Form **990** 

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service

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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

	Ā	For the 2017 cal	endar year, or tax year be	ginning	7/1/2017	, and ending	6/30/2018	_
	В	Check if applicable:	C Name of organization	BAINBRIDGE SCHOOL	LS FOUNDATIO		D Employer identification number	_
		Address change	Doing business as					
	Ξ	_	Number and street (or P.O	box if mail is not delivered	to street address)	Room/suite	91-1427019	_
	L	Name change	8489 MADISON AVE N	Ε			E Telephone number	<del>-</del>
		Initial return	City or town		State	ZIP code	(206) 855-0530	
		W-W-2-0	DAINIDDIDOC IOI AND		LA/A	00110	(200) 633-0330	
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	Fo	m 990 (2017)	BAINBRIDGE SCHO	OLS FOUNDATION			91-1427019 Page 4	<u>!</u>
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Form 990 (2017) BAINBRIDGE SCHOOLS FOUNDATION 91-1427019 Page **2** Statement of Program Service Accomplishments

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Form 990 (2017)	DAINIDDIDOC	0000000	FOLINDATION
-om 990 (2017)	BAINBRIUGE	SCHUULS	FOUNDATION

ABDG TO 91-1427019 Page 3

Par	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3_		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
	The state of the s			

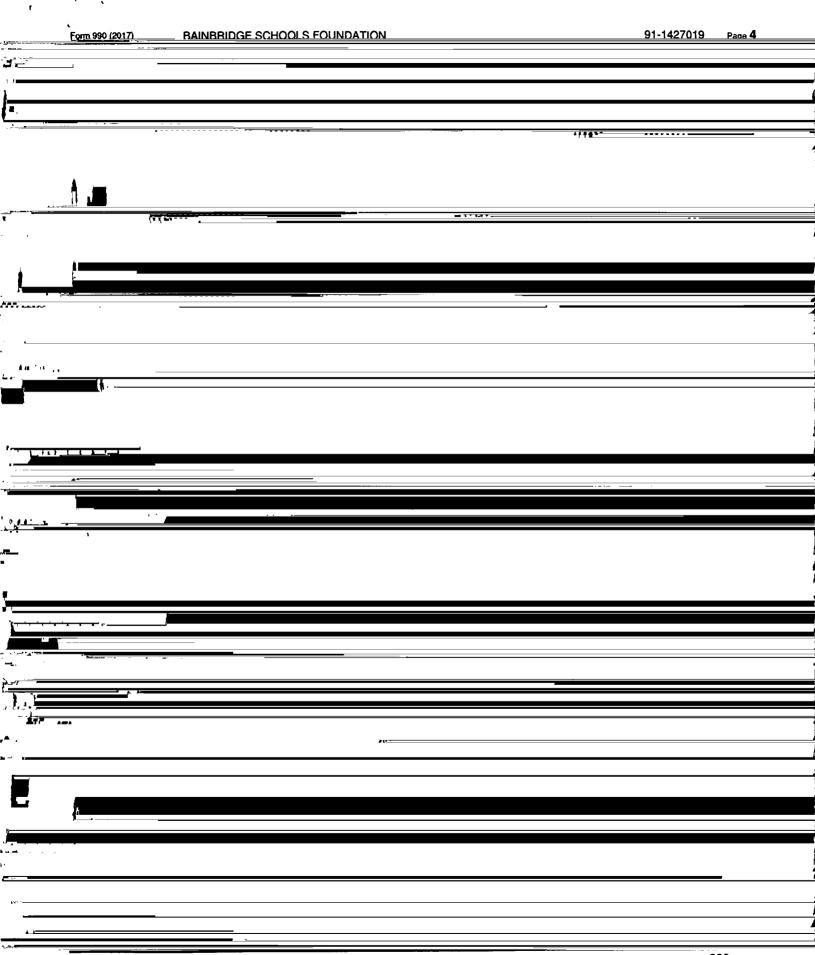
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#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest



Part V	Check if Sc er the number rep	s Regarding Oth hedule O contain corted in Box 3 of F Forms W-2G include	s a response o	r note to any line -0- if not applical	e in this Part V		3 n	Yes No
1a Ent	er the number report the number of	ported in Box 3 of F	orm 1096. Enter	-0- if not applicat	ole	. 1a	3	
1a Ent	er the number of	ported in Box 3 of F	orm 1096. Enter	-0- if not applical	ole			Yes No
1a Ent	er the number of	ported in Box 3 of F	orm 1096. Enter	-0- if not applical	ole			
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	Form 990 (2017)	BAINBRIDGE SCHOOLS FOUNDATION		427019	Page 6
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14	First five years.	If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 50	1(c)(3)		
	-	ck this box and stop here			. ▶ 🔙
S	ection C. Comp	utation of Public Support Percentage			
15		ercentage for 2017 (line 8, column (f) divided by line 13, column (f))	15		99.92%
16		ercentage from 2016 Schedule A, Part III, line 15	16		99.92%
<u>s</u>		utation of Investment Income Percentage			
17	Investment incon	ne percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17		0.08%
18		ne percentage from 2016 Schedule A, Part III, line 17	18		0.08%
19	a 33 1/3% support	t tests-2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3	ı%, and line 17 is		<b>⊾</b> ☑
	not more than 33	1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	on		<b>▶</b> <u>X</u>
	b 33 1/3% support	t tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more th	an 33 1/3%, and		<b>.</b> [
		re than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported			
20	Drivata foundati	on If the organization did not check a box on line 14, 19a, or 19b, check this box and see instruct	tions		▶□

Schedule A (Form 990 or 990-EZ) 2017

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Form 990 (2017) Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highe	91-1427019 est Compensated	Page 7
7-	Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII	<u> </u>	
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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			0
7	Excess distributions carryover to 2018. Add lines 3j and 4c.	Ò		
8	Breakdown of line 7:			1
а	Excess from 2013			
	Excess from 2014			
С	Excess from 2015			
đ	Excess from 2016 0		4	
е	Excess from 2017			1

Schedule A (Form 990 or 990-EZ) 2017

Part VIII							
	Statement of Revenue	ina a raspansa ar na	to to any lino i	a thic Dart VIII			
	Check if Schedule O contain	ins a response or no	te to any line li	n this Part VIII.	· · · · · ·		
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	Preservation for future genera						In Dark
4 Provid	le a description of the organiz	ation's collections ar	nd explain how	they further the	e organization's	exempt purp	ose in Part
	g the year, did the organization	n solicit or receive de	nnations of art	historical treas	ures or others	imilar	
	s to be sold to raise funds rath						Yes No
	scrow and Custodial Arra			<u>_</u>		<b>`</b>	<del></del>
C	complete if the organization	answered "Yes" o	n Form 990,	Part IV, line 9,	or reported a	n amount o	n Form
	90, Part X, line 21.						
1a Is the	organization an agent, trustee	e, custodian or other	intermedians f				
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ınclud	ed on Form 990, Part X?					- 1	Yes No
ınclud	•					[	
includ <b>b</b> If "Yes	ed on Form 990, Part X? s," explain the arrangement in	Part XIII and comple	ete the followin			[	Yes No
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includ b if "Yes c Begin d Additic e Distrib	ed on Form 990, Part X? s," explain the arrangement in ning balance	Part XIII and comple	ete the followir	ng table:	1c 1d 1e	[	nount
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	Form 990 (2017)	BAINBRIDGE SCHOOLS FOUNDATION			91-142	7019 Page <b>10</b>	
	Part IX Sta	tement of Functional Expenses	II aalumma All atha		et complete column	(4)	
		and 501(c)(4) organizations must complete a eck if Schedule O contains a response or not					
	Do not include a	amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising	
	8b, 9b, and 10b	of Part VIII.  other assistance to domestic organizations		expenses	general expenses	expenses	
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	X Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part	x		<u></u>
		(A) Beginning of year		(B) End of year
	Cash—non-interest-bearing	131,739	1	95,20
	2 Savings and temporary cash investments	113,582		214,69
	Pledges and grants receivable, net	0	3	
4	Accounts receivable, net	0	4	
	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			, a
	Complete Part II of Schedule L	0	5	
	Loans and other receivables from other disqualified persons (as defined under section	91 h 14 i 184	اربين	gs
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(c) Other events (a) Event #1 (b) Event #2 (d) Total events (add col (a) through col (c)) NONE **Gala Auction** Clickathon (total number) (event type) (event type) Revenue 459,064 217,381 676,445 Gross receipts . Less: Contributions . . . Gross income (line 1 676,445 minus line 2) . . 459,064 217,381

events with gross receipts greater than \$5,000.

Pa	1990 (2017) BAINBRIDGE SCHOOLS FOUNDATION  It XI Reconciliation of Net Assets	91-1427019 Pa	<u></u>
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Check if Schedule O contains a response or note to any line in this Part XI	1 1.05	1,722
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#### SCHEDULE A (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

**2017** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization
BAINBRIDGE SCHOOLS FOUNDATION

Employer identification number

91-1427019

Part I Passan for Dublic Charity Status /All organizations must complete this part \ See instructions

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Schedule A (Form 990 or 990-EZ) 2017 BAINBRIDGE SCHOOLS FOUNDATION 91-1427

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in)		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					!		
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3 The value of services or facilities furnished by a governmental unit to the organization without charge							
4 Total. Add lines 1 through 3		0	0	0	0	/ 0	
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				·			
6 Public support. Subtract line 5 from line 4							
Section B. Total Support							
Calendar year (or fiscal year beginning in)	▶L	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d</b> ) 2016	(e) 2017	(f) Total
7 Amounts from line 4	. [	0	0	0	/ 0	0	
8 Gross income from interest dividends.	Г	T I					

91-1427019	Page 3
under Part II.	

Schedule A (Form 990 or 990-EZ) 20	17 BAINBRINGE	SCHOOLS	S FOUNDATION

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 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,113,993	994,572	979,669	1,020,837	1,008,703	5,117,774
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		120,642	30,638	74,406	42,407	268,093

Schedule A (Form 990 or 990-EZ) 2017	BAINBRIDGE SCHOOLS FOUNDATION	91-1427019 Page <b>4</b>
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Part		91-1427019	Page	<u>5</u>
- and	Cupporting Organizations (continues)	_	Yes No	<u> </u>
11	Has the organization accepted a gift or contribution from any of the following persons?			٦
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c	) [	_  _	╛
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Part V Type III Non-Functionally Integrated 509(a)(3) Support  Check here if the organization satisfied the Integral Part Test as Instructions. All other Type III non-functionally integrated support	a qualifying tru	st on Nov. 20, 1970 (e)	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		0 0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
			1
-			•
ction A. Officers, Directors, Trustees, Key Employees, and Highes			Or within the
ction A. Officers, Directors, Trustees, Key Employees, and Highes Complete this table for all persons required to be listed. Report compensanization's tax year.  List all of the organization's current officers, directors, trustees (whether)	ation for the cale	ndar year ending with	

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Schedule A (Form 990 or 990-EZ) 2017 BAINBRIDGE SCHOOLS FOUNDATION	91-1427019 Page 7
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	s (continued)
Section D - Distributions	Current Year
Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of Income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizati	ons
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	0
8 Distributions to attentive supported organizations to which the organization is respons	ive

. . .

(A) Name and Title	(B) Average hours per	box, office	unles er and	eck s pe	ition more rson irect	than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Dr Elizabeth Bell	2.00									
Director	0.00	X								
(2) Lindsay Clothier Browning	2.00	1								
Director	0.00	Х		L						
(3) Chris Cancialosi	2.00	1								
Director	0.00	X			L	L				
(4) Jenna Hall	2.00	l	ł							
Director	0.00	X	L	L						
(5) Stacy Hemiingway	2.00	İ		l						:
Director	0.00	Х		L		<u> </u>				
(6) Mike Lewars	2.00				1	l l			]	

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, Section A, Ines 12, 23, 30, c4, 46, 46, 59, 49, 89, 61, 113, 115, and 117; Part IV, Section B, Ines 1 and 2; Part IV, Section C, Ine 1; Part IV, Section D, Ines 2 and 3; Part IV, Section E, Ines 1 can 3 c		Form 990 or 990-EZ) 2017		SCHOOLS FOUNDATION	ON	91-1427019	Page <b>8</b>
B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2, and 3; Part IV, Section E, lines 1 and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See Instructions.)	Part VI						
B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 1, and 8; and 7 and 8; and 7 and 8; and 7 and 8; and 9 and 8; and 9 and		III, line 12; Part IV	, Section A, lines 1	, 2, 3b, 3c, 4b, 4c, 5a, 6	, 9a, 9b, 9c, 11a, 11b, an	d 11c; Part IV, Section	
3a, and 3b; Part V, Ilne 1; Part V, Section B, line 1e; Part V, Section D, Ilnes 5, 6, and 8; and Part V, Section E, Ilnes 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		B, lines 1 and 2; P	art IV, Section C,	line 1; Part IV, Section D	, lines 2 and 3; Part IV, S	Section E, lines 1c, 2a, 2b,	
lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)							
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#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047 2017

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Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 91-1427019 Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . Aggregate value of contributions to (during year) Angregate value of grants from (dumng year)

•	Schedule D (Form 990) 2017								19	**
	Part III Organizat	ions Maintair	ning Collecti	ons of Art, H	istorical Tre	easures, o	r Other Simila	r Assets	continued)	<u>)                                    </u>
	3 Using the organ collection items			n, and other re	cords, check	any of the f	ollowing that are	a significar	nt use of its	
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-	Section B. Independe									
-	Section B. Independ  Complete this tal compensation from year.	ble for your five	highest comp							
	Complete this tall     compensation from	ble for your five om the organiza	highest competed to the highes	ompensation fo			g with or within t	the organiza	ation's tax (C)	
-	Complete this tall     compensation from	ble for your five om the organiza	highest composition. Report co	ompensation fo			g with or within t	the organiza	ation's tax	tion
	Complete this tall     compensation from	ble for your five om the organiza	highest competed to the highes	ompensation fo			g with or within t	the organiza	ation's tax (C)	
	Complete this tall     compensation from	ble for your five om the organiza	highest competed to the highes	ompensation fo			g with or within t	the organiza	ation's tax (C)	
-	Complete this tall     compensation from	ble for your five om the organiza	highest competed to the highes	ompensation fo			g with or within t	the organiza	ation's tax (C)	
-	Complete this tall     compensation from	ble for your five om the organiza	highest competed to the highes	ompensation fo			g with or within t	the organiza	ation's tax (C)	tion
	Complete this tall compensation from	ble for your five om the organiza Name	highest comp ation. Report co (A) and business addr	ess	r the calenda	r year endir	g with or within t  (B)  Description of servi	ices	ation's tax (C)	

Schedule D (Form 990) 2017 BAINBRIDGE SCHOOLS FOUNDATION

(2) (3) 91-1427019

	Schedule D (Form 990) 2017 BAINBRIDGE SCHOOLS FOUNDATION	91-1427019 Page 4
	Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	per Return.
	1 Total revenue, gains, and other support per audited financial statements	. 1
	2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
	a Net unrealized gains (losses) on investments	
	b Donated services and use of facilities	
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Schedule D (Form 990) 2017 BAINBRIDGE SCHOOLS FOUNDATION  Part XIII Supplemental Information (continued)	91-1427019	Page
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#### SCHEDULE G (Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, tine 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.

OMB No 1545-0047

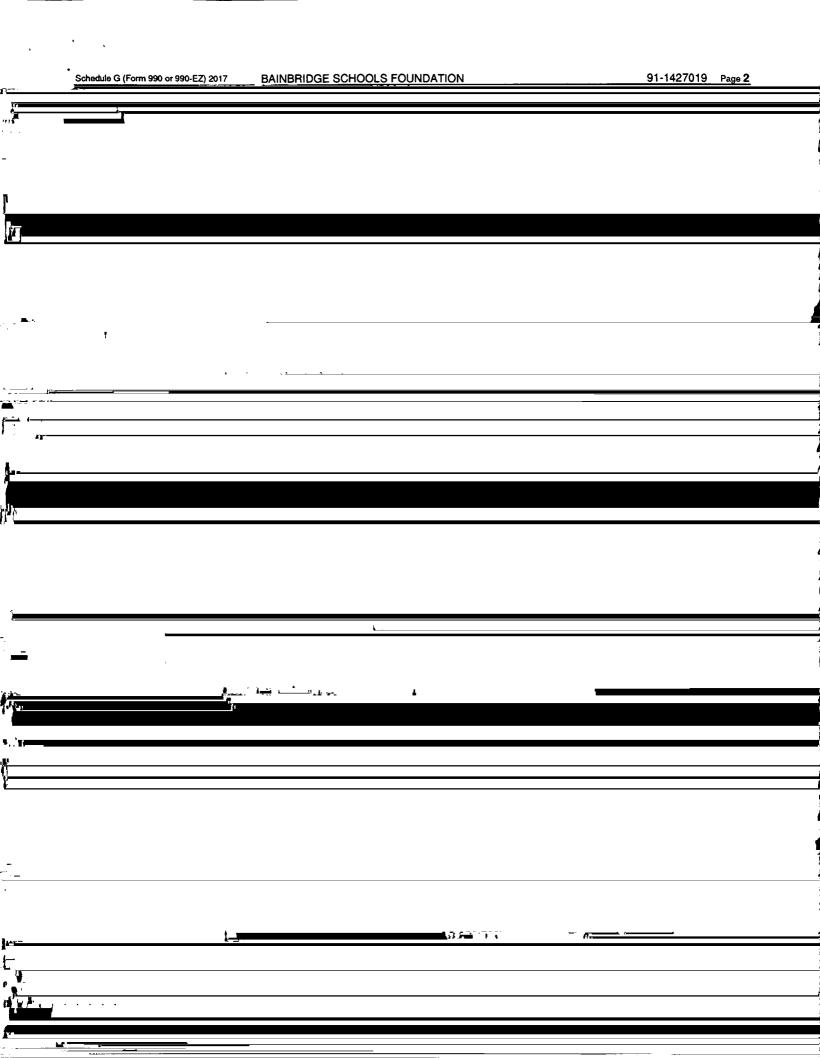
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► Go to www.irs.gov/Form990 for the latest instructions.

Inspection

	Name o	oi me c	organization	Employer identification number	
			GE SCHOOLS FOUNDATION	91-1427019	
		t I		990, Part IV, line 17.	
			Form 990-EZ filers are not required to complete this part.		
	1	Ind	cate whether the organization raised funds through any of the following activities. Chec	ck all that apply.	
	a		Mail solicitations e Solicitation of non-government	grants	
	b	=	Internet and email solicitations  f Solicitation of government grant		
	_	=		•	
	С	=	Phone solicitations g Special fundraising events		
	d		In-person solicitations		
	2a	Did	the organization have a written or oral agreement with any individual (including officers	s, directors, trustees,	
		key	employees listed in Form 990, Part VII) or entity in connection with professional fundra	aising services? Yes No	
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٠.	Schedule G (Form 990 or 990-EZ) 2017 BAINBRIDGE SCHOOLS FOUNDATION	91-1427019 Page 3
-	11 Does the organization conduct gaming activities with nonmembers?	
	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?	
1	13 Indicate the percentage of gaming activity conducted in:	
		3a % 3b %
1	b An outside facility	3b %
·	and records:	
*	Name ▶	PPAGGGARCTTTF
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Schedule I (Form 990) (2017) **2** Open to Public OMB No. 1545-0047 (h) Purpose of grant Inspection Employer Identification number or assistance × Yes omestic Governments. Complete if the organization answered "Yes" on Form 91-1427019 pt funds in the United States. s or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance 00. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, inviduals in the United States red "Yes" on Form 990, Part IV, line 21 or 22. other) -sistance to Organizations, m990 for the latest information. (e) Amount of non-cash assistance the line 1 table . . . . h to Form 990. 647 

91-1427019

Page 2

ristance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

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Schedule I (Form 990) (2017) (f) Description of noncash assistance **ation.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 53,430 1,000 (c) Amount of cash grant ed if additional space is needed (b) Number of reciplents

f 200°.

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number 91-1427019 BAINBRIDGE SCHOOLS FOUNDATION Form 990, Part VI, Line 11b: Board of Director's Executive Committee reviews the Form 990 prior to filing. Form 990, Part VI, Line 12c: Board members disclose conflicts of interest to the Executive Director and / or Board President. Form 990, Part VI, Line 15a: Executive Committee utilized board members who were knowledgable in 110 compandios to make market comparisonate almilar raine in the community

Name of the organization  BAINBRIDGE SCHOOLS FOUNDATION  91-1427019		Schedule O (Form 990 or 990-EZ) (2017)	Page 2
		Name of the organization	Employer Identification number
		BAINBRIDGE SCHOOLS FOUNDATION	91-1427019
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