Form	990

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Under section 501(c), 527.	or 4947(a)(1) of the Internal	Revenue Code (excep	t private foundations)
onder 3000000000000000000000000000000000000		i nevenue ooue (excep	r private roundations)

Depar	tment of	the Treasury	Do not enter social security numbers on this form as it may be ma	de public.		Open to Public	
		ue Service	Information about Form 990 and its instructions is at www.irs.go	ov/form990.		Inspection	
A I	For the	2016 calend	ar year, or tax year beginning 07-01, 2016, and en	ding	06-3	0 , <b>20</b> 17	
B	Check if a	applicable:	C Name of organization ANOKA HENNEPIN EDUCATIONAL FOUNDATION INC		D	Employer identification no.	
	Address o	change	Doing business as	41-1691433			
<u> </u>	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E	Telephone number	
<u> </u>	nitial retu	ırn	2727 FERRY STREET N		(	763)506-1107	
- I	inal retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code			244,544	
<u> </u>	Amended	l return	ANOKA, MN 55303		G	Gross receipts \$	
	Applicatio	on pending	F Name and address of principal officer: THERESA DEGEEST	H(a) Is this a group	return for sul	oordinates? Yes X No	
			SAME AS C ABOVE	H(b) Are all subor	dinates ind	cluded? Yes No	
<u> </u>	Tax-exem	npt status: X	501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527	lf "No," a	ttach a list	: (see instructions)	
J١	Nebsite:			H(c) Group exer	nption nun	nber 🕨	
		organization: X	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 19	990 M State	of legal do	micile: MN	
Pa	rt I	Summar	У				
	1	Briefly descr	ibe the organization's mission or most significant activities: <b>TO SEEK RESOURCE</b>	S TO SUPPOR	RT ANI	D ENRICH	
¢		EDUCATIO	NAL OPPORTUNITIES FOR STUDENTS IN PARTNERSHIP WITH THE	DISTRICT AN	ID CON	MUNITY.	
anc							
erné							
Š	2	Check this be	$\infty \blacktriangleright$ if the organization discontinued its operations or disposed of more than 25% of	f its net assets.			
ۍ م	3	Number of v	oting members of the governing body (Part VI, line 1a)		3	20	
es	4	Number of ir	ndependent voting members of the governing body (Part VI, line 1b)		4	20	
viti	5	Total numbe	r of individuals employed in calendar year 2016 (Part V, line 2a)		5	2	
Activities & Governance	6	Total numbe	r of volunteers (estimate if necessary)		6	155	
	7a	Total unrelat	ed business revenue from Part VIII, column (C), line 12		7a	0	
	b	Net unrelate	d business taxable income from Form 990-T, line 34		7b	0	
				Prior Year		Current Year	
-	8	Contributions	and grants (Part VIII, line 1h)	193	,498	147,079	
nue	9	-				0	
Revenue	10				94	90	
Ř	11	Other revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(1	<u>,216)</u>	29,036	
	12	Total revenue	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	192	,376	176,205	
	13			77	,024	95,952	
	14					0	
ŝ	15		Adar year, or tax year beginning       07-01       ,2016, and ending       06-30       ,2017         C Name of organization ANOKA HENNEPIN EDUCATIONAL FOUNDATION INC       D Employer identification no.       41-1691433         Number and street (or P.O. box if mail is not delivered to street address)       Room/suite       E Telephone number         2727 FERRY STREET N       (763)506-1107       244,544         ANOKA, MN 55303       F Name and address of principal officer:       THERESA DEGEEST         SAME AS C ABOVE       H(a) is his a group return for subordnates:       Ves       No         MOKA, MN 55303       F Name and address of principal officer:       THERESA DEGEEST       H(a) is his a group return for subordnates:       No         SAME AS C ABOVE       H(b) Are all subordnates included?       Ves       No         MoxAX, MN US       H(b) Are all subordnates included?       Ves       No         MoxAX, Struct J, M. US       H(c) Group exemption number       M         ary       State of legal domicile:       MN         ary       State of legal domicile				
nse						0	
xpenses	b						
Ш	17						
	18	•					
	19	Revenue les				(14,650)	
s or							
sset	20						
Net Assets or Fund Balances	21						
				206	,974	192,324	
	rt II						
				owiedge and belief, it	IS		
0:-							
Sig		Signatur	e of officer		Date		
Her	е						
		Type or	print name and title				

	Print/Type preparer's name		Preparer's signature		Date		Check if	PTIN				
Paid	JAMES L FRASER		12-07-2017		self-employed		P00623180					
Preparer	Firm's name	James L	'raser LTD				Firm's EIN ►					
Use Only	Firm's address	7600 Boo	ne Avenue N Suite 29	Image: Non-set of the constraint of the constrai								
		Brooklyn	Park MN 55428-1081				763-	425-8229				
May the IRS	May the IRS discuss this return with the preparer shown above? (see instructions)											

Form	1990 (2016) ANOKA HENNEPIN EDUCATIONAL FOUNDATION INC	41-1691433	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	TO SEEK RESOURCES TO SUPPORT AND ENRICH EDUCATIONAL OPPORTUNITIES FOR STUDEN	IS IN PARTN	ERSHIP
	WITH THE DISTRICT AND COMMUNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	<u>x</u> No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	-	
	the total expenses, and revenue, if any, for each program service reported.	,	
	······································		
4a	(Code: ) (Expenses \$ 167,528 including grants of \$ 95,952 ) (Revenue	\$	)
	SUPPORT AND ENHANCE EXISTING EDUCATIONAL PROGRAMS WHICH CANNOT BE SUPPORTED		BY /
	SCHOOL DISTRICT FUNDS.	201111111	
	benoon bibikier rombb.		
46	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	<u>۴</u>	
4b		Φ	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses  167,528		
EEA		For	m <b>990</b> (2016)

	990 (2016) ANOKA HENNEPIN EDUCATIONAL FOUNDATION INC 41-16914	33	F	Page 3					
Pa	rt 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 (see instructions)?	2	Х						
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		х					
	candidates for public office? If "Yes," complete Schedule C, Part I								
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		Х					
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II								
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,								
	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C,</i>			37					
~	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	6		v					
7	"Yes," complete Schedule D, Part I	6		X					
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v					
	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,"			v					
•	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? <i>If "Yes," complete Schedule D, Part IV</i>	9		х					
10	debt negotiation services? It "Yes," complete Schedule D, Part IV         Did the organization, directly or through a related organization, hold assets in temporarily restricted	9							
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x					
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10							
••	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,"								
u	complete Schedule D, Part VI	11a	Х						
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		Х					
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			<u> </u>					
	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					
	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	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete								
	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		Х					
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х					
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х					
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,								
	fundraising, business, investment, and program service activities outside the United States, or aggregate								
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or								
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		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 (see instructions)	17		X					
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on								
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>					
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					
EEA		Form	<b>990</b> (	2016)					

Form **990** (2016)

	1990 (2016) ANOKA HENNEPIN EDUCATIONAL FOUNDATION INC 41-1691	433	F	Page 4					
Pa	rt IV Checklist of Required Schedules (continued)		1	т					
			Yes	No					
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	. 20a		Х					
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b							
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		x						
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II								
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on								
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		Х					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the								
	organization's current and former officers, directors, trustees, key employees, and highest compensated								
	employees? 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		Х					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year								
	to defease any tax-exempt bonds?	. 24c							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?								
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit								
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior								
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?								
	If "Yes," complete Schedule L, Part I	. 25b		х					
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	. 250		~~~					
20	current or former officers, directors, trustees, key employees, highest compensated employees, or								
		. 26		Х					
27	disqualified persons? If "Yes," complete Schedule L, Part II	. 20		Λ					
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	07		v					
~~	entity or family member 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):			37					
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х					
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete								
	Schedule L, Part IV	. 28b		Х					
С	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			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		Х					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,								
	Part I	. 31		Х					
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		Х					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations								
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		Х					
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		Х					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		Х					
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							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable								
	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36		Х					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,								
	Part VI	. 37		Х					
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and								
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	x						

Form 990 (2016)

Form	990 (2016) ANOKA HENNEPIN EDUCATIONAL FOUNDATION INC 41-1691	433	P	Page 5
Pa	rt 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	. 1c	Х	
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	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	. 4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	. 7c		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?			Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		Х
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		
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 10b	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
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	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. <u>13a</u>		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	. 14b		

Form	990 (2016) ANOKA HENNEPIN EDUCATIONAL FOUNDATION INC 41-16914	33	F	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	IS.		
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ū	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00	- 25	
Ŭ	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3		21
000	tion D. Ponores (This occuon Drequests information about policies not required by the internal revenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	TVa		21
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
11a ⊾	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	Λ	
b 120		12a	Х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	Λ	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	v	
40	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14 45	Did the organization have a written document retention and destruction policy?	14	Χ	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	37	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	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?	16a		X
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed  Minnesota			
18	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.			
	Own website Another's website I Upon request Other (explain in Schedule O)			
19	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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THERESA DEGEEST (763)506-1107, 2727 FERRY STREET N, ANOKA, MN 55303			
EEA		Form	990 (	2016)

Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
	Check if Schedule O contains a response or note to any line in this Part VII	
	Independent Contractors	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, High	est Compensated Employees, and
Form 990 (20	(6) ANOKA HENNEPIN EDUCATIONAL FOUNDATION INC	41-1691433 Page 7

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 compensated employees; and former such persons.

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

				(C)	,				
(A) Name and Title	(B) Average hours per week (list any hours for	box, u officer	Po t check i inless pe	osition more t erson i	han one s both ar r/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) NANCY BRAASTAD DIRECTOR	1.00_	x						0 0	0
(2) MIKE BROOS	1.00								
DIRECTOR		Х						o o	0
(3) MARLENE COLVIN	1.00								
DIRECTOR		Х						o o	0
(4) SHAWNA FEIST DIRECTOR	1.00_	х						o o	0
(5) BILL HARVEY	1.00								
DIRECTOR		Х						o o	0
(6) LYNN MONTGOMERY DIRECTOR	1.00_	х						0 0	0
(7) JENNIFER MOREAU	1.00_	x							
DIRECTOR	1.00	Δ						0 0	0
(8) KIM PAVLOVICH DIRECTOR		Х						o o	0
(9) KIM STARLING	1.00	21						0 0	Ū
DIRECTOR		x						o o	0
(10)PAT_STEARNS DIRECTOR	1.00_	X						0 0	0
(11)JOEL VER DUIN	1.00	27	_						
DIRECTOR		х						o o	0
(12)CARTER MASLOSKI	1.00							<u> </u>	ľ
STUDENT DIRECTOR		х						o o	0
(13) JACOB SCHIMETZ	1.00								
STUDENT DIRECTOR		Х						o o	0
(14) SARAH HARKEN	1.00								
STUDENT DIRECTOR		Х						o o	0
FFΔ									Form <b>990</b> (2016)

Part VII	Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and H	lighe	est Corr	nper	sated Employees	s (continued)			
					(C)							
	(A)	(B)			ositio			(D)	(E)		(F)	
	Name and title	Average	1 `			than one		Reportable	Reportable	E	stimated	1
		hours per				is both an or/trustee)		compensation	compensation from		mount of	
		week (list any	-			,	1	from	related		other	
		hours for	Individual trustee or director	Inst	Officer	Highest compensated employee Key employee	Forme	the	organizations	cor	npensati	on
		related	lired	itt	cer	oloy	mei	organization	(W-2/1099-MISC)		from the	
		organizations	tor	Institutional trustee		t co		(W-2/1099-MISC)			ganizatio	
		below dotted	rus	l tr		yee					nd relate	
		line)	lee	Iste		ens				org	ganizatio	ns
				e		atec						
							1					
										<u> </u>		
(15)PETER	SCHELLER	1.00										
STUDE	INT DIRECTOR		Х					0	0			0
(16)CLARA	NOVAK	1.00										
	INT DIRECTOR		Х					o	0			0
		20.00							•	-		
	SA DEGEEST	30.00							_			
	JTIVE DIRECTOR				Х			46,888	0	<u> </u>	3,	517
(18)ANN S	IEVERS	1.00										
CHAIR	2				X			0	0			0
(19)DOUG	EDSON	1.00										
SECRE					x			o	0			0
		1 00						<b>v</b>	0	-		
	SCHELLER	1.00						_	_			_
TREAS					X			0	0	<u> </u>		0
(21)												
(22)												
(23)					+					<u> </u>		—
(24)												
(25)										-		
1b Su	b-total						►					
c Tot	al from continuation sheets to Part VII, Section	nA										
	tal (add lines 1b and 1c)							46,888	0	-	2	517
									0		<u> </u>	517
	al number of individuals (including but not limited	a to those list	ed abo	ve) w	no re	eceivea	more	e than \$100,000 of				
rep	ortable compensation from the organization								0			
											Yes	No
3 Dic	I the organization list any former officer, directo	r, or trustee,	key er	nploye	e, o	r highes	st co	mpensated				
em	ployee on line 1a? If "Yes," complete Schedule	J for such in	dividua	a/ .						3		Х
	any individual listed on line 1a, is the sum of rep									-		
	-											
-	anization and related organizations greater than				•							
	lividual									4	<u> </u>	X
<b>5</b> Did	any person listed on line 1a receive or accrue c	ompensation	from a	ny unr	elate	ed organ	nizati	ion or individual				
for	services rendered to the organization? If "Yes,"	' complete So	chedul	e J foi	suc	h persoi	n			5		Х
	B. Independent Contractors	complete et	billouun	0 0 101	000	1 poroor		<u></u>			<u> </u>	
									,			
	mplete this table for your five highest compensate											
cor	npensation from the organization. Report compe	nsation for the	e calen	idar ye	ear e	nding wi	ith o	r within the organiz	ation's tax			
yea	ar.											
<b>`</b>	(A)							(B)			(C)	-
												~
	Name and business address							Description of s	bervices	Com	pensatio	<u> </u>
								1				

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Form 99	<u>`</u>	16) ANOKA HE	NNEPIN EDU	CATIONAL FOUN	DATION INC		41-16914	33 Page 9
Part	VIII	Statement of Revenu	le					
		Check if Schedule O contain	is a response or	note to any line in th	is Part VIII			<u> []</u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns	1	a				
oun	b	Membership dues	11	<b>o</b>				
Đ Đ V:	c	Fundraising events	10	52,676				
sifts lar ,	d				-			
s, o Simi	е			•	-			
tion ler \$	f				-			
ieg		and similar amounts not includ	ed above 11	94,403				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions include	d in lines 1a-1f:		-			
0."	h	Total. Add lines 1a-1f			147,079			
				Business Code				
nue	2a							
evel	b							
ice R	c							
Program Service Revenue	d							
am	e							
rogr	f	All other program service rever						
<u> </u>	g	Total. Add lines 2a-2f						
	3	Investment income (including di	vidends, interest	- -				
		and other similar amounts)			90			90
	4	Income from investment of tax-e	exempt bond pro	ceeds►				
	5	Royalties		<u> ▶</u>				
			(i) Real	(ii) Personal	_			
	6a	Gross rents			_			
	b	Less: rental expenses			_			
	c	Rental income or (loss)						
	d	Net rental income or (loss) .		<u> ▶</u>				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	-			
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
ne	1	Gross income from fundraising						
Other Revenue		events (not including \$	52,676					
Re		of contributions reported on line	e 1c).					
her		See Part IV, line 18		62,521	L			
ð	b	Less: direct expenses	I	38,965	5			
	c	Net income or (loss) from fundr	aising events	. <u> </u>	23,556			23,556
	9a	Gross income from gaming acti	vities.					
		See Part IV, line 19		1	_			
	b	Less: direct expenses	I	<b>b</b>				
	c	Net income or (loss) from gami	ng activities .	. <u> </u> ►				
	10a	Gross sales of inventory, less						
		returns and allowances		a 30,245	5			
	b	Less: cost of goods sold	I	29,374	1			
	C	Net income or (loss) from sales	of inventory .	<u> ▶</u>	871	871		
		Miscellaneous Revenue		Business Code				
	11a	ACCOUNT ADMINISTRATI	ON	561000	4,577	4,577		ļ
	b	MISCELLANEOUS		561000	32	32		
	c			-				ļ
	d	All other revenue						
		Total. Add lines 11a-11d .			4,609			
	12	Total revenue. See instructions			176,205	5,480	0	23,646

### ANOKA HENNEPIN EDUCATIONAL FOUNDATION INC

Part IX Statement of Functional Expenses

Page 10

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other orgar	nizations must complet	e column (A).	
	Check if Schedule O contains a response or note to a	any line in this Part IX			
Do n	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
8b, 9	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	95,952	95,952		
2	Grants and other assistance to domestic				
	individuals. 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	46,888	37,510	5,627	3,751
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	24,286	19,429	2,914	1,943
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	5,354	4,283	643	428
9	Other employee benefits				
10	Payroll taxes	5,659	4,527	679	453
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	3,130		3,130	
d	Lobbying				
е	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 Schedule O.)				
12	Advertising and promotion	2,156	2,156		
13	Office expenses	3,148	630	1,888	630
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	400	400		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,641	2,641		
23	Insurance	370		370	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS	669		602	67
b	POSTAGE	202		40	162
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	190,855	167,528	15,893	7,434
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 $\blacktriangleright$ if				
	following SOP 98-2 (ASC 958-720)				

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Par	t 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>(B)</b> End of year
	1	Cash - non-interest-bearing	342,976	1	322,947
	2	Savings and temporary cash investments	42,867	2	42,957
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	9,973	4	10,952
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	3,958	8	3,241
As	9	Prepaid expenses and deferred charges	4,837	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 10,128			
	b	Less: accumulated depreciation	5,272	10c	2,631
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	409,883	16	382,728
	17	Accounts payable and accrued expenses	202,909	17	190,404
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Lia		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		05	
	26		000.000	25	100 404
	26	Total liabilities. Add lines 17 through 25	202,909	26	190,404
		complete lines 27 through 29, and lines 33 and 34.			
ces	27		158,749	27	143,599
llan	28	Temporarily restricted net assets	17,500	28	18,000
l Ba	20	Permanently restricted net assets	30,725	20	30,725
oun	23	Organizations that do not follow SFAS 117 (ASC 958), check here	30,125	23	30,725
Net Assets or Fund Balances		complete lines 30 through 34.			
its (	30	Capital stock or trust principal, or current funds		30	
SSG	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ź	33	Total net assets or fund balances	206,974	33	192,324
	34	Total liabilities and net assets/fund balances	409,883	34	382,728
EEA					Form <b>990</b> (2016)

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		1-169143	3	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		176,	205
2	Total expenses (must equal Part IX, column (A), line 25)	2		190,	855
3	Revenue less expenses. Subtract line 2 from line 1	3		(14,	650)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	:	206,	974
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		192,	324
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u> .	3b		
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			F	Public Char	ity Status and P	ublic 3	Sunnoi	rt	OMB No. 1545-0047
SCHEDULE A			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.					2016	
(Form 990 or 990-EZ) ► Attach to Form 990 or F						exempt onantable trust.	Open to Public		
		of the Treasury enue Service	Information ab		rm 990 or 990-EZ) and its i		s is at www	irs.gov/form990.	Inspection
		organization						Employer identificat	-
ANOKA HENNEPIN EDUCATIONAL FOUNDATION INC 41-1691433						3			
Pa					ganizations must co	omplete	this part.		
The	orgai	nization is not a	private foundation beca	ause it is: (For line	s 1 through 12, check only	y one box.	)		
1		A church, conv	vention of churches, or	association of chu	urches described in <b>sect</b> i	ion 170(b)	(1)(A)(i).		
2		A school desci	ribed in section 170(b)	)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)		
3		A hospital or a	cooperative hospital s	ervice organizatio	n described in section 1	70(b)(1)(A	.)(iii).		
4		A medical rese	earch organization ope	rated in conjunctio	n with a hospital describ	ed in <b>sect</b>	ion 170(b)	(1)(A)(iii). Enter the	
		hospital's name	e, city, and state:						
5		An organizatio	n operated for the bene	afit of a college or u	university owned or opera	ated by a g	jovernment	tal unit described in	
		section 170(b	)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state	e, or local government	or governmental u	init described in section	170(b)(1)	(A)(v).		
7		An organizatio	n that normally receive	s a substantial part	t of its support from a gov	vernmental	unit or fror	m the general public	
			ection 170(b)(1)(A)(vi		,				
8	Ц		rust described in secti		, , ,				
9		•	-		ion 170(b)(1)(A)(ix) ope		•	•	ge
			a non-land-grant colle	ge of agriculture (s	see instructions). Enter the	e name, ci	ty, and stat	e of the college or	
	27	university:		(1) (1) 00					
10	Χ	•	•	. ,	3 1/3% of its support from				
		•		•	subject to certain exception		,		
					siness taxable income (le		,	rom businesses	
11			•		section 509(a)(2). (Com		,		
11 12		•	•	•	test for public safety. See the benefit of, to perform			carry out the nurnose	
12		•	•	•	bed in section 509(a)(1)				
					ne type of supporting orga				•
	а	_	•		rised, or controlled by its		•		•
	ŭ				appoint or elect a major		-		.9
			•		IV, Sections A and B.				
	b	•	•	-	ontrolled in connection wi	th its supp	orted orga	anization(s), by having	
				•	on vested in the same pe		-	.,	
			on(s). You must comp		•			0 11	
	с	Type III fu	nctionally integrated	. A supporting org	anization operated in cor	nnection w	ith, and fur	nctionally integrated w	ith,
		its support	ed organization(s) (see	e instructions). Yo	u must complete Part I	V, Sectior	is A, D, an	d E.	
	d	Type III no	on-functionally integr	ated. A supporting	g organization operated i	n connecti	on with its	supported organizatio	n(s)
		that is not f	unctionally integrated.	The organization g	generally must satisfy a di	istribution I	equiremen	nt and an attentiveness	
		requireme	nt (see instructions). Y	ou must complet	e Part IV, Sections A ar	nd D, and	Part V.		
	е	Check this	box if the organization	received a written	determination from the IF	RS that it is	a Type I, <sup>-</sup>	Type II, Type III	
		-			ntegrated supporting orga				[
	f		11 0						••••
	g		owing information about	••	ganization(s).				
	(i	) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization Ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docum	• •	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									

(D)

(E)

Total

Sched		A HENNEPIN E				41-1691433	
Pa	rt II Support Schedule for Or						
	(Complete only if you chec						under
	Part III. If the organization	fails to qualify	under the tests	listed below, p	lease complete	e Part III.)	
Sec	tion A. Public Support	<b>.</b>					
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	<b>(f)</b> Total
1	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						
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						
	tion B. Total Support	1		1	1		
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 8	Amounts from line 4						
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.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	e		•			· · · · • 🗌
Sec	tion C. Computation of Public Su	upport Percen	tage			1	
14	Public support percentage for 2016 (line 6,						%
15	Public support percentage from 2015 Sche						%
16a	33 1/3% support test - 2016. If the organi						_
	box and <b>stop here.</b> The organization qual						· · · ► Ц
b	33 1/3% support test - 2015. If the organi				5 is 33 1/3% or mo	re, check	_
	this box and <b>stop here.</b> The organization						▶ Ц
17a		-					
	10% or more, and if the organization meet				• •		
	Part VI how the organization meets the "fac	cts-and-circumstand	ces" test. The orga	nization qualifies as	s a publicly suppor	ted	_
	organization						▶ Ц
b	10%-facts-and-circumstances test - 201	5. If the organization	on did not check a	box on line 13, 16	a, 16b, or 17a, and	l line	
	15 is 10% or more, and if the organization				-		
	Explain in Part VI how the organization me	ets the "facts-and-o	ircumstances" test	. The organization	qualifies as a publi	cly	
	supported organization						🕨 🗌
18	Private foundation. If the organization did	d not check a box c	on line 13, 16a, 16t	o, 17a, or 17b, che	ck this box and se	9	
	instructions						
EEA						Schedule A (Form 9	990 or 990-EZ) 2016

				OUNDATION IN		41-1691433	Page 3
Pa	ITT III Support Schedule for Org						
	(Complete only if you check						Part II.
Sol	If the organization fails to q ction A. Public Support	uality under the	e tests listed de	elow, please co	mplete Part II.		
	endar year (or fiscal year beginning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
-		(a) 2012	(6) 2013	(0) 2014	(0) 2013	(e) 2010	(1) 10(a)
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	92,097	84,811	108,621	110,574	94,403	490,506
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the	75 076	F.C. 636	70 426	649	071	202 658
~	organization's tax-exempt purpose	75 <b>,</b> 076	56,636	70,426	049	871	203,658
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	<u> </u>						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	167,173	141,447	179,047	111,223	95,274	694,164
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from           line 6.)						694,164
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
9	Amounts from line 6	167,173	141,447	179,047	111,223	95,274	694,164
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources	1,110	485	68	94	90	1,847
		1/110	103				1,017
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1,110	485	68	94	90	1,847
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on				70,701	76,232	146,933
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	168,283	141,932	179,115	182,018	171,596	842,944
14	<b>First five years.</b> If the Form 990 is for the or organization, check this box and <b>stop here</b>						▶□
Sec	ction C. Computation of Public Su					·	
15	Public support percentage for 2016 (line 8, co	olumn (f) divided by	line 13, column (f)	)		15	82.35 %
16	Public support percentage from 2015 Schedu					16	87.69 %
	ction D. Computation of Investme		-			-	
17	Investment income percentage for <b>2016</b> (line		•	.,,	-	17	0.00 %
18	Investment income percentage from 2015 S				L	18	0.21 %
19a	<b>33 1/3% support tests - 2016.</b> If the organiz 17 is not more than 33 1/3%, check this box						▶ 🛛
b	<b>33 1/3% support tests - 2015.</b> If the organiz line 18 is not more than 33 1/3%, check this						► 🗌
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	and see instruction	s	<u></u> ► □

art	IV Supporting Organizations			
	(Complete only if you checked a box in line 12 of Part I. If you checked 12a of Part I, complete S			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co		9	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Pa	art V.)		
ct	ion A. All Supporting Organizations			
			Yes	Ν
	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section $509(a)(1)$ or (2).	2		
а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
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.	3b		
С	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.	3c		
а	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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.	4c		
a	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 <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	-		
	was accomplished (such as by amendment to the organizing document).	5a		
D	Type I or Type II only. Was any added or substituted supported organization part of a class already	<b>5</b> 1-		
_	designated in the organization's organizing document?	5b		
	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
5	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	c		
,	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	6		
,	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
5	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	1		_
,	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
а	Was the organization controlled directly or indirectly at any time during the tax year by one or more	0		
a	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Ju		
~	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	00		
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
)a	Was the organization subject to the excess business holdings rules of section 4943 because of section	50		
-4	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	īva		
~	determine whether the organization had excess business holdings.)	10b		
			) or 990-	

	A (Form 990 or 990-EZ) 2016 ANOKA HENNEPIN EDUCATIONAL FOUNDATION INC 41-1691433		Р	age <b>S</b>
Par	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> tion B. Type I Supporting Organizations	11c		
bec	ion B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		-		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
		-		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
-	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions)	:
а				
b				
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity	(see in	struct	ions

- 2 Activities Test. Answer (a) and (b) below.
  - a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
  - b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
  - 3 Parent of Supported Organizations. Answer (a) and (b) below.
  - **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
  - **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.*

gard. 3b Schedule A (Form 990 or 990-EZ) 2016

2a

2b

3a

Yes No

Schedule A (Form 990 or 990-EZ) 2016 ANOKA HENNEPIN EDUCATIONAL FOUNDATION		41-169	91433 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
<b>1</b> Check here if the organization satisfied the Integral Part Test as a qualifying			·
instructions. All other Type III non-functionally integrated supporting organized	zation	s must complete Sectio	
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		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	-integ	rated Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2016

	TV Type III Non-Functionally Integrated 509(a)(3		41-169 zations (continued)	Page 7
	tion D - Distributions	/ - · · · · · · · · · · · · · · · · · ·		Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity	F F		
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	ive	
·	(provide details in <b>Part VI</b> ). See instructions.	organization to respond		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
10			(ii)	(iii)
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
_ 1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2016, if			
-	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
·	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Fuence (mark 004.4			
	Evenes from 2015			
	Evenes from 2016			
	Excess from 2016			
EEA			Schedu	ule A (Form 990 or 990-EZ) 2016

Schedule A (For	m 990 or 990-EZ) 2016 Page o
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

#### Attach to Form 990. Form 990-EZ, or Form 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	Employer identification number								
ANOKA HENNEPIN EDUCATIONAL FOUNDATION INC	41-1691433								
Drganization type (check one):									

Filers of:	ection:						
Form 990 or 990-EZ	$\mathbf{X}$ 501(c)( <b>3</b> ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Part I

Schedule B (Form 990, 990-EZ, or 990-PF)	(2016)

Name of organization

Employer identification number 41-1691433

Page 2

ANOKA HENNEPIN EDUCATIONAL FOUNDATION INC

Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	METRO SALES 1640 E 78TH STREET MINNEAPOLIS, MN 55423	\$7,500	Person       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Provestion of part provide and provide the programmed of the provide prov		HEDULE D rm 990)	Supplemental Financial Statements <ul> <li>Complete if the organization answered "Yes" on Form 990,</li> </ul>			OMB No. 1545-0047			
Market The angle and the formation about Schedule D (form 990) and its instructions is at www.fr.gov/form950.     Inspection     Inspection     More at the angle and the instruction is at www.fr.gov/form950.     Inspection     More at the angle and the instruction is at www.fr.gov/form950.     Inspection     More at the angle and the instruction is at www.fr.gov/form950.     More attend or provide at the add year     Complete if the organization answered "Yes" on Form 990, Part IV, line 5.     (a) form attends     (b) instruction of the instruction is and dura advances in writing that grant funds can be used     orly for characteristic in (during yest)     Aggregate value of optimization and dura advances in writing that grant funds can be used     orly for characteristic in provide to the organization accurate legal control?     More attends     More attend     More attends     More attends     More attends     More atten	(10	ini 330)				2016			
Procession account         Information about Schedule D (Form 990) and its instructions is at www.rs.gov/Korm950.         Image/content/schedule           NOKA HENNEPTN EDITIONAL FOUNDATION INC         41-1691433           PRII Organizations Maintaining Doors Advised Funds or Other Similar Funds or Accounts.         6) Enclaration Maintaining Doors Advised Funds or Other Similar Funds or Accounts.           Complete If the organizations on answered 'Yes' on Form 990, Part IV, line 6.         6) Enclarations Maintaining Doors Advised Funds or Other Similar Funds or Accounts.           Aggregate value of combutons to (duing year)         6)         6) Dors advestures.         6) Incla and the ecounts.           Yes         Maintain and Schedule Difference in writing that the assets held in doors advised funds or the organizations property subject to the organizations property subject to the organizations property subject to the organization answered 'Yes' on Form 990, Part IV, line 7.         Yes         No           Part III Conservation Easements         Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.         Yes         No           Property Ion Face advisor in advisor in advisor in dual to apuly.         Presenation of a historically important land area         Presenation of a store pulse if the organization induce (e.g., correlated in the organization answered 'Yes' on Form 990, Part IV, line 7.         Yes         No           Part III Conservation easements is addition of advisor pulse in the dual aquiling docreanization answered 'Yes' on Form 990, Part IV, line 7.         Yes	Denar	tment of the Treasury		► Attach to Form 990.					
ANORA       HENNEPIN       EDUIDATIONAL FOUNDATION INC       41-1691433         Part I       Organizations Maintaining Donor Adviced Funds or Other Similar Funds or Accounts.       Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.       60 Funds and one recourse         1       Total number at end of year .       60 Funds and one recourse       60 Funds and one recourse         2       Aggregate value at end of year .       60 Funds and one recourse       7         3       Aggregate value at end of year .       7       7         4       Aggregate value at end of year .       7       8         5       Did the organization inform all dones and doorn advices in writing that grant funds can be used threads are the organization answered Yees' on Form 990, Part IV, line 7.       Yees       Ne         Part III       Conservation Easements.       Yes' on Form 990, Part IV, line 7.       Yees       Ne         Complete if the organization answered Yees' on Form 990, Part IV, line 7.       1       Purpone(c) of conservation easements Hed by the organization (check all that tapp).       Preservation of a historically inportant land area       Preservation of a historically inportant land area         Complete if the organization hadre aquilled conservation casements to Advice a fund, conservation easements to Advice a fund, conservation easements in Advice a fund, conservation easements and area advice at the advice at the syst at the syst at the syst at the organization fram and eac	•	•	► Information about Schedule D (Form 990) and its instructions is at www.irs.gov	√form	990.	Inspection			
Part II       Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.         Complete if the organization answered 'Yes' on Form 390, Part VI, line 6, A         Aggregate value of contributions to (during year)       (a) Durin advised heres       (b) Prock-and other accounts.         Aggregate value of contributions to (during year)       (b) Durin advised heres       (c) Prock-and other accounts.         Complete if the organization inform all donors and donor advisors in writing that the assets held in donor advisod humds are the organization inform all grantee, donors, and donor advisors in writing that grant funds can be used only for charinghe purpose and for the barrier of the donor of advisors in writing that grant funds can be used only for charinghe purpose benefit?       Yes       No         Purpose(s) for conservation casements held by the organization (char advisor) in any diring that grant funds can be used only for charinghe purpose benefit?       Preservation of an the fund and or advisor in any diring that grant funds can be used only for charing insportant land area       Preservation of an that hall advisor on advisor of a number of a liabitically important land area       Preservation of a barrier advisor advisor advisor of a number of a liabitically important land area         Preservation of advisor barrier advisor of a number of conservation assements included in (c) conservation easements in calculate a structure included at (c) advisor advisor of an unitar barrier advisor of a number advisor advisor of advisor ad		-		•	•				
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.       (0) Funds and other accounts         1       Total number at end of year       (0) Environmentation for advisors in writing writing that the assets held in donor advisors         3       Aggregate value of grants from (during year)       (1)         4       Aggregate value of grants from (during year)       (1)         5       Did the organization inform all donors and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimisable private benefit?       (Yes)       Ne         (Part III)       Conservation Easements.       (Yes)					<u>1-169</u>	1433			
Total number at end of year	Pa			S.					
1       Total number at end of year		Complete							
2 Aggregate value of controlutions to (during year)	4	Total number at ar		(b)	Funds and o	other accounts			
<ul> <li>Aggregate value of grants from (during year)</li> <li>Aggregate value at grants from (during year)</li> <li>Aggregate value at grants tom (during year)</li> <li>Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised</li> <li>funds are the organization inform all grantese, donors, and donor advisors in writing that grant funds can be used orfw for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose</li> <li>conferent grantization inform all grantese, donors, and donor advisors in writing that grant funds can be used orfw for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 7.</li> <li>Purpose(s) of conservation essements held by the organization (check all the apply).</li> <li>Preservation of an atura hebiat</li> <li>Preservation of a historic structure</li> <li>Preservation of an one assements held by the organization contribution in the form of a conservation essements in a certified historic structure</li> <li>Comptetion for one space</li> <li>Conservation essements in a certified historic structure included in (a)</li> <li>Ze</li> <li>Ze</li> <li>Number of conservation essements in certified historic structure included in (a)</li> <li>Ze</li> <li>Number of ocuservation essements in certified historic structure included in (a)</li> <li>Ze</li> <li>Number of ocuservation essements in certified historic structure included in (b)?</li> <li>Set and any other property subject to conservation essement is located &gt;</li> <li>Number of ocuservation essements modified, transferred, released, stringuished, or terminated by the organization and write the conservation essements in dolfs?</li> <li>So bes the organization have a writem policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expe</li></ul>			· · · · · · · · · · · · · · · · · · ·						
Aggregate value at end of year									
<ul> <li>5 Did the organization inform all donors advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?</li> <li>C Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit?</li> <li>Ves Nte Nte Complete if the organization answered "Yes" on Form 990, Part IV, line 7.</li> <li>Purpose(s) of conservation easements held by the organization (check all that apply).</li> <li>Preservation of natural habitat</li> <li>Preservation of an hisbitat</li> <li>Preservation of a hisbitation of a conference of the benefit?</li> <li>Complete if the organization held a qualified conservation careflied historic structure</li> <li>Preservation of conservation easements.</li> <li>20 complete ins 2 at through 2 of the organization held a qualified conservation contribution in the form of a conservation easements.</li> <li>21 complete in the organization held a qualified conservation contribution in the form of a conservation easements.</li> <li>22 complete in the organization held a qualified conservation constribution in the form of a conservation easements.</li> <li>23 complete in the organization held a qualified conservation constribution in the form of a conservation easements.</li> <li>24 Number of conservation easements.</li> <li>25 conservation easements included in (c) acquired after 47/706, and not on a historic structure listed in the National Register</li> <li>3 Number of conservation easements included in (c) acquired after 47/706, and not on a historic structure listed in the National Register</li> <li>3 Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year × i</li> <li>3 Complete in the organization held a subschered by overavision easements during the year × i</li> <li>3 Complete in the organization nease a witthe policy regarding the period</li></ul>									
funds are the organization's property, subject to the organization's exclusive legal control?       □ Ves       No         6       Did the organization inform all grantese, donors, and door advisor, in writing that grant funds can be used       □ Ves       No         0       Did the organization inform all grantese, donors, and door advisor, in writing that grant funds can be used       □ Ves       No         0       Not framework       □ Ves       □ Ves <t< td=""><td>_</td><td></td><td>•</td><td></td><td></td><td></td></t<>	_		•						
Bid the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, of for any other purpose conferring impermissible private benefit?     Conservation Easements.     Complete if the organization answered "Yes" on Form 990, Part IV, line 7.     Purpose(s) of conservation easements held by the organization (check all that apply).     Preservation of and for public use (e.g., recreation or education)    Preservation of a historically important land area Preceivation of natural habitat    Preservation of a conservation assement on the last day of the tax year.     Total aureage restricted by conservation easements	Ŭ	-	-			🗌 Yes 🗌 No			
ov/ for chaintable purposes and not for the benefit of the donor or donor advisor, or for any other purpose       Yes       No         PartII       Conspervation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.       Yes       No         Purpose(5) of conservation easements hed by the organization (check all that apply).       Preservation of and for public use (e.g., recreation or education)       Preservation of a historically important land area         Preservation of natural habitat       Preservation of a conservation easements.       Preservation of a conservation easements.         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements.       Particle conservation easements.         3       Total number of conservation easements.       Za       Za         4       Number of conservation easements.       Za       Za         5       Number of conservation easements.       Za       Za         4       Number of conservation easements.       Za       Za         3       Number of conservation easements.       Za       Za         4       Number of conservation easements included in (c) acquired after 917/06, and not on a       Za       Za         3       Number of conservation easements included in (c) acquired after 917/06, and not on a       Za       Za       Za	6	•							
Part III       Conservation Easements.         Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         Purpose(s) of conservation easements held by the organization (check all that apply).         Preservation of land for public use (e.g., recreation or education)       Preservation of a certified historic structure         Preservation of open space       Preservation of open space         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation         a Total number of conservation easements       Za         b Total acreage restricted by conservation easements       Za         c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure issed in the National Register       Za         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year '         4       Number of states where property subject to conservation easement is located >         5       Does the organization have a written policy regarding the periodic montoring, inspection, handling of violations, and enforcing conservation easements during the year > :         6       Staff and volunieer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > :         7       Amount of expenses incurred on line 2(d) above satisfy the requrements of section 170(h)(4)(B)(i)() and section 170(h)(4)(B)(i)(i		-							
Part III       Conservation Easements.         Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         Purpose(s) of conservation easements held by the organization (check all that apply).         Preservation of land for public use (e.g., recreation or education)       Preservation of a contified historic structure         Preservation of open space       Preservation of open space         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation         a Total number of conservation easements       Za         D Total acreage restricted by conservation easements       Za         d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure issed in the National Register       Za         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       Za         4       Number of states where property subject to conservation easements is located  >		conferring impermi	ssible private benefit?			🗌 Yes 🗌 No			
1       Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of a historically important land area         1       Preservation of land for public use (e.g., recreation or education)       Preservation of a certified historic structure         1       Preservation of open space       Preservation of a conservation         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation         3       Total arcnegar restricted by conservation easements         4       Number of conservation easements included in (c) acquired atter 21706, and not on a         historic structure listed in the National Register	Pa								
□       Preservation of land for public use (e.g., recreation or education)       □       Preservation of a critited historic structure         □       Preservation of a curit habitat       □       Preservation of a curit led historic structure         □       Preservation of a curit habitat       □       Preservation of a conservation         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation         a Total number of conservation easements       2a         2       Number of conservation easements       2b         3       Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure included in (c) acquired after 8/17/06, and not on a historic structure listel in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year          4       Number of enservation easements modified, transferred, released, extinguished, or terminated by the organization accuriting in specting, handling of violations, and enforcing conservation easements during the year         >       Does the organization held on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)         and section 170(h)(4)(H)(B)(i)?		Complete	e if the organization answered "Yes" on Form 990, Part IV, line 7.						
Protection of natural habitat Protection of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year is and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year is and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year is \$ C Desceach conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)? C Part XIII, describe how the organization reports conservation easements in its revenues and expense statement, and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, prevenue ind custom easements. Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization easements relative and the footnot to its innavial astements that describes the organization enswered. "Yes on form 900, Part IV, line 8. 1 If the organization elected, as permitted under SFAS 116 (ASC 956), not report in its revenue statement and balance sheet wo	1	Purpose(s) of cons	ervation easements held by the organization (check all that apply).						
□       Preservation of open space         2       Complete lines 2a through 2d if the organization heid a qualified conservation contribution in the form of a conservation         a Total number of conservation easements       2a         b Total acreage restricted by conservation easements       2b         c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure included in (a)       2c         d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year        2d         1       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization at a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement is located          ✓		Preservation c	f land for public use (e.g., recreation or education) Preservation of a historically i	mport	ant land a	rea			
2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation assements on a certified historic structure line assements       Image: Im		Protection of r	atural habitat Preservation of a certified his	toric s	tructure				
easement on the last day of the tax year.     Total number of conservation easements     Total number of conservation easements     Total number of conservation easements     Total number of conservation easements included in (c) acquired after 8/17/06, and not on a     historic structure listed in the National Register     Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the     tax year     Total arcs where property subject to conservation easement is located     Number of states where property subject to conservation easements in cluded in (c) acquired after 8/17/06, and not on a     historic structure listed in the National Register     Total number of states where property subject to conservation easement is located     Number of states where property subject to conservation easements include?     Does the organization have a written policy regarding the periodic monitoring, inspection, handling of     violations, and enforcement of the conservation easements it holds?     Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year     *     TAmount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year     *     S     Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)     and section 170(h)(4)(B)(ii)?     Torganization reports conservation easements.     Part III     Organization factors Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.     Complete if the organization answered "Yes" on Form 990, Part IV, line 8.     If the organization elected, as permitted under SFAS 116 (ASC S95), not report in its revenue statement and balance sheet     works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of     public service, provide,		Preservation c	f open space						
a       Total number of conservation easements       2a         b       Total acreage restricted by conservation easements       2b         c       Number of conservation easements included in (a) equired after 81/706, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements included in (c) acquired after 81/706, and not on a historic structure listed in the National Register       2d         4       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶       2d         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         ▶	2	Complete lines 2a	through 2d if the organization held a qualified conservation contribution in the form of a conservation	ervatio	n				
b       Total acreage restricted by conservation easements       2b         c       Number of conservation easements in a certified historic structure included in (a)       2c         d       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶       2d         3       Number of states where property subject to conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register       2d         4       Number of states where property subject to conservation easement is located ▶		easement on the la	ist day of the tax year.		Held at t	he End of the Tax Year			
c Number of conservation easements included in (a) 22   d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d   3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  2d   4 Number of states where property subject to conservation easement is located	а	Total number of co	nservation easements	2a					
d       Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year        2d         4       Number of states where property subject to conservation easement is located	b	Total acreage rest	· · · · · · · · · · · · · · · · · · ·	2b					
historic structure listed in the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	С			2c					
<ul> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li></ul>	d								
<ul> <li>tax year &gt;</li></ul>	_								
<ul> <li>Number of states where property subject to conservation easement is located  </li> <li>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li></ul>	3		vation easements modified, transferred, released, extinguished, or terminated by the organiz	ation o	Juring the				
<ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>									
violations, and enforcement of the conservation easements it holds?       Yes       No         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year       ✓         7       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year       ✓         7       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year       ✓         7       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year       ✓         7       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         > \$			<u> </u>						
<ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year <ul> <li>▲</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year <ul> <li>▲</li> <li>▲</li> </ul> </li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year <ul> <li>▲</li> <li>▲</li> <li>■</li> <li>■</li></ul></li></ul></li></ul>	Э	•							
<ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>	6								
<ul> <li>\$</li></ul>	0		nous devoted to monitoring, inspecting, nandling of violations, and emotcing conservation e	asem	enis dunn	g the year			
<ul> <li>\$</li></ul>	7			monte	during the	avear			
<ul> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?</li></ul>	'		s incurred in monitoring, inspecting, naroling of violations, and enforcing conservation ease	mento	duning the	e year			
<ul> <li>and section 170(h)(4)(B)(ii)?</li></ul>	8	· · · · · · · · · · · · · · · · · · ·	 vation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	)(i)					
<ul> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</li> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul></li></ul>	Ŭ					🗌 Yes 🗌 No			
<ul> <li>balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</li> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul></li></ul>	9	( )							
organization's accounting for conservation easements.         Part III         Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.         b       If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:          (i)       Revenue included on Form 990, Part X         (ii)       Assets included in Form 990, Part X         2       If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:          a       Revenue included on Form 990, Part X         b       Assets included in Form 990, Part X         b         b         b         b		-							
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<ul> <li>public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</li> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>c S</li> </ul> </li> </ul>	1a	If the organization	elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	l balar	ice sheet				
<ul> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</li> </ul> </li> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>c S</li> </ul>		works of art, histor	cal treasures, or other similar assets held for public exhibition, education, or research in furth	heranc	e of				
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<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul>		works of art, histor	cal treasures, or other similar assets held for public exhibition, education, or research in furth	heranc	e of				
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a       Revenue included on Form 990, Part VIII, line 1	2	-		rovide	the				
b Assets included in Form 990, Part X ▶ \$		-							
	а								

			,	
-				

_	ule D (Form 990) 2016 ANOKA HENNEPIN							41-169			Page 2
Pa	rt III Organizations Maintaining C			-					sets (co	ntinu	ed)
3	Using the organization's acquisition, accession, a	and oth	ner records, ch	neck any of	the follow	ing that are a	a significa	ant use of its			
	collection items (check all that apply):										
а	Public exhibition		d 🗌 Loa	n or excha	nge progra	ams					
b	Scholarly research		e 🗌 Othe	er							
С	Preservation for future generations										
4	Provide a description of the organization's collect	tions a	and explain ho	w they furt	her the org	anization's e	exempt p	urpose in Part			
	XIII.										
5	During the year, did the organization solicit or red	ceive d	onations of a	t, historical	treasures	, or other sim	nilar				
	assets to be sold to raise funds rather than to be								· · □	Yes	No
Pa	rt IV Escrow and Custodial Arrang			0							
	Complete if the organization an			n Form 9	90. Part	IV. line 9.	or rep	orted an amou	unt on F	orm	
	990, Part X, line 21.				,	, ,				-	
1a	Is the organization an agent, trustee, custodian o	r other	intermediary	for contribu	itions or ot	her assets n	ot				
Ĩ			-							Yes	
b	If "Yes," explain the arrangement in Part XIII and						••••		•• 🗆	103	
D D		rcomp		ing table.				٨٣	nount		
•							10		noun		
C	- 5 5										
d	Additions during the year										
e	Distributions during the year										
f	Ending balance										<u> </u>
2a	Did the organization include an amount on Form						•				
b	If "Yes," explain the arrangement in Part XIII. Ch	eck he	ere if the expla	nation has	been prov	ided on Part	XIII .				
Pa	rt V Endowment Funds.						_				
	Complete if the organization an	swere	ed "Yes" oi	n ⊢orm 9	90, Part	IV, line 10	J.				
		(a) (	Current year	(b) Prio	or year	(c) Two years	s back	(d) Three years back	(e) Fou	ur years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current	vear er	nd balance (lir	he 1q, colu	mn (a)) hel	d as:					
а	Board designated or quasi-endowment	•	%	0,	( )/						
b	Permanent endowment   %		/2								
c	Temporarily restricted endowment		%								
Ŭ	The percentages in lines 2a, 2b, and 2c should e	nual 10									
3a	Are there endowment funds not in the possessio			n that are h	old and ad	lministarad fo	or the				
Ju	organization by:									Yes	No
	• •								20(1)		
	(i) unrelated organizations								. 3a(i)		
	(ii) related organizations						• • • •		. 3a(ii)	<u> </u>	
b	If "Yes" on 3a(ii), are the related organizations lie				</th <th>•••••</th> <th>••••</th> <th>•••••</th> <th>. 3b</th> <th></th> <th></th>	•••••	••••	•••••	. 3b		
4	Describe in Part XIII the intended uses of the or	<u> </u>	tion's endown	nent funds.							
Pa	rt VI Land, Buildings, and Equipm					N / P 4					
	Complete if the organization an	swere	ed "Yes" of	n Form 9			la. See	e Form 990, P	art X, lin	e 10	·
	Description of property		(a) Cost or othe		.,	r other basis	• •	Accumulated	<b>(d)</b> Bo	ok value	
			(investme	ent)	(c	other)	de	preciation			
1a	Land	· · ·									
b	Buildings	· · ·									
С	Leasehold improvements	· · · [									
d	Equipment	· · · [				10,128		7,497		2,	631
e	Other										
Tota	I. Add lines 1a through 1e. (Column (d) must eq	ual Fo	rm 990, Part 2	X, column	(B), line 10	)c.)		· · · · · •		2,	631
EEA									Schedule D (	Form 99	0) 2016

Schedule D (Form 990) 2016

Schedule D (Form	990) 2016 <b>ANOKA HENNEPIN</b>	EDUCATIONAL FOUNDATI	ON INC	41-1691433	Page 3
Part VII	Investments - Other Securities.				
	Complete if the organization answere	d "Yes" on Form 990, Par	t IV, line 1	1b. See Form 990, Part X, lir	ne 12.
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation: Cost or end-of-year market value	
(1) Financial	derivatives				
(2) Closely-he	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related. Complete if the organization answere	d "Yes" on Form 990, Par	t IV, line 1	1c. See Form 990, Part X, lin	ne 13.
	(a) Description of investment	(b) Book value		(c) Method of valuation:	
				Cost or end-of-year market value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	must equal Form 990, Part X, col. (B) line 13.)				
Part IX		d "Vee" op Form 000 Bor	+ 1) / 1100 1	1d See Form 000 Dart V lin	0 1 E
	Complete if the organization answere	· · · · · · · · · · · · · · · · · · ·	t iv, line i		
	(a) D	escription		(b) Book	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 1	5.)			
Part X	Other Liabilities.	.,			
	Complete if the organization answere	d "Yes" on Form 990 Par	t IV line 1	1e or 11f See Form 990 Pa	rt X
	line 25.		erv, mio i		,
1					
1. (1) Fordered 3	(a) Description of liability	(b) Book value	-		
	ncome taxes		-		
(2)			-		
(3)			_		
(4)			_		
(5)			_		
(6)					
(7)					
(8)					
(9)					
	must equal Form 990, Part X, col. (B) line 25.)				
	uncertain tax positions. In Part XIII, provide the te:	kt of the footnote to the organiza	tion's financia	I statements that reports the	
-	liability for uncertain tax positions under FIN 48 (A	-			🗌
- gainzation 3					<u>···</u>

		41-1691433	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments   2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt XIII Supplemental Information.		

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

SCHEDULE G	Supplemer	tal Informatio	on Regar	ding Fun	draising or Gam	ning Act	ivities	OMB No. 1545-0047				
(Form 990 or 990-EZ)	2016											
Department of the Treasury		► At	tach to Form	990 or Forn			<i>"</i>	Open to Public				
Internal Revenue Service Name of the organization	Information	about Schedule G	(Form 990 o	r 990-EZ) an	d its instructions is at	www.irs.go		Inspection Intification number				
-	ANOKA HENNEPIN EDUCATIONAL FOUNDATION INC 41-1691433											
Eundraising Activities Complete if the organization answered "Ves" on Form 990 Part IV line 17												
Part	-	required to com	-				-,					
1 Indicate whether the	organization rais	ed funds through a	any of the fo	llowing activ	ities. Check all that a	pply.						
a 🗌 Mail solicitations					of non-government gr	ants						
b     Internet and email solicitations     f     Solicitation of government grants												
c Phone solicitations g Special fundraising events												
d 🗌 In-person solicitati												
2a Did the organization		-	-		-							
or key employees list	-	, ,		•	0			es 📋 No				
b If "Yes," list the 10 hig compensated at leas	5 1		noraisers) p	oursuant to a	igreements under whi	ch the fund	araiser is to b	e				
compensated at leas		rganization.										
(i) Name and address or entity (fundra		(ii) Activity	custody or	draiser have control of utions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to tained by) ser listed in ol. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization				
			Yes	No			01. (1)					
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
Total	the organization	is registered or lic			tions or has been not	ified it is e:	kempt from					

Part II 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				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			N STARS CELE	GOLF TOURNEY	3_	(add col. <b>(a)</b> through col. <b>(c)</b> )
a)			(event type)	(event type)	(total number)	coi. <b>(c)</b> )
Revenue	1	Gross receipts	69,316	24,469	21,412	115,197
-	2	Less: Contributions	32,086	12,110	8,480	52,676
	3	Gross income (line 1 minus line 2)	37,230	12,359	12,932	62,521
	4	Cash prizes	1,000			1,000
	5	Noncash prizes		500	2,417	2,917
nses	6	Rent/facility costs		4,760		4,760
Ulrect Expenses	7	Food and beverages	10,660	2,144	400	13,204
nirec	8	Entertainment				
	9	Other direct expenses	7,982	938	8,164	17,084
	10	Direct expense summary. Add lines	4 through 9 in column (d)		•	38,965
	11	Net income summary. Subtract line	• ( )			23,556
	rt II	Gaming. Complete if the c than \$15,000 on Form 990		Yes" on Form 990, Part (b) Pull tabs/instant	IV, line 19, or reported r	nore
Revenue			(a) Bingo			(d) Total coming (odd
ř				bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue			(c) Other gaming	
ŝ	1 2	Gross revenue			(c) Other gaming	
Experises					(c) Other gaming	
DIFECT EXPENSES	2	Cash prizes			(c) Other gaming	
DILECT EXPENSES	2 3	Cash prizes			(c) Other gaming	
נייסט באמוסמט	2 3 4	Cash prizes	□ Yes% No		(c) Other gaming	
	2 3 4 5	Cash prizes	□ Yes% □ No	bingo/progressive bingo	%	
Direct Expenses	2 3 4 5	Cash prizes       . <td< td=""><td>Yes %     No 2 through 5 in column (d)</td><td>bingo/progressive bingo</td><td>□ Yes% □ No</td><td></td></td<>	Yes %     No 2 through 5 in column (d)	bingo/progressive bingo	□ Yes% □ No	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .... Yes 🗌 No **b** If "Yes," explain:

SCHED	ULEI	Gra	ints and Other	Assistance to	o Organization	S,	1	OMB No. 1545-0047					
(Form 9	90)	Gover Complete in		2016									
Department of	of the Treasury		C	pen to Public									
Internal Reve		<ul> <li>Information ab</li> </ul>	out Schedule I (Form	990) and its instruct	ions is at www.irs.go	v/form990.		Inspection					
Name of the	organization						Employer identification	number					
	IENNEPIN EDUCATIONAL FOU		10000				41-1691433						
Part I	General Information on			terrer dhe anente est all	-2.22								
		n maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and used to award the grants or assistance?											
								. 🛛 Yes 🗌 No					
Part II	cribe in Part IV the organization's pro Grants and Other Assistan				ts Complete if the	organization answered	"Yes" on Form						
rartin	990, Part IV, line 21, for any				•	0							
1 (a)	Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant					
. ()	or government	(*) =	(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance					
(1)ANOK	A HENNEPIN SCHOOL DISTR					- Culory							
	CKSON ST SUITE 206												
	MN 55303	41-6008267		95,952									
(2)													
(3)													
(4)													
(5)								· · · · · · · · · · · · · · · · · · ·					
(5)													
(6)													
(0)													
(7)													
()													
(8)													
(9)													
(10)													
2 Ente	er total number of section 501(c)(3) a		tions listed in the line 1	table			<u> </u>	-					
	er total number of other organizations	• •					· · · · · · · · · · · · · · · · · · ·	11					
	Si totai number of other organizations			•••••		<u></u>	••••						

# Schedule I (Form 990) (2016) ANOKA HENNEPIN EDUCATIONAL FOUNDATION INC 41-1691433 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

	Part III can be duplicated if additional space is needed.									
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
1										
2										
3										
4										
5										
6										

Part IV	Supplemental Information.	Provide the information rec	uired in Part I, line 2,	Part III, column (b)	, and any other addit	ional information.

Page 2

7

### 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.

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

6

Employer identification number

41-1691433

#### ANOKA HENNEPIN EDUCATIONAL FOUNDATION INC

#### 01. Officer, directors, etc. family relationship (Part VI, line 2)

PETER SCHELLER AND SUZY SCHELLER HAVE A FAMILY RELATIONSHIP.

02. Form 990 governing body review (Part VI, line 11)

THE EXECUTIVE DIRECTOR FIRST REVIEWS FORM 990. IT IS THEN REVIEWED BY THE EXECUTIVE

COMMITTEE OF THE BOARD WHO THEN PRESENTS IT TO THE FULL BOARD FOR FINAL REVIEW AND

APPROVAL BEFORE FILING.

03. Conflict of interest policy compliance (Part VI, line 12c)

THE ORGANIZATION'S BOARD MEMBERS SIGN OFF ON ANY CONFLICTS THAT MAY ARISE. THERE HAVE

BEEN NO CONFLICTS OF INTEREST SINCE THE POLICY WAS ESTABLISHED.

#### 04. CEO, executive director, top management comp (Part VI, line 15a)

COMPENSATION IS BENCH-MARKED WITH SIMILAR ORGANIZATIONS IN THE AREA AND STATE.

#### 05. Other officer or key employee compensation (Part VI, line 15b

ANNUAL REVIEWS OF STAFF ARE COMPLETED BY THE CEO WITH CONSIDERATION OF ACCOMPLISHMENTS OF

PERSONAL AND ORGANIZATIONAL GOALS. COMPENSATION IS ALSO BENCH-MARKED WITH SIMILAR

ORGANIZATIONS IN THE AREA AND STATE.

#### 06. Governing documents, etc, available to public (Part VI, line 19)

AVAILABLE AT THE OFFICE UPON REQUEST.

	4562		Depreciation and Amortization (Including Information on Listed Property) Attach to your tax return.						OMB No. 1545-0172 2016 Attachment	
•	Revenue Service (99)	Information	about Form 45	62 and its sep	parate inst	ructions is	at www.irs.g	ov/form	4562.	Sequence No. 179
Name(s	s) shown on return				Business or a	activity to which	this form relates			Identifying number
ANC	KA HENNEP					v 990	- 1			41-1691433
Par	t I Election	n To Expense	e Certain Pro	operty Unde	er Section	on 179				
	Note: If y	ou have any liste	d property, com	plete Part V be	efore you c	omplete Pa	rt I.			1
1	Maximum amount	,							1	
2	Total cost of sectio								2	
3	Threshold cost of s		-			uctions)			3	
4	Reduction in limitat						••••	•••	4	
5	Dollar limitation for						0		_	
	separately, see ins								5	
6		(a) Description of pro	perty		(b) Cost (bus	iness use only)	(c) Ele	cted cost		
_										
7	Listed property. En								•	
8	Total elected cost of								8	
9	Tentative deductio								9	
10	Carryover of disalle								10	
11	Business income li								11	
12	Section 179 expen								12	
<u>13</u>	Carryover of disalle					▶ 13	5			
Par	Don't use Part II o					ation (D	n li in aluda lia	todaroa	o #1 ( ) /	(Cap instructions)
га 14	Special depreciation				-			led prop	eny.) (	(See instructions.)
14									14	
15	during the tax year Property subject to	,							14 15	
16	Other depreciation	()()							16	
Par		6 Depreciatio						• • •	10	
i ai		Depreciatio			ection A	Instructions	•)			
17	MACRS deduction	s for assets place	d in service in t			2016			17	2,641
18	If you are electing				-					2,011
	asset accounts, ch	• • •		•	•		•			
		ction B - Assets						reciatio	n Svst	tem
			(b) Month and year	(c) Basis for depr	reciation		•			
	(a) Classification of p	roperty	placed in service	(business/investm only-see instruc	ienii use	period	(e) Convention	(f) Meth	nod	(g) Depreciation deduction
19a	3-year property				,					
b	5-year property									
С	7-year property									
d	10-year property									
е	15-year property									
f	20-year property									
g	25-year property					25 yrs.		S/	L	
h	Residential rental					27.5 yrs.	MM	S/	L	
	property	-				27.5 yrs.	MM	S/	L	
i	Nonresidential real					39 yrs.	MM	S/	L	
	property	-					MM	S/	L	
-	Sect	tion C - Assets F	Placed in Servio	ce During 2016	6 Tax Year	Using the	Alternative D	epreciat	ion Sy	/stem
20a	Class life							S/	L	
b	12-year					12 yrs.		S/	L	
С	40-year					40 yrs.	MM	S/	L	
Par	t IV Summa	ary (See instruc	tions.)							
21	Listed property. Er	nter amount from	line 28						21	
22	Total. Add amount	ts from line 12, lir	nes 14 through	17, lines 19 and	d 20 in col	umn (g), and	d line 21. Ente	r		
	here and on the ap							• •	22	2,641
23	For assets shown a	above and placed	l in service durir	ng the current y	ear, enter t	he				
	portion of the basis	attributable to se	ection 263A cost	ts	<u></u> .	23	3			
	an amusanla Daduati	A .t Nation		4						Earm <b>4562</b> (2016)

For Paperwork Reduction Act Notice, see separate instructions.

Form	8868
(Rev. Jar	nuary 2017)

## Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 20	017)						OMB No. 1545-1709			
Department of the Treasury			eparate application for each return. n 8868 and its instructions is at <i>www.irs.gov/form8868</i> .				OMB NO. 1545-1709			
Electronic fi forms listed b Contracts, fo	<b>iling <i>(e-file)</i></b> below with th or which an e	You can electronically file Form 886 e exception of Form 8870, Information ktension request must be sent to the I ww.irs.gov/efile, click on Charities & N	8 to request n Retum for RS in paper	t a 6-month automatic extens Transfers Associated With Ce format (see Instructions). For	ion of time to file a ertain Personal Ben more details on the	nefit e elect				
Automati	ic 6-Mont	h Extension of Time. Only s	ubmit orig	ginal (no copies needed	).					
		to file an income tax retum other than equest an extension of time to file inco		ms	• •		rusts <b>ber, see instructions</b>			
Type or	Name of	exempt organization or other filer, se		ntification number (EIN) or						
print							91433			
File by the		street, and room or suite no. If a P.O			Social security n					
due date for		ERRY STREET N	,		,		( )			
filing your		n or post office, state, and ZIP code.	For a foreign	address. see instructions.						
return. See instructions.		MN 55303		···· ···, ··· · ··· ·						
Enter the Re		r the return that this application is for (	ile a separa	te application for each retum)			0 1			
Applicatio	on		Return	Application			Return			
Is For			Code	Is For						
Form 990	or Form 990	-EZ	01	Form 990-T (corporation)	rm 990-T (corporation)					
Form 990-	BL		02	Form 1041-A	08					
Form 4720	) (individual)		03	Form 4720 (other than indiv	09					
Form 990-	PF		04	Form 5227	10					
Form 990-	T (sec. 401(	a) or 408(a) trust)	05	Form 6069			11			
Form 990-	T (trust othe	than above)	06	Form 8870			12			
Telephon <ul> <li>If the orga</li> <li>If this is for</li> </ul>	anization doe or a Group R e group, cheo	<b>63-506-1107</b> Is not have an office or place of busin etum, enter the organization's four dig k this box $\dots \dots \dots \mapsto \square$ . If	F/ ess in the U it Group Exe it is for part o	emption Number (GEN)	If thi	••••	· · · · · · • [			
	e names and	EINs of all members the extension is	IOI.							
•		atic 6-month extension of time until named above. The extension is for th		- <u>15</u> , 20 <u>18</u> , to file the e ion's retum for:	exempt organizatio	n retu	n			
► [] ► 🕅	calendar ye tax year be		,20 <u>16</u>	, and ending	06-30	, 20 <u>1</u>	<u>.7</u> .			
Cha	ange in acco	red in line 1 is for less than 12 months unting period			Final return					
		for Forms 990-BL, 990-PF, 990-T, 47 credits. See instructions.	20, or 6069	, enter the tentative tax, less		3a	\$			
		for Forms 990-PF, 990-T, 4720, or 60	)69 enter ar	ov refundable credits and		Ja	Ψ			
	••	nents made. Include any prior year ov				3b	\$			
		tract line 3b from line 3a. Include you				30	Ψ			
		tronic Federal Tax Payment System).				3c	\$			
		to make an electronic funds withdra			- Form 8452 EO 2					
instructions	you are youn									

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2017)

EEA