ated			G Gross receipts \$	40,439.				
_	Amend			H(a) Is this a group re					
<u>}=</u>	_Ireturn _Applic: _tion			for subordinates					
Ь	_tion pendin	SAME AS C ABOVE			<u> </u>				
				H(b) Are all subordinates in					
			or 52		list. (see instructions)				
		e: WWW.EDUCAREFOUNDATION.ORG	1	H(c) Group exemptio					
		organization: X Corporation	L Yea	rot tormation: 1983 N	State of legal domicile: MN				
Pa	rt I	Summary	DOLLED	n nranarara	CIIDDODE MO				
e		Briefly describe the organization's mission or most significant activities. TO P							
Activities & Governance		MANKATO AREA PUBLIC SCHOOLS BEYOND THE NO		- ii					
ern		Check this box 🕨 🔛 if the organization discontinued its operations or dispos	sed of mo	re than 25% of its net as					
ò	3	Number of voting members of the governing body (Part VI, line 1a)		3	22				
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	22				
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0				
Viti	6	Total number of volunteers (estimate if necessary)		6	50				
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	<u> </u>				
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
				Prior Year	Current Year				
a	8	Contributions and grants (Part VIII, line 1h)		<u>71,727.</u>	<u>16,394.</u>				
Ę	9	Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		21,707.	2,966.				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,030.	12,414.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		100,464.	31,774.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		54,139.	105,718.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
g	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	L	0.	0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.				
g	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,553.	4,702.				
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		62,692.	110,420.				
	ı	Revenue less expenses. Subtract line 18 from line 12	Γ	37,772.	-78,646.				
Ses			В	eginning of Current Year	End of Year				
age	20	Total assets (Part X, line 16)		682,238.	750,389.				
SSS BSS	21	Total liabilities (Part X, line 26)		7,521.	101,930.				
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20		674,717.	648,459.				
	art II	Signature Block							
Und	er pena	Ities of perjuy, I declare that I have examined this return, including accompanying schedule	s and state	ments, and to the best of m	v knowledge and belief, it is				
		t, and complete, Deglaration of peparer (other than officer) is based on all information of wi			, , ,				
		1 1000 46. 1108			118				
© Sigi	n	Signature of officer		Date					
'Her		DOUG LAGO, TREASURER							
₽.C. ₹	•	Type or print name and title							
; ;		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid	i	BRADLEY BOETTCHER BRADLEY BOETTCH	ÉR	05/14/18 self-employ	P00837852				
•	arer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN	41-0746749				
	Only	Firm's address 101 NORTH SECOND ST, SUITE 200							
₹ ₹		MANKATO, MN 56001-3567		Phone no 50	7-386-8800				
Mar	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
ivia)	,	to diodeos tris rotarii with the preparer shown above. (See ilistructions)		<del></del>					

Form 990 (2017) EDUCARE FOUNDATION INC
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
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		_X
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 98-197 If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Service of the servic			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	P. Lillian St. Communication of the Links of the Links of Chates O	14a		Х
	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		X
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	1	x
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	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		X
		Form	990	(2017)

Part IV	Checklist of Re	quired Schedules	(continued)
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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	<u> </u>		
	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? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	204	-	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	ļ		
	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		х
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	ļ		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31_		<u>x</u>
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		<u>x</u>
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		<u> </u>
34	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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "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	L	
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	<u></u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38_	X	L
		Form	990	(2017)

	990 (2017) EDUCARE FOUNDATION INC 41-1745	<u> </u>		age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check is contound a responde of note to any line in that at v		T.,	ᆛ
_	Establish a washed as Boy 9 of Establish O. foot and backlish		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  In Box 3 of Form 1096. Enter -0- if not applicable  In Dox 3 of Form 1096. Enter -0- if not applicable  In Dox 3 of Form 1096. Enter -0- if not applicable			}
b			l	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c_	-	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
<b>h</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2h		ļ
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_2b_		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	20		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3a	-	
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b_	_	
44	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	44	<u> </u>	
D	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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		- 25
6a		<u> 30</u>		<del>                                      </del>
Va	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		<del></del>
	were not tax deductible?	6b		1
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	ļ	х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	i	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		l	<u> </u>
Ū	to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	ļ	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a _		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12		)	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )			
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 12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<b></b>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	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	;		1
	organization is licensed to issue qualified health plans		į	
С	Enter the amount of reserves on hand . 13c			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>

**14b** Form **990** (2017)

EDUCARE FOUNDATION INC 41-1745553 Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Nο 22 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 22 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? 6 6 7a 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? X\_ 7<u>a</u> b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: R a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed	3 🕨	<b>-</b> M	ш	۷
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Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

X Upon request Own website Another's website

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records. CLIFTONLARSONALLEN LLP - 507-386-8800

56001 101 NORTH 2ND STREET, SUITE 200, MANKATO MN

Form 990 (2017)

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

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

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

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

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

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

(A)	1	J. 9.	2, 1,2_0				1541		1	<b>(E)</b>
(A)	(B)			Pos	C) itior	1		(D)	(E)	(F)
Name and Title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation	Estimated amount of
	week	offi	cer ar	nd a d	irecto	or/trus	itee)	from	from related	other
	(list any	cto						the	organizations	compensation
	hours for	or director		1		20		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee		١.,	ensa		(W-2/1099-MISC)		organization
	organizations	a tr	onal t		lo ye	l co				and related
	below	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	트	≐	5	\$	호등	ಡಿ			
(1) DOUG LAGO	1.00	x		x	1					
CHAIR	1.00	^	-	^		1-	├-	<del></del>		<del></del>
(2) BRIAN CORBETT	1.00	X		X	l					
VICE CHAIR (3) RHEA HEMISH	1.00	^	-	1				<del></del>		
TREASURER	1.00	X		X	ļ	ļ	ļ			
(4) ABBIE OLSON	1.00	1	<u> </u>		<u> </u>	1				
SECRETARY		$\mathbf{x}$		x						
(5) KAREN WRIGHT	1.00						_			
DIRECTOR		x			l					
(6) JESSICA BARRY	1.00	5								
DIRECTOR		X	<u> </u>							
(7) SHANNON BEAL	1.00	]	ļ	1						
DIRECTOR		X			L.					
(8) JASON GROVOM	1.00				İ	ł	Ī			_
DIRECTOR		X			<u> </u>					
(9) KATHY SANGER	1.00	]			ĺ		ĺ			
DIRECTOR		X	<u> </u>	_	<u> </u>	_	<u> </u>			
(10) MANDY WITTENBERG	1.00	}	Ì		ł		ł	Ì		
DIRECTOR		X	<u> </u>	<u> </u>	<u> </u>	_	<u> </u>			
(11) WADE ABED	1.00	ļ	ŀ		ļ					
DIRECTOR	ļ	X	ļ	<u> </u>	_	<u> </u>	ļ			
(12) AMY BOLES	1.00	]			}					
DIRECTOR		X	<u> </u>	_	_					
(13) APRIL FEMRITE	1.00	\ 			1					
DIRECTOR		X	<u> </u>	<u> </u>	ļ	_	<u> </u>			
(14) JULIE FOSTER	1.00	┨			ļ			ļ		
DIRECTOR	1 00	X	├	ļ	_					
(15) DAVE STAHL	1.00	I				l		l		•
DIRECTOR	1 00	X	├-	-	}_	<u> </u>				
(16) SHERRI BLASING	1.00									
DIRECTOR	1 00	X	├-	-	-	-	<del> </del>			
(17) JESSICA HATANPA	1.00	٠,,						1		
DIRECTOR		X	<u> </u>	<u> </u>		<u>L</u>	Щ.		<u> </u>	Form <b>990</b> (2017)
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Form 990 (2017)

Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	T	es (continued)				
(A)	(B)				C)			(D)	(E)		(	F)	
Name and title	Average		not c		more	than		Reportable	Reportable		Estin		
	hours per week					is bot or/trus		compensation	compensation	1	amo		λf
	(list any	įį	Γ			Γ	<del>Г</del>	from the	from related organizations		compe	her neat	ion
	hours for	a a a			ļ	- E		organization	(W-2/1099-MISC			n the	
	related	stee o	rustee			eusat	İ	(W-2/1099-MISC)			organ	ızatı	on
	organizations below	ral tru	onalt		loyee	ພວສ					and r		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organi	zatio	ns
(18) GRETCHEN REHM	1.00	_=	┝═╌	-	<u> </u>	Ι. ευ	<u> </u>			-+			
DIRECTOR		х								1			
(19) CHUCK BRANDEL	1.00												
DIRECTOR		X											
(20) MATTHEW BROZIK	1.00												
DIRECTOR		X				<u> </u>							
(21) JEFFREY GRACE	1.00												
DIRECTOR	1 00	X	<u> </u>	_		ļ				$\rightarrow$			
(22) KORY KATH	1.00	<b>.</b>	ì				Ì	)					
DIRECTOR		X	-			-				-+			
	<u> </u>	1		}									
	<u> </u>	_	<u> </u>		-	-	-			-+			
		1		ļ			}						
						_						-	
						İ		İ i					
	L												
1b Sub-total .													
c Total from continuation sheets to Part V	II, Section A									$\dashv$			
d Total (add lines 1b and 1c)	<del></del>						<u> </u>						
2 Total number of individuals (including but r	ot limited to th	iose	liste	ed al	bove	e) wh	no r	eceived more than \$100	,000 of reportable				
compensation from the organization							_				Tv.	es	No
3 Did the organization list any former officer,	director or tri	istei	e ke	v er	nnlo	Wee	or	highest compensated e	mnlovee on	Г		-	
line 1a? If "Yes," complete Schedule J for s		,,,,,	o, 110	,, 0,	· · pic	,,00,	, 0.	riigiloot compensatoa c	inployed on		3		X
4 For any individual listed on line 1a, is the su		le co	omp	ensa	ation	n and	d ot	her compensation from	the organization		Ť		
and related organizations greater than \$15	-							•	Ü		4		X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr/	elat	ed organization or indivi	dual for services			T	
rendered to the organization? If "Yes," com	plete Schedul	<u>e J f</u>	or s	uch	pers	son_					5		X
Section B. Independent Contractors													
Complete this table for your five highest co									•	ensat	ion from	n	
the organization Report compensation for	the calendar y	ear	enai	ng v	vith	or w	ithir (		/ear				
(A) Name and business	address	N	INC	7.				( <b>B</b> ) Description of s	ervices	Cor	(C) mpensa	ation	ı
		141	2111			_							
							Ì		1				
							$\neg$						
	·												
							T						
							_						
									1				
				_			$\dashv$						
									}				
Total number of independent contract	noludina but -	O+ 1.		4 + ~	th-	00 1:	1	I obovo) who recovered	vore the				
2 Total number of independent contractors (i \$100,000 of compensation from the organi	_	Ot III	iiiite	u lO	u IO	56 IIS	ວເປັ	i abovej who received m	ore triair				
wroo,ooo or compensation nom the organi						_					orm <b>99</b>	<b>n</b> (2)	017\

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
ira Dan	b		1b					
9,5	c		1c	1,375.				
まる	d		1d					
S, E	е	0	ions) 1e					
ē	f	All other contributions, gifts, gran			•			
t E		similar amounts not included abo		15,019.				
퉏읾	g	Noncash contributions included in lines	1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		<b>•</b>	16,394.			
				Business Code				
မွ	2 a	·				<u></u>		
ه چَ	b	D						
Program Service Revenue	c	·						
eve	c	1					<u></u>	
90 E	e							
<u>.</u>	f	All other program service reve	enue				<u> </u>	
		Total. Add lines 2a-2f						
}	3	Investment income (including	dividends, intere	est, and	ı			
		other sımılar amounts)		<b>&gt;</b>	2,966.			2,966.
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties		<b>•</b>			· <del>-</del>	
			(i) Real	(ii) Personal	I			
	6 a	Gross rents						
	Ł	Less. rental expenses			!			
	c	Rental income or (loss)		l				
	c	Net rental income or (loss)		<b>&gt;</b>				
	7 a	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	k	Less cost or other basis						
		and sales expenses						
		Gain or (loss)						1
	C	Net gain or (loss)		<b></b>	<u> </u>		<del></del>	
ne	8 8	a Gross income from fundraisin						
		including \$1,3	375 of	[				
Other Reven		contributions reported on line	1c) See					
er F		Part IV, line 18	а					
Ę	t	Less: direct expenses	b	8,665.				}
		Net income or (loss) from fund	_	<b>•</b>	12,414.			12,414.
	9 a	a Gross income from gaming a	ctivities. See	] ]				1
		Part IV, line 19	а					
	t	Less: direct expenses	b					Į.
		Net income or (loss) from gan	ning activities	<b></b>				
	10 a	a Gross sales of inventory, less	returns					1
		and allowances	. а					
	Ł	Less cost of goods sold	b					
		Net income or (loss) from sale	es of inventory	<b>•</b>				
		Miscellaneous Revenu	ie	Business Code				1
	11 a	a					- <u>-</u>	
	ŧ	)					<del></del>	
	•						- <del></del>	
		All other revenue						<del> </del>
	•	Total. Add lines 11a-11d		▶			· <del></del>	<del></del>
	12	Total revenue. See instructions.			31,774.	0.	0	15,380.

Section	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respon-		this Part IX	(0)	<u></u>
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	105,718.	105,718.		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	-			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	1 055		1 057	
а	Management	1,857.		1,857.	<del></del>
b	Legal	1 050		1,950.	
C	Accounting	1,950.		1,950.	· · · · · · · · · · · · · · · · · · ·
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	671.	556.	115.	
13	Office expenses Information technology	0/1.	330.	110.	
14	٠,				
15	Royalties				
16	Occupancy Laboratory L				
17	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings				
19 20	Interest				<del> </del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 0.)				
а	BANK CHARGES	224.		224.	
b					···
С					
d					
е	All other expenses	110 400	106 074	A 1 A C	
25_	Total functional expenses Add lines 1 through 24e	110,420.	106,274.	4,146.	0.
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)				

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
		, •	(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		_1_	
	2	Savings and temporary cash investments	52,728.	2	86,670. 2,874.
	3	Pledges and grants receivable, net	24,000.	3	2,874.
	4	Accounts receivable, net	<del></del>	4	
	5	Loans and other receivables from current and former officers, directors,	l		
		trustees, key employees, and highest compensated employees Complete			
	ļ	Part II of Schedule L	<del></del>	5	<del></del>
	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			
Assets	_	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
4ss	7	Notes and loans receivable, net	<del></del>	7	
	8	Inventories for sale or use	<del>-</del>	8	
	9	Prepaid expenses and deferred charges	·	9	
	10a	Land, buildings, and equipment, cost or other			
		basis Complete Part VI of Schedule D  Less: accumulated depreciation  10b		100	
	b			10c	
	11	Investments - publicly traded securities Investments - other securities See Part IV, line 11	605,510.	12	660,845.
	13	Investments - program-related See Part IV, line 11	003,310.	13	000,043.
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	<del></del>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	682,238.	16	750,389.
	17	Accounts payable and accrued expenses	4,327.	17	10,324.
	18	Grants payable	3,194.	18	91,606.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
ijΞ	}	key employees, highest compensated employees, and disqualified persons			
Liabilities		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	
	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			
	Ì	Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	7,521.	26	101,930.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🐰 and			
ès		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	632,892.	27	606,634.
Bal	28	Temporarily restricted net assets	41,825.	28	41,825.
p	29	Permanently restricted net assets		29	
교		Organizations that do not follow SFAS 117 (ASC 958), check here			
ğ	1	and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	674 717	32	640 450
_	33	Total net assets or fund balances	674,717.	33	648,459.
	34	Total liabilities and net assets/fund balances	682,238.	34	750,389. Form <b>990</b> (2017)

Form 990 (2017)

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

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Name of the organization

Employer identification number

			ARE FOUNDA					4	1-1745553
Pa	rt I	Reason for Public (	Charity Status (A	All organizations must co	mplete th	is part ) Se	ee instructions	3	
The 1 2 3 4	orgar	nization is not a private found A church, convention of chi A school described in secti A hospital or a cooperative A medical research organiz city, and state	urches, or associatio i <b>on 170(b)(1)(A)(iı).</b> (⁄ hospital service orga	on of churches described Attach Schedule E (Form anization described in se	d in section 1 990 or 99 ection 170	n <b>170(b)(</b> 1 90-EZ) ) 9 <b>(b)(1)(A)(</b> i	I)(A)(i). ii).	)(iii). Enter	the hospital's name,
5 6 7		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
8 9		section 170(b)(1)(A)(vi). (C A community trust describe An agricultural research org or university or a non-land-g university	ed in <b>section 170(b)(</b> ganization described	in section 170(b)(1)(A)(	ix) operate	•		-	•
10	<b>X</b>	An organization that normal activities related to its exensincome and unrelated busing See section 509(a)(2). (Control of the section 509(a)(2).	npt functions - subject ness taxable income	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its support	from gross investment
11 12		An organization organized a An organization organized a more publicly supported or lines 12a through 12d that	and operated exclus ganizations describe	ively for the benefit of, to ed in <b>section 509(a)(1)</b> o	perform t	the functio <b>509(a)(2)</b>	ons of, or to ca See <b>section</b> 5	509(a)(3). C	• •
b		the supported organization organization You must of Type II. A supporting organization organization You must of Type II. A supporting organization organization You must of Type II.	on(s) the power to recomplete Part IV, Se anization supervised	gularly appoint or elect a ections A and B. I or controlled in connec	a majority o	of the dire	ctors or truste	es of the s	ving
	_	control or management or organization(s). You mus	t complete Part IV,	Sections A and C.					
С		☐ Type III functionally integrated its supported organization. ☐ Its supported organization	-					lly integrate	ed with,
d	i <u>L</u>	Type III non-functionally that is not functionally int requirement (see instruct	egrated The organiz	cation generally must sat	tisfy a dist	ribution re	quirement and	_	• •
e	. [	Check this box if the orga functionally integrated, or					ı Type I, Type	II, Type III	
f	Ent	er the number of supported o	organizations						
<u>_</u> g		vide the following information (i) Name of supported	about the supporte	d organization(s) (iii) Type of organization	(IV) is the orga	nization listed	(v) Amount of	monotoni	(w) Amount of other
		organization	(11) 2.114	(described on lines 1-10	in your governi Yes	nization listed ng document?	support (see in	- 1	(vi) Amount of other support (see instructions)
				above (see instructions))					
									<del></del>
Tate	al		l l						

# Schedule A (Form 990 or 990-EZ) 2017 EDUCARE FOUNDATION INC | Part II | Support Schedule for Organizations Described in Sect (Form 990 or 990 EZ) 2017 EDUCARE FOUNDATION INC 41-1745553 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization

	lails to quality under the tests	isted below, plea	ase complete Part	··· <i>)</i>			
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					/	
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			-		,	
	The portion of total contributions				<u> </u>		
5	· 1		1				
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		:				
	on line 1 that exceeds 2% of the		1				
	amount shown on line 11,						
	column (f)				/		
	Public support. Subtract line 5 from line 4		<u> </u>		<u>′</u>		ļ
	ction B. Total Support				<del></del>		
	ndar year (or fiscal year beginning in) ►	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain		/				
	or loss from the sale of capital						
	assets (Explain in Part VI.)					j	
11	Total support. Add lines 7 through 10		/				
	Gross receipts from related activities,	etc (see instructi	ons			12	<del></del> -
	First five years. If the Form 990 is for		4	d fourth or fifth to	av vear as a sectio		
13	organization, check this box and stop			د, انظام , or mult	ar your as a scotto	50 ((0)(0)	ightharpoonup
Se	ction C. Computation of Publi		rcentage				
	Public support percentage for 2017 (li			column (fl)		14	%
	Public support percentage from 2016	ii ii	•	Joidinin (1))		15	
	33 1/3% support test - 2017. If the o	7		n line 13 and line	1/10 33 1/20/ 0		
108	• •			•	14 15 33 1/370 OF N	nore, check this DC	x and
	stop here. The organization qualifies a	Ĵ			Uma 15 ia 22 1/00/	ormore sheet 4	
r	33 1/3% support test - 2016. If the o	L.			1 11116 13 18 33 1/3%	or more, check th	iis box
	and stop here. The organization quali	<i>*</i>	- · ·		. 40 40 - 40'		
17a	10% -facts-and-circumstances test	· · · · · · · · · · · · · · · · · · ·					•
	and if the organization meets the "fact			· · · · · · · · · · · · · · · · · · ·		rt VI how the organ	nization
	meets the "facts-and-circumstances"	_	•		J		▶∟
t	10% -facts-and-circumstances test	,					
	more, and if the organization meets th	e "facts-and-circu	ımstances" test, ch	neck this box and	stop here. Explair	ın Part VI how the	·
	organization meets the "facts-and-circ	umstances" test.	The organization of	qualifies as a publi	cly supported orga	anızatıon	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17t	b, check this box a	nd see instruction	s <b>▶</b> □
	,	ĺ			Sche	dule A (Form 990	or 990-EZ) 2017
	/						•

732022 10-06-17

# Schedule A (Form 990 or 990-EZ) 2017 EDUCARE FOUNDATION INC | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning ın) ►	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants ")	52,924.	91,616.	41,614.	64,005.	16,394.	266,553.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	21,940.	20,417.	42,219.	18,685.		124,340.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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						
6	Total. Add lines 1 through 5	74,864.	112,033.	<u>83,833.</u>	82,690.	37,473.	390,893.
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	) 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						0.
(	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)						390,893.
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	74,864.	112,033.	83,833.	82,690.	37,473.	390,893.
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20,112.	20,729.	26,223.	21,707.		91,737.
t	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	20,112.	20,729.	26,223.	21,707.	2,966.	91,737.
12	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)	<u>94,976.</u>	132,762.	110,056.	104,397.	40,439.	482,630.
14	First five years. If the Form 990 is for	the organization's	s first, second, third	i, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here		<del></del>				▶□
Se	ction C. Computation of Publi					<del></del>	
15	Public support percentage for 2017 (I	•	•	olumn (f))	i	15	80.99 %
16	Public support percentage from 2016					16	80.82 %
	ction D. Computation of Inves						10 01
	Investment income percentage for 20			e 13, column (f))	-	17	19.01 %
18	Investment income percentage from 2					18	19.18 %
	a 33 1/3% support tests - 2017. If the more than 33 1/3%, check this box at a 33 1/3% support tests - 2016. If the	nd stop here. The	organization qualif	fies as a publicly s	upported organiza	ation	$\triangleright x$
٠	line 18 is not more than 33 1/3%, che	*				•	▶□
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 Organizati	ions	anization	Organi	porting	Sup	All	Α.	ection	S
--------------------------------------	------	-----------	--------	---------	-----	-----	----	--------	---

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a 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.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b 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.
- 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.
- 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, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

	Yes	No
1		
,		
2		
_3a		
Ot-		
3b_		
3c		
4a_		
4b		
_ 40		
4c_		
F		
5a		<u> </u>
5b 5c		
6		
7		
8		
9a		
9b		
9c		
10a		
 10b 90 or 99	M-F71	2017

732025 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

За

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

Schedule A	(Form	990 or	990-	EZ) 2017

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

4

5

Schedule A (Form 990 or 990-EZ) 2017

B Breakdown of line 7:
a Excess from 2013
b Excess from 2014
c Excess from 2015
d Excess from 2016
e Excess from 2017

Part VI 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)
PART III, COLUMN F
THE AMOUNTS REPORTED IN PART III, COLUMN F OF THE SCHEDULE A INCLUDE A
SHORT PERIOD OF JANUARY 1 - JUNE 30, 2017.

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

EDUCARE FOUNDATION INC.

Employer identification number 41-1745553

Par	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin		·			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	1				
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year	5,961.				
5	Did the organization inform all donors and donor advisors in		ed funds			
	are the organization's property, subject to the organization's	_	X Yes No			
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	ised only			
	for charitable purposes and not for the benefit of the donor of					
	impermissible private benefit?		X Yes No			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically important land area			
	Protection of natural habitat Preservation of a certified historic structure					
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	f a conservation easement on the last			
	day of the tax year		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax			
	year ▶					
4	Number of states where property subject to conservation ea	sement is located >				
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements in	t holds?	L Yes			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year			
	<b>-</b>					
7	Amount of expenses incurred in monitoring, inspecting, hand	fling of violations, and enforcing conservat	on easements during the year			
•	<b>&gt;</b> \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		L Yes No			
9	In Part XIII, describe how the organization reports conservati	· ·	•			
	include, if applicable, the text of the footnote to the organizar	tion's financial statements that describes t	he organization's accounting for			
	conservation easements	f A d I lists size I Tours and a C	Lan Oineilan Anna I			
Pai	t III Organizations Maintaining Collections o	-	ner Similar Assets.			
	Complete if the organization answered "Yes" on Form		<del></del>			
1a	If the organization elected, as permitted under SFAS 116 (AS	•	·			
	historical treasures, or other similar assets held for public ext		ce of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that descri					
b	If the organization elected, as permitted under SFAS 116 (AS	· · · · ·	·			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic service, provide the following amounts			
	relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1		<b>\$</b>			
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$			
2	If the organization received or held works of art, historical tre		gaın, provide			
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$			
þ	Assets included in Form 990, Part X		<b>▶</b> \$			

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Schedule D (Form 990) 2017

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

Schedule D (Form 990) 2017

1.	(a) Description of liability	(b) Book value	
(1) Federa	Il income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column	(b) must equal Form 990, Part X, col. (R) line 25.)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest instructions.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization **Employer identification number** 41-1745553 EDUCARE FOUNDATION INC Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? \_ Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of (v) Amount paid (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) contributions' Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2017

41-1745553 Page 2 Schedule G (Form 990 or 990-EZ) 2017 EDUCARE FOUNDATION INC Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through WINE-TASTING col. (c)) (total number) (event type) (event type) 1 Gross receipts 22,454. 22,454. 1,375 1,375. 2 Less Contributions Gross income (line 1 minus line 2) 21,079 21,079. Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 5,449. 5,449. 7 Food and beverages 8 Entertainment 3,216. 3,216. Other direct expenses 8,665. 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities Yes a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: Yes 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2017 EDUCARE FOUNDATION INC	<u>41-</u> 1'	<u>745553</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in			
	The organization's facility	1	13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls		
	Name		<del> </del>	
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
t	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	nt		
	of gaming revenue retained by the third party > \$			
c	: If "Yes," enter name and address of the third party.			
	Name			
	Address			
16	Gaming manager information			
	Name ►			
	Gaming manager compensation > \$			
	December of convect avoyaded .			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
á	s the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	└─_ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ı the		
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Pa 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	art III, lin	es 9, 9b, 10 	0b, 15b,
_				
_				

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Schedule G (Form 990 or 990-EZ)	EDUCARE FOUNDATION INC	41-1745553 Page 4
Part IV Supplemental Info	EDUCARE FOUNDATION INC  ormation (continued)	
		<del></del>
		<del></del>
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Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2017	Open to Public
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Inspection

OMB No 1545-0047

► Go to www.irs.gov/Form990 for the latest information.

8 | Employer identification number 41-1745553 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection EDUCARE FOUNDATION INC General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part I

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.	(h) Purpose of grant or assistance	TO ENHANCE THE EDUCATIONAL OPPORTUNITIES FOR A WIDE VARIETY OF STUDENTS		; }	i
	(g) Description of noncash assistance				
	(f) Method of valuation (book, EMV, appraisal, other)			,	
	(e) Amount of non-cash assistance	*0			
	(d) Amount of cash grant	105,718.			
	(c) IRC section (if applicable)	170(B)(1)(A)(II)			
	(b) EIN	41-6000310			
	1 (a) Name and address of organization or government	INDEPENDENT SCHOOL DISTRICT #77 VARIOUS SITES MANKATO, MN 56001			

Schedule I (Form 990) (2017)

Page 2 (f) Description of noncash assistance 41-1745553 (e) Method of valuation (book, FMV, appraisal, other) DISTRICT 77 MONITORS THE RECIPIENTS AND NOTIFIES THE ORGANIZATION WHEN THE Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. 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 PROJECT HAS BEEN COMPLETED. LARGER GRANTS HAVE A TWO-YEAR COMPLETION (d) Amount of non-cash assistance DEADLINE. MINI-GRANTS HAVE A ONE-EAR COMPLETION DEADLINE. (c) Amount of cash grant (b) Number of recipients EDUCARE FOUNDATION INC (a) Type of grant or assistance PART I, LINE 2: Schedule I (Form 990) (2017) Part III

Schedule I (Form 990) (2017)

35

732102 11-01-17

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

## 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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

EDUCARE FOUNDATION INC

Employer identification number 41-1745553

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:						
AND PROVIDE A VITAL LINK BETWEEN THE COMMUNITY AND THE CLASSROOM.						
FORM 990, PART VI, SECTION B, LINE 11B:  THE FORM 990 IS PROVIDED TO THE TREASURER, WHO SUBMITS THE RETURN TO THE  BOARD FOR APPROVAL.						
FORM 990, PART VI, SECTION C, LINE 19:						
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND						
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.						