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Form 990-PF

Department of the Treasury

Internal Revenue Service

DLN: 93491129007268

2017

OMB No 1545-0052

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	caler	ndar year 2017, or tax year beginning 01-01	L-201	L7 , ar	nd er	nding 12-31-	2017	
		indation A EDUCATION FOUNDATION				A Employer ide	entification numbe	r
C/1	O HAW	KINS ASH CPAS / ROBERT KIERLIN				36-3537959		
		l street (or P O box number if mail is not delivered to street addi TTINGHAM DR NW NO 100	lress)	Room/suite		B Telephone number (see instructions) (507) 424-1233		
		, state or province, country, and ZIP or foreign postal code , MN 55901	•			C If exemption	application is pendin	g, check here
G Ch	neck al	I that apply	turn	ormer public charity		2 Foreign or test, check	ganizations, check he ganizations meeting k here and attach co	the 85% mputation
H Ch	neck ty	pe of organization $lacksquare$ Section 501(c)(3) exempt priv	ate fo	oundation			indation status was f n 507(b)(1)(A), chec	
	Section	n 4947(a)(1) nonexempt charitable trust \Box Other tax	xable	private foundation				
of y	year <i>(f</i>	xet value of all assets at end from Part II, col (c), \$ 40,201,682	·)	Cash Accru	al		tion is in a 60-mont n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total		a) Revenue and		•		(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)		5,987,043				
	2	Check ▶ ☐ If the foundation is not required to attach Sch B						
	3	Interest on savings and temporary cash investments	·	541		541		
	4	Dividends and interest from securities		493,317		493,317		
	5a	Gross rents						
	ь	Net rental income or (loss)						
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10		4,928,769				
Reverue	ь	Gross sales price for all assets on line 6a	956					
Re	7	Capital gain net income (from Part IV, line 2)	2,630			4,928,769		
	8	Net short-term capital gain	: h			.,,-		
	9	Income modifications	: H					
	10a	Gross sales less returns and allowances	·					
	b	Less Cost of goods sold						
	c	Gross profit or (loss) (attach schedule)						
		Other income (attach schedule)	·	6,254		754		
	11 12	Total. Add lines 1 through 11	-	11,415,924		5,423,381		
		Compensation of officers, directors, trustees, etc	•	11,413,924		3,423,361		0
	13 14	Other employee salaries and wages	H		1	0		0
	15	Pension plans, employee benefits	•					-
Expenses	16a	Legal fees (attach schedule)						
<u>B</u>	ь	Accounting fees (attach schedule)	.	2,348		2,348		0
Ē	С	Other professional fees (attach schedule)	.					
tive	17	Interest	.					
Operating and Administrative	18	Taxes (attach schedule) (see instructions)	.	25		25		0
SIL.	19	Depreciation (attach schedule) and depletion	.					
<u>=</u>	20	Occupancy	. +					
A	21	Travel, conferences, and meetings	. H					
p I	22	Printing and publications	.					
0 0	23	Other expenses (attach schedule)	. h	265	:	265		0
Ę	24	Total operating and administrative expenses.	 					<u> </u>
era	~ ~	Add lines 13 through 23		2,638		2,638		0
do	25	Contributions, gifts, grants paid	. H	1,802,100		2,030		1,802,100
	26	Total expenses and disbursements. Add lines 24 a	ind	2,002,100				
		25	\perp	1,804,738		2,638		1,802,100
	27	Subtract line 26 from line 12		0.644.455				
	а	Excess of revenue over expenses and disbursements		9,611,186				
	ь	Net investment income (If negative, enter -0-)				5,420,743		
	С	Adjusted net income(If negative, enter -0-)	. [
For	Danar	work Reduction Act Notice see instructions				Cat No. 11300V	Г	m 000-DE (2017)

Form 990-PF (2017) Page 2 Attached schedules and amounts in the description column Beginning of year End of year Part II **Balance Sheets** should be for end-of-year amounts only (See instructions) (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash-non-interest-bearing 21,211 24,986 24,986 2 1,172,327 1,265,362 1,265,362 Savings and temporary cash investments

	_		-,	-,,	-,,
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)	12,488,712	16,018,355	38,906,529
	С	Investments—corporate bonds (attach schedule)	7,117	4,805	4,805
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	13,689,367	17,313,508	40,201,682
-	17	Accounts payable and accrued expenses			
	ı	.			

13,689,367

13,689,367 13,689,367 17,313,508

17,313,508

17,313,508

1

2

3

4

5

13,689,367

9,611,186

23,300,553

5,987,045

17,313,508 Form **990-PF** (2017)

18 Grants payable. 19 Deferred revenue . 20 Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Total net assets or fund balances (see instructions) .

Retained earnings, accumulated income, endowment, or other funds

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Capital stock, trust principal, or current funds . . .

Liabilities

or Fund Balances

Net Assets

21

22

23

24

25

26

27

28

29

30

31

Part III

2

3

4

Other liabilities (describe >_

Unrestricted

Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

(a)

		(s) of property sold (e g , re or common stock, 200 shs		P—Purchase D—Donation	Date acquired (mo , day, yr)	Date sold (mo , day, yr)
1 a BAIRD INVESTM	ENTS					
b GILDER INVEST	MENTS					
c GILDER INVEST	MENTS					
d						
e						
(e) Gross sales	price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) r (loss)) minus (g)
a	2,351,184			1,474,378		876,806
b	4,667,910			4,078,081		589,829
С	6,103,762			2,641,628		3,462,134
d						
<u>е</u>						
	or accets showin	g gain in column (b) and ow	nod by the foundation	on 12/21/60	,	1)
(i) FMV as of 1		g gain in column (h) and ow (j) Adjusted basis as of 12/31/69	Excess	(k) of col (ı) (j), ıf any	Gains (Col (col (k), but not	l) h) gain minus less than -0-) or om col (h))
a						876,806
b						589,829
С						3,462,134
d						
e						
=	ter in Part I, line	loss) as defined in sections 1 8, column (c) (see instruction in the column column)	ons) If (loss), enter -0	}	3	
		Section 4940(e) for Re				
if section 4940(d)(2) a Was the foundation liab	pplies, leave this ole for the section	•	ole amount of any year			es 🔽 No
1 Enter the approp	oriate amount in	each column for each year,	see instructions before	making any entrie	s	
(a) Base period years Cale year (or tax year beginn		(b) sted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col (b) divided by c	
2016		1,853,781		24,210,836		0 076568
2015		1,864,079		24,982,342		0 074616
2014		1,513,122		25,125,864		0 060222
2013		1,106,729		20,261,181		0 054623
2012		791,668		14,638,857		0 054080
2 Total of line 1, o	column (d)			2		0 320109
3 Average distribution number of years	tion ratio for the the foundation h	5-year base period—divide that been in existence if less	than 5 years 🔒 .	<u>3</u>		0 064022
		ble-use assets for 2017 from	•	4		32,805,249
5 Multiply line 4 by		(40) 50 47 4 971		5		2,100,258
		me (1% of Part I, line 27b)		6		54,207
7 Add lines 5 and 6						2,154,465
		n Part XII, line 4 , . In line 7, check the box in Pa		<u>8</u> oplete that part usin	 g a 1% tax rate Se	1,802,100 e the Part VI

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

	· · · · · · · · · · · · · · · · · · ·			
Down WIII	Information About Officers,	Directors, Trustees,	Foundation Managers,	Highly Paid Employees,
Part VIII	and Contractors			

1 List all officers, directors, trustee	es, foundation managers ar	nd their compensation	(see instructions).	
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table			Componibution.	
2 Compensation of five highest-pai	d employees (other than t	hose included on line :	L—see instructions). If nor Contributions to	ie, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE			(a) compensation	
				
Total number of other employees paid ove				
3 Five highest-paid independent co				0 E".
(a) Name and address of each person		1	e of service	(c) Compensation
NONE				
		-		
		_		
		-		
Total number of others receiving over \$50	,000 for professional services			0
Part IX-A Summary of Direct C				
List the foundation's four largest direct charitable organizations and other beneficiaries served, con			nation such as the number of	Expenses
1				
2				
3				
4				
-				
Part IX-B Summary of Program	m-Related Investments	(see instructions)		
Describe the two largest program-related inve	stments made by the foundation d	uring the tax year on lines 1	and 2	Amount
1				
				
2				
All II	<u> </u>			
All other program-related investments 3	See instructions			
Total. Add lines 1 through 3 .		· · · · · · · ·		000 PE (2017)

1a

1b

2

3a 3h

4

5

1,802,100

1.802.100

1,802,100

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Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

1,531,847

1,531,847

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0

(d)

2017

0-PF (20	017)	
XIII	Undistributed Income	(see instructions)

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Part XIII	Undi

b Total for prior years

From 2012.

b From 2013. c From 2014. . .

d From 2015.

e From 2016.

4 Qualifying distributions for 2017 from Part

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

5 Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2012 not

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

b Excess from 2014. .

(If an amount appears in column (d), the

6 Enter the net total of each column as

indicated below:

d Applied to 2017 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

1 Distributable amount for 2017 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. Excess distributions carryover, if any, to 2017

84.185 137,312 283 985 623.104

659,077 f Total of lines 3a through e. XII, line 4 > \$ 1,802,100 a Applied to 2016, but not more than line 2a

1.787.663

270.253

2,057,916

84.185

1,973,731

137.312 283,985

623.104

659.077

270.253

(a)

Corpus

(b)

Years prior to 2016

(c)

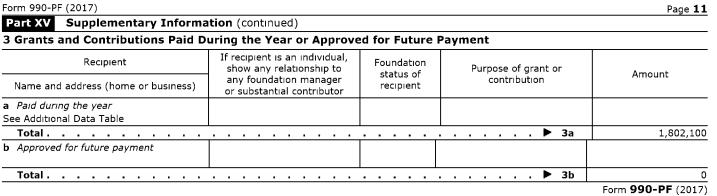
2016

AWARDS ARE LIMITED TO NON-PROFIT EDUCATIONAL ORGANIZATIONS OR OTHER CHARITABLE ORGANIZATIONS THAT USE THE AWARDS FOR EDUCATIONAL PURPOSES

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

c Any submission deadlines

NONE



art XVI	-A Analysis of Income-Producing	Activities				
er gross	amounts unless otherwise indicated		siness income	Excluded by section		(e) Related or exemp
	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
d						
	nd contracts from government agencies ship dues and assessments.					
Interes	it on savings and temporary cash			14	541	
	ds and interest from securities			14	493,317	
	al income or (loss) from real estate					
	inanced property					
	bt-financed property					
	vestment income			14	754	
	r (loss) from sales of assets other than			1	731	
	pry			18	4,928,769	
	me or (loss) from special events rofit or (loss) from sales of inventory					
Other re	· · ·					
	O OF PY EXCISE TAX PAID			01	5,500	
_				1		
				1		
d						
d e			(5,428,881	
d e Subtota Total. /	Add Ine 12, columns (b), (d), and (e)			13	5,428,881	
d e Subtota Total. A (See wo	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcul	ations)		13		
d Subtota Total. A (See wo	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculations.	ations) e Accomplishi	ment of Exem	pt Purposes	3	5,428,88
e Subtota Total. / (See wo	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex	ations) e Accomplishi ncome is reporte	ment of Exem	pt Purposes of Part XVI-A contribu	Bted importantly to	5,428,88
d e Subtota Total. / (See wo art XVI ne No.	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which in	ations) e Accomplishi ncome is reporte	ment of Exem	pt Purposes of Part XVI-A contribu	Bted importantly to	5,428,88
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d e Subtota Total. / (See wo art XVI ne No.	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex	ations) e Accomplishi ncome is reporte	ment of Exem	pt Purposes of Part XVI-A contribu	Bted importantly to	5,428,88
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d e Subtota Total. A (See wo Irt XVI	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex	ations) e Accomplishi ncome is reporte	ment of Exem	pt Purposes of Part XVI-A contribu	Bted importantly to	5,428,88
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d e Subtota Total. / (See wo art XVI	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex	ations) e Accomplishi ncome is reporte	ment of Exem	pt Purposes of Part XVI-A contribu	Bted importantly to	5,428,88
d e Subtota Total. / (See wo art XVI ne No.	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex	ations) e Accomplishi ncome is reporte	ment of Exem	pt Purposes of Part XVI-A contribu	Bted importantly to	5,428,88
d e Subtota Total. / (See wo art XVI	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex	ations) e Accomplishi ncome is reporte	ment of Exem	pt Purposes of Part XVI-A contribu	Bted importantly to	5,428,88
d e Subtota Total. / (See wo art XVI	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex	ations) e Accomplishi ncome is reporte	ment of Exem	pt Purposes of Part XVI-A contribu	Bted importantly to	5,428,88
d e Subtota Total. / (See wo art XVI ne No.	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex	ations) e Accomplishi ncome is reporte	ment of Exem	pt Purposes of Part XVI-A contribu	Bted importantly to	5,428,88
d e Subtota Total. A (See wo art XVI ne No.	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex	ations) e Accomplishi ncome is reporte	ment of Exem	pt Purposes of Part XVI-A contribu	Bted importantly to	5,428,88
d e Subtota Total. A (See wo art XVI ne No.	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex	ations) e Accomplishi ncome is reporte	ment of Exem	pt Purposes of Part XVI-A contribu	Bted importantly to	5,428,88

		Pag	ge 13
Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitab Exempt Organizations	le		
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	,	⁄es	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash	(1)		No
(2) Other assets	(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization	(1)		No
	(2)		No
	(3)		No
	(4)	-	No
	(5)	_	No
	(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	.c		No
of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line No (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing	arrang	ement	ts
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?		V 1	No
(2) The state of t	· P		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all which preparer has any knowledge Sign May the II	nform	ation	of
Here 2018-05-08 return with the p			- 1
Signature of officer or trustee Date Title (see instr)? 🗹	Yes [□No
Print/Type preparer's name Preparer's Signature Date Check if self-			
Paid ARTHUR RAAK 2018-05-08 Paid	00310	54	
Preparer Jse Only HAWKINS ASH CPAS LLP Firm's name ► HAWKINS ASH CPAS LLP	>39-0	9126	08
Firm's address ► 3720 NOTTINGHAM DR NW SUITE 100			
ROCHESTER, MN 55901 Phone no (507) 4	124-1	L233

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, Contributions to (e) other allowances hours per week not paid, enter (b) devoted to position -0-) employee benefit plans and deferred compensation ROBERT KIERLIN PRESIDENT 3 00 2001 THEURER BLVD WINONA, MN 55987 I ARA KTERLIN VICE DESIDENT Λl Λl LEWISVILLE, TX 75056 PHILLIP B DUNCAN TREASURER 0 ٥

LAIN KILKLIN	VICE PRESIDENT			1
2309 SUNSET BLVD SW PORTLAND, OR 97239	0 50			
MONIQUE N DUNCAN	SECRETARY	0	0	0
2710 SIR BEDIVERE LN	0 50			

0.50

DIRECTOR 0.50

2710 SIR BEDIVERE LN LEWISVILLE, TX 75056

2309 SUNSET BLVD SW PORTLAND, OR 97239

TODD WERNER

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient				
a Paid during the year						
BLUFFVIEW MONTESSORI SCHOOL 1321 GILMORE AVE WINONA, MN 55987	NONE	EXEMPT	EDUCATIONAL PROGRAMS	26,700		
BRIGHT WATER MONTESSORI 5140 FREMONT AVE N MINNEAPOLIS, MN 55430	NONE	EXEMPT	EDUCATIONAL PROGRAMS	199,600		
CHILDREN'S WORKSHOP MONTESSORI 3021 HARBOR LANE NORTH PLYMOUTH, MN 55447	NONE	EXEMPT	EDUCATIONAL PROGRAMS	3,000		
CORNERSTONE MONTESSORI SCHOOL 1611 AMES AVE E ST PAUL, MN 55106	NONE	EXEMPT	EDUCATIONAL PROGRAMS	123,600		

EXEMPT

EDUCATIONAL PROGRAMS

597,500

1,802,100

BRIGHT WATER MONTESSORI 5140 FREMONT AVE N MINNEAPOLIS, MN 55430	NONE	EXEMPT	EDUCATIONAL PROGRAMS	199,60
CHILDREN'S WORKSHOP MONTESSORI 3021 HARBOR LANE NORTH PLYMOUTH, MN 55447	NONE	EXEMPT	EDUCATIONAL PROGRAMS	3,00

NONE

COTTER SCHOOLS

Total . За

1115 WEST BROADWAY WINONA, MN 55987

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
GARDEN OF HOPE MONTESSORI 2446 EAST COUNTY RD F WHITE BEAR LAKE, MN 55110	NONE	EXEMPT	EDUCATIONAL PROGRAMS	3,200
HMONG AMERICAN PARTNERSHIP 1075 ARCADE ST ST PAUL, MN 55106	NONE	EXEMPT	EDCUATIONAL PROGRAMS	186,300
LAKE COUNTRY SCHOOL 3755 PLEASANT AVE S MINNEAPOLIS, MN 55409	NONE	EXEMPT	EDUCATIONAL PROGRAMS	9,800
LITTLE VOYAGEURS' MONTESSORI SCHOOL 825 51ST AVE NE COLUMBIA HEIGHTS, MN 55421	NONE	EXEMPT	EDUCATIONAL PROGRAMS	56,500
MANY RIVERS MONTESSORI 916 E 3RD ST DULUTH, MN 55805	NONE	EXEMPT	EDUCATIONAL PROGRAMS	9,000
Total				1,802,100

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
MAYFLOWER EARLY CHILDHOOD CENTER 106 EAST DIAMOND LAKE RD MINNEAPOLIS, MN 55419	NONE	EXEMPT	EDUCATIONAL PROGRAMS	94,300	
MINNESOTA FUTURE PROBLEM SOLVERS PO BOX 8 BROWNSVILLE, MN 55919	NONE	EXEMPT	EDUCATIONAL PROGRAMS	10,000	
MISSISSIPPI VALLEY MONTESSORI 1575 CHARLTON ST WEST ST PAUL, MN 55118	NONE	EXEMPT	EDUCATIONAL PROGRAMS	16,400	
MONTESSORI AMERICAN INDIAN CHILDRENS' CENTER 1909 IVY AVE EAST ST PAUL, MN 55119	NONE	EXEMPT	EDUCATIONAL PROGRAMS	67,200	
OAK HILL MONTESSORI 4665 HODGSON RD SHOREVIEW, MN 55126	NONE	EXEMPT	EDUCATIONAL PROGRAMS	8,400	

Total . 3a 1,802,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year RED COTTAGE MONTESSORI NONE **EXEMPT** EDUCATIONAL PROGRAMS 25,400 5255 US 61.3 RED WING, MN 55066 NONE **EXEMPT** SACRED HEART CHILDREN'S HOUSE EDUCATIONAL PROGRAMS 15,100 308 W FIM AVE WASECA, MN 56093 NONE **EXEMPT EDUCATIONAL PROGRAMS** SIEMBRA MONTESSORI 118,300 1915 CHICAGO AVE S MINNEAPOLIS, MN 55404 ST MARY'S UNIVERSITY OF MN NONE **EXEMPT EDUCATIONAL PROGRAMS** 100,000 700 TERRACE HEIGHTS WINONA, MN 55987

EXEMPT

EDUCATIONAL PROGRAMS

25,000

1,802,100

SUNNY HOLLOW MONTESSORI

Total . . .

3a

636 S MISSISSIPPI RIVER BLVD

NONE

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
WHITE BEAR MONTESSORI SCHOOL 1201 EAST COUNTY RD E	NONE	EXEMPT	EDUCATIONAL PROGRAMS	81,800

WHITE BEAR LAKE, MN 55110				
WINONA STATE UNIVERSITY SOMSEN 204 PO BOX 5835	NONE	EXEMPT	EDUCATIONAL PROGRAMS	

3a

WINONA STATE UNIVERSITY SOMSEN 204 PO BOX 5835 WINONA, MN 55987	NONE	EXEMPT	EDUCATIONAL PROGRAMS	5,000
LUTUED LITCU COUCOLAFOA WILCON CT	NONE	EVEMBE	EDUCATIONAL PROCESAMO	30,000

WINONA, MN 55987				
LUTHER HIGH SCHOOL1501 WILSON ST ONALASKA, WI 54650	NONE	EXEMPT	EDUCATIONAL PROGRAMS	20,000

LUTHER HIGH SCHOOL1501 WILSON ST ONALASKA, WI 54650	NONE	EXEMPT	EDUCATIONAL PROGRAMS	20,00
Total			_	1 902 100

Total				1.802.100
JTHER HIGH SCHOOL1501 WILSON ST NALASKA, WI 54650	NONE	EXEMPI	EDUCATIONAL PROGRAMS	20,00

Total			.	1 802 100
ONALASKA, WI 54650				
LUTHER HIGH SCHOOL1501 WILSON ST	NONE	EXEMPT	EDUCATIONAL PROGRAMS	20

efile GRAPHIC print - DO NOT	PROCESS	As Filed Data			DLN: 93491129007268	
TY 2017 Accounting Fees Schedule						
	Name:	HIAWATHA E	DUCATION FO	JNDATION		
		C/O HAWKINS ASH CPAS / ROBERT KIERLIN				
	EIN:	:N: 36-3537959				
Accounting Fees Schedule						
Category	Am	ount Ne	et Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

Accounting 1 ccs beneaute				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

2,348

2,348

TAX PREPARATION FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491129007268				
TY 2017 Investments Corporate Bonds Schedule						
Name:	HIAWATHA EDUCATION FOUND	DATION				
	C/O HAWKINS ASH CPAS / RO	BERT KIERLIN				
ETAL.	26 2527050					

Investments Corporate Bonds Schedule Name of Bond End of Year Book Value Market Value

4,805

4,805

GNMA BONDS

Name: HIAWATHA EDUCATION FOUNDATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

C/O HAWKINS ASH CPAS / ROBERT KIERLIN

DLN: 93491129007268

EIN: 36-3537959

Name of Stock	End of Year Book Value	End of Year Fair Market Value
INVESTMENT PORTFOLIO	16,018,355	38,906,529

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491129007268		
TY 2017 Other Decreases Scho	_				
Name:	HIAWATHA ED	DUCATION FOUNDATION			
C/O HAWKINS ASH CPAS / ROBERT KIERLIN			I		
EIN:	EIN: 36-3537959				
Description			Amount		
BOOK VS TAX BASIS OF DONATED PROPERTY		5,987,045			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	93491129007268
TY 2017 Other Expenses Sche	dule			_
Name:	HIAWATHA EDU	JCATION FOUND	ATION	
	C/O HAWKINS	ASH CPAS / ROBE	ERT KIERLIN	
EIN:	36-3537959			
Other Expenses Schedule				
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable

Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
INVESTMENT EXPENSE	265	265		0	

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491129007268						
TY 2017 Other Income Schedule						

Name: HIAWATHA EDUCATION FOUNDATION

C/O HAWKINS ASH CPAS / ROBERT KIERLIN

EIN: 36-3537959

Other Income Schedule						
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income			
SECURITIES SETTLEMENTS	754	754	754			
REFUND OF PY EXCISE TAX PAID	5,500		5,500			

efile GRAPHIC print - DO NOT	PROCESS	As Filed Data	-	DL	N: 93491129007268
TY 2017 Taxes Sched	ule				
	Namo		EDUCATION FOUN	DATION	
	Name:				
		C/O HAWKII	NS ASH CPAS / RO	BERT KIERLIN	
	EIN:	36-3537959			
Category	An	nount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE FEE		25	25		0

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -				DLN: 93491129007268
Schedule B		Schedu	ule of Contributo	ors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990					
Name of the organization HIAWATHA EDUCATION FO	NOITADNUC					lentification number
C/O HAWKINS ASH CPAS , Organization type (chec					36-3537959	
Filers of:	Section:					
Form 990 or 990-EZ 501(c)() (enter number) organization						
	☐ 4947(a)(1	1) nonexempt chai	ritable trust not treated a	is a private founda	tion	
	☐ 527 politi	cal organization				
Form 990-PF	☑ 501(c)(3)	exempt private fo	undation			
4947(a)(1) nonexempt charitable trust treated as a private foundation						
	☐ 501(c)(3)	taxable private fo	undation			
			PF that received, during Complete Parts I and II S			
Special Rules						
under sections 50 received from an	09(a)(1) and 170(b)	(1)(A)(vi), that che uring the year, tota	g Form 990 or 990-EZ th ecked Schedule A (Form al contributions of the gro plete Parts I and II	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that
during the year, t	otal contributions of	f more than \$1,000	, or (10) filing Form 990 o Dexclusively for religious animals Complete Part	s, charitable, scient		
during the year, of If this box is check purpose Don't co	contributions <i>exclus</i> ked, enter here the emplete any of the p	ively for religious, total contributions parts unless the G	or (10) filing Form 990 or charitable, etc., purpose s that were received duri eneral Rule applies to the or more during the year	s, but no such con ng the year for an one ons organization be	tributions tota exclusively re cause it recei	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>
Caution. An organization 990-EZ, or 990-PF), but Form 990-EZ or on its Fo 990-EZ, or 990-PF)	it must answer "No	on Part IV, line 2	, of its Form 990, or che	ck the box on line l	H of its	
For Paperwork Reduction A for Form 990, 990-EZ, or 990		ructions	Cat No 30613X	Schedu	ıle B (Form 990	, 990-EZ, or 990-PF) (2017)

Contributors (see instructions) Use duplicate copies of Part Irl additional space is needed Contributors (see instructions) Use duplicate copies of Part Irl additional space is needed Contributors (see instructions) Use duplicate copies of Part Irl additional space is needed Contributions		TION FOUNDATION	Employer identification 36-3537959	number	
(a) No. Name, address, and ZIP + 4 Total contributions Type of contribution Type of contribution Type of contribution Person Payroll Complete Part II for noncash Payroll Complet			ditional space is needed		
No. Name, address, and ZIP + 4 ROBERT KIERLIN (a) No. Name, address, and ZIP + 4 ROBERT KIERLIN (b) No. Name, address, and ZIP + 4 ROBERT KIERLIN (c) (c) (d) (d) (d) (d) (c) (complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 ROBERT KIERLIN (a) No. Name, address, and ZIP + 4 ROBERT KIERLIN (a) No. Name, address, and ZIP + 4 ROBERT KIERLIN (c) No. Name, address, and ZIP + 4 ROBERT KIERLIN (d) No. Name, address, and ZIP + 4 ROBERT KIERLIN (a) No. Name, address, and ZIP + 4 ROBERT KIERLIN (a) No. Name, address, and ZIP + 4 ROBERT KIERLIN (a) No. Name, address, and ZIP + 4 ROBERT KIERLIN (a) No. Name, address, and ZIP + 4 ROBERT KIERLIN (a) No. Name, address, and ZIP + 4 ROBERT KIERLIN (c) Total contributions (c) Type of contribution ((d)	
1		Name, address, and ZIP + 4		Type of contribution	
2001 THEURER BLVD S 999,203 Noncash Complete Part II for noncash contributions S 999,203 Noncash Complete Part II for noncash contributions S 999,203 Noncash Complete Part II for noncash contributions S 986,490 Noncash Complete Part II for noncash contributions Noncash Complete Part II for noncash contributions S 986,490 Noncash Complete Part II for noncash contributions Name, address, and ZIP + 4 Total contributions Person Payroll Complete Part II for noncash Complete Part	4	ROBERT KIERLIN		Person	
WINONA, MN55987 (a) No. Name, address, and ZIP + 4 ROBERT KIERLIN (b) No. Name, address, and ZIP + 4 WINONA, MN55987 (c) Total contributions (c) Type of contribution Person Payroll Noncash (Complete Part III for noncash contributions) (d) No. Name, address, and ZIP + 4 ROBERT KIERLIN (c) Total contributions (c) Type of contribution Person Payroll (Complete Part III for noncash contributions) (d) Type of contribution Person (Complete Part III for noncash contributions) (c) Type of contribution Person Payroll (Complete Part III for noncash contributions) (c) Total contributions (c) Type of contribution Person Payroll (Complete Part III for noncash contributions) (c) Type of contribution Person Payroll (Complete Part III for noncash contributions) (c) Type of contribution Person (Complete Part III for noncash contributions) (c) Type of contribution (Complete Part III for noncash contributions) (c) Type of contribution (Complete Part III for noncash contributions) (c) Type of contribution (Complete Part III for noncash contributions) (c) Type of contribution (Complete Part III for noncash contributions) (c) Total contributions (Complete Part III for noncash contributions) (c) Type of contribution (Complete Part III for noncash contributions) (c) Type of contribution (Complete Part III for noncash contributions) (c) Type of contribution (Complete Part III for noncash contributions) (c) Type of contribution (Complete Part III for noncash contributions) (c) Type of contribution (Complete Part III for noncash contributions) (c) Type of contribution (Complete Part III for noncash contributions) (c) Type of contribution (Complete Part III for noncash contributions) (c) Type of contribution (Complete Part III for noncash contributions)	1	2004 THEHRED BLVD		Payroll	7
WINONA, MN55987 (a) No. Name, address, and ZIP + 4 ROBERT KIERLIN 2001 THEURER BLVD (b) No. Name, address, and ZIP + 4 (Complete Part II for noncash contributions)		2001 THEORER BLVD	\$ 999,203	Noncash	_ 7
No. Name, address, and ZIP + 4 ROBERT KIERLIN 2001 THEURER BLVD WINONA, MN55987 (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 ROBERT KIERLIN 2001 THEURER BLVD WINONA, MN55987 (Complete Part II for noncash contributions)		WINONA, MN 55987		(Complete Part II for noncash	
2 2001 THEURER BLVD S 986.490 Noncash WINONA, MN 55987 (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 Total contributions (b) No. Name, address, and ZIP + 4 Total contributions (c) Type of contribution Person Payroll (complete Part II for noncash contributions) (i) Noncash (ii) Noncash WINONA, MN 55987 (Complete Part II for noncash contributions) (ii) No. Name, address, and ZIP + 4 Total contributions (iii) Noncash (iii) Noncash WINONA, MN 55987 (Complete Part II for noncash contributions) (iii) S 736.161 (Complete Part II for noncash contributions) (iii) Noncash (iii) Noncash WINONA, MN 55987 (Complete Part II for noncash contributions) (iii) Noncash (iii) Noncash WINONA, MN 55987 (Complete Part II for noncash contributions) (iii) Noncash (iii) Noncash WINONA MN 55987		, ,			
2001 THEURER BLVD WINONA, MN 55987 (a) No. Name, address, and ZIP + 4 ROBERT KIERLIN 2001 THEURER BLVD WINONA, MN 55987 (b) Name, address, and ZIP + 4 ROBERT KIERLIN (c) Total contributions Person Payroll Noncash (Complete Part II for noncash contributions) (c) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (c) Total contributions (d) Type of contributions (a) Name, address, and ZIP + 4 ROBERT KIERLIN 2001 THEURER BLVD WINONA, MN 55987 (c) Total contributions (c) Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contributions (c) Total contributions (c) Total contributions (c) Total contributions Type of contribution Person Payroll Noncash (c) Total contributions Person Payroll Noncash (c) Total contributions Person Payroll Noncash (c) Person Payroll Noncash Person Payroll Noncash Noncash Person Payroll Noncash Person Payroll Noncash Person Payroll Noncash Person Payroll Noncash		ROBERT KIERLIN		Person	1
WINONA, MN55987 (a) No. Name, address, and ZIP + 4 ROBERT KIERLIN 2001 THEURER BLVD WINONA, MN55987 (b) No. Name, address, and ZIP + 4 (c) Total contributions Person Payroll Noncash (Complete Part II for noncash contributions) (A) No. Name, address, and ZIP + 4 ROBERT KIERLIN 2001 THEURER BLVD WINONA, MN55987 (Complete Part II for noncash contributions)	2	2004 TUTURED DIVID		Payroll	_
WINONA, MN55987 (a) No. Name, address, and ZIP + 4 ROBERT KIERLIN 2001 THEURER BLVD (b) No. Name, address, and ZIP + 4 (c) Total contributions Person Payroll (Complete Part II for noncash contributions) (Complete Part II for noncash contributions) (A) No. Name, address, and ZIP + 4 ROBERT KIERLIN 2001 THEURER BLVD (Complete Part II for noncash contributions) (A) No. Name, address, and ZIP + 4 (Complete Part II for noncash contributions)		2001 THEORER BLVD	\$ 986,490	Noncash	_ 7
No. Name, address, and ZIP + 4 ROBERT KIERLIN 2001 THEURER BLVD WINONA, MN 55987 (Complete Part II for noncash contributions) Person Payroll Noncash WINONA, MN 55987 (Complete Part II for noncash contributions)		WINONA, MN 55987		(Complete Part II for noncash	_
ROBERT KIERLIN 2001 THEURER BLVD WINONA, MN55987 (Complete Part II for noncash contributions) (Complete Part II for noncash contributions) (Complete Part II for noncash contributions) ROBERT KIERLIN Person Payroll Noncash WINONA, MN55987 (Complete Part II for noncash contributions) (Somplete Part II for noncash contributions)					
2001 THEURER BLVD \$ 1,004,528 Noncash (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 ROBERT KIERLIN 2001 THEURER BLVD WINONA, MN 55987 (Complete Part II for noncash contributions) Person Payroll Noncash (Complete Part II for noncash contributions)			Total Continuations		_
2001 THEURER BLVD WINONA, MN55987 (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 ROBERT KIERLIN 2001 THEURER BLVD WINONA, MN55987 (Complete Part II for noncash contributions) Person Payroll Noncash (Complete Part II for noncash contributions) (A) Noncash WINONA MN55987	3			Pavroll –	_
WINONA, MN55987 (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 ROBERT KIERLIN 2001 THEURER BLVD (Complete Part II for noncash contributions) (Complete Part II for noncash payroll Noncash (Complete Part II for noncash contributions) (A) Total contributions (Complete Part II for noncash contributions) (Complete Part II for noncash contributions)		2001 THEURER BLVD	 \$ 1.004.528	Namasah	_
(Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 ROBERT KIERLIN 2001 THEURER BLVD WINONA, MN55987 (Complete Part II for noncash contributions)		WINONA MNIFFOOT		Noncasii	<u>/</u>
No. Name, address, and ZIP + 4 ROBERT KIERLIN 2001 THEURER BLVD (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 ROBERT KIERLIN (Complete Part II for noncash contributions) (a) Name, address, and ZIP + 4 ROBERT KIERLIN 5 ROBERT KIERLIN 2001 THEURER BLVD (C) Total contributions Person Payroll Payroll Noncash Payroll Noncash Noncash		WINDINA, MIN 5598/			
4 2001 THEURER BLVD \$736,161 Payroll Noncash WINONA, MN 55987 (a) No. Name, address, and ZIP + 4 ROBERT KIERLIN Total contributions Payroll Noncash Complete Part II for noncash contributions Type of contribution Person Payroll Noncash WINONA MN 55987				(d) Type of contribution	
2001 THEURER BLVD \$736,161 Noncash (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 ROBERT KIERLIN Total contributions Person Payroll Payroll Noncash Noncash Payroll Noncash Noncash Noncash		ROBERT KIERLIN		Person	
## ST36,161 Noncash WINONA, MN 55987	4	2001 THEHRER BLVD		Payroll	7
WINONA, MN 55987 (a) (b) (c) (d) Total contributions FOBERT KIERLIN 2001 THEURER BLVD WINONA MN 55987 (Complete Part II for noncash contributions) Type of contribution Person Payroll Noncash		2001 THEOREK BLVD	\$ 736,161	Noncash	_ 7
(a) (b) (c) (d) No. Name, address, and ZIP + 4 ROBERT KIERLIN 2001 THEURER BLVD WINONA MN 55987		WINONA, MN 55987			
No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash				contributions)	
2001 THEURER BLVD \$ 647,515 WINONA MN 55987		Name, address, and ZIP + 4		Type of contribution	
2001 THEURER BLVD \$ 647,515 WINONA MN 55987	5	ROBERT KIERLIN			
\$647,515 Noncash	<u> =</u>	2001 THEURER BLVD		Payroll	
WINONA, MN 55987			\$ 647,515	Noncash	/
contributions)		WINONA, MN 55987		(Complete Part II for noncash contributions)	
(a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution		(b) Name, address, and ZIP + 4	(c) Total contributions		
ROBERT KIERLIN Person					1
6 Payroll	<u>6</u>			Payroll -	_
2001 THEURER BLVD		2001 THEURER BLVD	\$ 1,613,146	Nanasah	_
WINONA, MN 55987		WINONA MN 55987		<u> </u>	
(Complete Part II for noncash contributions) Schedule B (Form 990, 990-EZ, or 990-PF) (26		11.10.17 (111133307		contributions)	

Schedule B (Forr	n 990, 990-EZ, or 990-PF) (2017)		Page 3
	ATION FOUNDATION		tification number
C/O HAWKINS ASI	H CPAS / ROBERT KIERLIN Noncash Property (See Instructions) Use duplicate copies of Part II if additional space is needed	36-3	537959
Part II	NOTICASTI Property (See instructions) Use duplicate copies of Part II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	34,485 SHARES OF GTT COMMUNICATIONS	\$ 999,203	2017-02-17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	6,000 SHARES OF STRAIGHT PATH COMMUNICATIONS	\$ 986,490	2017-05-05
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	5,600 SHARES OF STRAIGHT PATH COMMUNICATIONS	\$ 1 004,528	2017-07-17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
4	3,815 SHARES OF NETFLIX	\$ 736,161	2017-10-23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
5	19,300 SHARES OF GTT COMMUNICATIONS	\$ 647,515	2017-10-23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
6	8,893 SHARES OF STRAIGHT PATH COMMUNICATIONS	\$ 1 613,146	2017-10-23
		Schedule B (Form	990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 9	990, 990-EZ, or 990-PF) (2017)		Page 4
Name of organizat HIAWATHA EDUCATI C/O HAWKINS ASH			Employer identification number 36-3537959
than \$1, organiza the year	000 for the year from any one contributo	r. Complete columns (a) throu of exclusively religious, chari- ctions.) ► \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transfered's name address and	(e) Transfer of gift	
	Transferee's name, address, and	ZIP 4 F	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	` ,	Relationship of transferor to transferee

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