Form **990-EZ** 

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

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

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶Go to www.irs.gov/Form990EZ for instructions and the latest information.

· ·	For the	2018 calend	lar year, or tax year beginning $07/01/18$ , and ending $06/30/19$			
3	Check if ap	oplicable:	C Name of organization		D Employer ider	tification number
٦	Address ch	nange	Foundation for Innovation in			
	Name char	nge	Education		82-464	0555
	Initial retur	'n	Number and street (or P.O. box, if mail is not delivered to street address)	m/suite	E Telephone num	
	Final return	n/terminated	1420 E College Dr	,	507-53	7-2244
	Amended i	return	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemp	otion
٦,	Application	n pending	Marshall MN 56258		Number <b>&gt;</b>	
3	Account	ting Method:	Cash X Accrual Other (specify) ▶	H Che	ck ▶ if the or	ganization is <b>not</b>
	Website	/		requ	uired to attach Scho	edule B
J	Tax-exe	mpt status (c	neck only one) — X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527	(For	m 990, 990-EZ, or	990-PF).
		forganization				
			b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets			
		nn (B)) are \$5	00,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	6,366
P	art I	Rever	ue, Expenses, and Changes in Net Assets or Fund Balances (see	the instru	ctions for Part I)	[]
2012	- Carrier Control Control Control	Check	if the organization used Schedule O to respond to any question in this Part I			
	1		gifts, grants, and similar amounts received			6,366
	2		rvice revenue including government fees and contracts			
	3	Membership	dues and assessments		3	
	4		income		4	
	5a	Gross amo	ant from sale of assets other than inventory 5a			
	b		or other basis and sales expenses 5b			
	С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6		fundraising events:			
٠.	а		ne from gaming (attach Schedule G if greater than			
ē	1	\$15,000)	6a			
enr	b		ne from fundraising events (not including \$ of contributions			
Revenue	Ì		ising events reported on line 1) (attach Schedule G if the			
ш.			n gross income and contributions exceeds \$15,000) 6b			
	c		expenses from gaming and fundraising events 6c			
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
					6d	
	7a		s of inventory, less returns and allowances 7a			
	b		of goods sold 7b			
	С		t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8		nue (describe in Schedule O)		1 - 1	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	6,366
	10		similar amounts paid (list in Schedule O)		10	
	11		id to or for members		1 44 1	
u	12	Salaries, o	her compensation, and employee benefits			
Se	13	Profession	al fees and other payments to independent contractors		13	490
Expenses	14	Occupancy	rent, utilities, and maintenance		14	
ŭ	15		iblications, postage, and shipping		15	
	16		nses (describe in Schedule O)		16	
	17		nses. Add lines 10 through 16		▶ 17	490
	18		(deficit) for the year (Subtract line 17 from line 9)		18	5,876
ρţο			or fund balances at beginning of year (from line 27, column (A)) (must agree with			
00	3		r figure reported on prior year's return)		19	
Not Assets	20	Other char	iges in net assets or fund balances (explain in Schedule O)		20	
2	21		or fund balances at end of year. Combine lines 18 through 20		▶ 21	5,876

DAA

Foundation for Innovation in 82-4640555

		art II)				
	Check if the organization used Schedule O to	respond to any	I I			(D) 5-1-f
				inning of year		(B) End of year
22 Cash, savi	ngs, and investments			0	22	5,876
3 Land and b	ouildings			0	23	
4 Other asse	ets (describe in Schedule O)			0	24	
25 Total asse			1	0	25	5,876
26 Total liabi	lities (describe in Schedule O)			0	26	0
	s or fund balances (line 27 of column (B) must agre			0	27	5,876
Part III	Statement of Program Service Accomp			Part III)		
CORORDO DE COMENCO DE COME	Check if the organization used Schedule O to					Expenses
Mhat is the as	ganization's primary exempt purpose?				(Rec	uired for section
`	• • • • • • • • • • • • • • • • • • • •				•	c)(3) and 501(c)(4)
See Sched		and of its three lar	and program continue			nizations; optional for
	organization's program service accomplishments for e				_	• •
	by expenses. In a clear and concise manner, describe		idea, the number of		othe	rs.)
	ited, and other relevant information for each program				Т	
28 Foster	collaboration between school districts	, business and	i industry, and			
SWWC S	ervice Cooperative in the establishment	of public/pri	ivate			
partne	erships to enhance the mission and purpo	se of the four	ndation.			
(Grants \$	) If this amount includes f				28a	
	e further development and implementation	on of innovativ	ve teaching			
	ces through regional collaboration.					
	) If this amount includes t	foreign grants, che	ck here	▶ □	29a	
(Grants \$			•			
30 See So	chedule O					
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
(Grants \$	) If this amount includes t	foreign grants, che	ck here	<u> </u>	30a	
31 Other prog						
(Grants \$	) If this amount includes	foreign grants, che	ck here		31a	
32 Total pro	gram service expenses (add lines 28a through 31a)		,	<u></u>	32	
Part IV	List of Officers, Directors, Trustees, and Key Er	mployees (list eac	h one even if not comper	nsated — see the	e instruc	ctions for Part IV)
	Check if the organization used Schedule O to resp	ond to any questio	in in this Part IV			1 1
		1	(c) Reportable			<u>, , , , , , , , , , , , , , , , , , , </u>
	(a) Name and title	(b) Average	(c) Reportable	(d) Health ber	nefits,	(e) Estimated amount of
	(a) Name and title	1	(c) Reportable	(d) Health ber	nefits, employee and	
Kathi T		(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health ber contributions to e benefit plans.	nefits, employee and	(e) Estimated amount of
Kathi I		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ber contributions to e benefit plans.	nefits, employee and	(e) Estimated amount of other compensation
Chair	Phymian	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health ber contributions to e benefit plans.	nefits, employee and nsation	(e) Estimated amount of other compensation
Chair Shelby	Thymian Medina	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ber contributions to e benefit plans.	nefits, employee and nsation	(e) Estimated amount of other compensation
Chair Shelby Vice Ch	Thymian Medina nair	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ber contributions to e benefit plans.	nefits, employee and nsation	(e) Estimated amount of other compensation
Chair Shelby Vice Ch David F	Medina nair Kilpatrick	(b) Average hours per week devoted to position  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ber contributions to e benefit plans.	nefits, imployee and nsation 0	(e) Estimated amount of other compensation
Chair Shelby Vice Ch David F Treasur	Medina nair Kilpatrick	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ber contributions to e benefit plans.	nefits, employee and nsation	(e) Estimated amount of other compensation
Chair Shelby Vice Ch David F	Medina nair Kilpatrick	(b) Average hours per week devoted to position  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ber contributions to e benefit plans.	nefits, mployee and nsation 0	(e) Estimated amount of other compensation
Chair Shelby Vice Ch David F Treasur	Medina Mair Kilpatrick cer Maas	(b) Average hours per week devoted to position  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ber contributions to e benefit plans.	nefits, imployee and nsation 0	(e) Estimated amount of other compensation
Chair Shelby Vice Ch David H Treasur Maydra Secreta	Medina Mair Kilpatrick cer Maas	(b) Average hours per week devoted to position  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0	(d) Health ber contributions to e benefit plans.	nefits, imployee and nsation 0	(e) Estimated amount of other compensation
Chair Shelby Vice Ch David H Treasur Maydra Secreta	Medina Mair Kilpatrick rer Maas ary thryn Kelly	(b) Average hours per week devoted to position  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ber contributions to e benefit plans.	nefits, mployee and nsation 0	(e) Estimated amount of other compensation
Chair Shelby Vice Ch David F Treasur Maydra Secreta Dr. Kat	Medina Mair Kilpatrick cer Maas ary thryn Kelly	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0	(d) Health ber contributions to e benefit plans.	nefits, imployee and nsation 0	(e) Estimated amount of other compensation
Chair Shelby Vice Ch David F Treasur Maydra Secreta Dr. Kat Board M	Medina nair Kilpatrick cer Maas ary thryn Kelly Member	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0	(d) Health ber contributions to e benefit plans.	nefits, imployee and nsation 0	(e) Estimated amount of other compensation
Chair Shelby Vice Ch David F Treasur Maydra Secreta Dr. Kat Board M Randy F	Medina nair Kilpatrick cer Maas ary thryn Kelly Member Erdman or of Finance	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0 0	(d) Health ber contributions to e benefit plans.	nefits, imployee and nsation 0 0	(e) Estimated amount of other compensation
Chair Shelby Vice Ch David F Treasur Maydra Secreta Dr. Kat Board F Randy F Directo Steve S	Medina Medina Mair Kilpatrick Fer Maas Mary Chryn Kelly Member Erdman Dr of Finance Schnieder	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0 0	(d) Health ber contributions to e benefit plans, deferred compe	nefits, imployee and nsation 0 0	(e) Estimated amount of other compensation
Chair Shelby Vice Ch David F Treasur Maydra Secreta Dr. Kat Board M Randy F Directo Steve S Board M	Medina Medina Mair Kilpatrick Ter Maas Mary Thryn Kelly Member Erdman Or of Finance Schnieder Member	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0	(d) Health ber contributions to e benefit plans, deferred compe	nefits, imployee and nsation 0 0	(e) Estimated amount of other compensation
Chair Shelby Vice Ch David F Treasur Maydra Secreta Dr. Kat Board M Randy F Directo Steve S Board M Dave Sr	Medina Medina Mair Kilpatrick Cer Maas Ary Chryn Kelly Member Erdman Or of Finance Schnieder Member Member Member Member	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0  0	(d) Health ber contributions to e benefit plans, deferred compe	nefits, imployee and nsation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation
Chair Shelby Vice Ch David F Treasur Maydra Secreta Dr. Kat Board M Randy F Directo Steve S Board M	Medina Medina Mair Kilpatrick Cer Maas Ary Chryn Kelly Member Erdman Or of Finance Schnieder Member Member Member Member	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0	(d) Health ber contributions to e benefit plans, deferred compe	nefits, imployee and nsation 0 0	(e) Estimated amount of other compensation
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Chair Shelby Vice Ch David F Treasur Maydra Secreta Dr. Kat Board M Randy F Directo Steve S Board M Dave Sr	Medina Medina Mair Kilpatrick Cer Maas Ary Chryn Kelly Member Erdman Or of Finance Schnieder Member Member Member Member	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0  0	(d) Health ber contributions to e benefit plans, deferred compe	nefits, imployee and nsation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation
Chair Shelby Vice Ch David F Treasur Maydra Secreta Dr. Kat Board M Randy F Directo Steve S Board M Dave Sr	Medina Medina Mair Kilpatrick Cer Maas Ary Chryn Kelly Member Erdman Or of Finance Schnieder Member Member Member Member	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0  0	(d) Health ber contributions to e benefit plans, deferred compe	nefits, imployee and nsation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) Estimated amount of other compensation

Foundation for Innovation in

Pai	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.			
	instructions for Part v.) Check if the organization used Schedule O to respond to any question in this Fart v.		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		<u>X</u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			v
	change on Schedule O. See instructions	. 34		<u>X</u>
	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	25-		v
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<u> </u>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35c		X
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	. 330		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	36		X
~~	during the year? If "Yes," complete applicable parts of Schedule N  Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Enter amount of pointed experiences	37b		X
	Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	·		
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
h	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
ä	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	_		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶; section 4912 ▶; section 4955 ▶	-		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	***********	X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	-		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization	-		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e	<b> </b>	X
	transaction? If "Yes," complete Form 8886-T	. 408	J	
41	List the states with which a copy of this return is filed ► MN  The organization's books are in care of ► SWWC Service Cooperative Telephone no. ► 50	7-53	37-2	24
42a	The organization's books are in care or p			
	1420 East College Drive  Located at ▶ Marshall  MN ZIP + 4 ▶ 5	6258		
<b>h</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 42b		X
	If "Yes," enter the name of the foreign country ▶	_		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).		1	<b>.</b>
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	<u> </u>	X
	If "Yes," enter the name of the foreign country ▶	alataya.		_ [
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
	The state of the s		163	· · · ·
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	44a		X
	completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
b	Did the organization operate one or more hospital facilities during the year? If these remains the completed instead of Form 990-EZ	446	)	X
	Completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?	· -		X
C	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
d	explanation in Schedule O	440		$\perp$
AF-		450		X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		X
		Form 9	90-EZ	(201

orm 9	90-EZ (2018)	Foundation f	or Innova	ation	in		82-46	40555			Pa	age 4
		tion engage, directly or ind	directly, in political	campaign	activities		alf of or in oppos	sition	*****	46	Yes	No X
********	t VI Sect All se 50 an	ion 501(c)(3) Organizaction 501(c)(3) organiza	zations Only ations must answ	ver quest	ions 47	-49b ar	nd 52, and con	nplete the tables	for line	es		
48 49a b 50	year? If "Yes," c Is the organizati Did the organiza If "Yes," was the Complete this ta	ation engage in lobbying accomplete Schedule C, Part lon a school as described in ation make any transfers to be related organization a secution of the organization o	II n section 170(b)(1) o an exempt non-ch ction 527 organizat rive highest compe	n(A)(ii)? If naritable retion?	"Yes," co	omplete s ganizatio	Schedule E on? nan officers, dire	ectors, trustees, an	d key	48	Yes	X X X
	(a) Na	ame and title of each employe	ee	(b) Ave hours pe devoted to	r week	cor	Reportable npensation W-2/1099-MISC)	(d) Health benefi contributions to emp benefit plans, ar deferred compens	oloyee \	e) Estimate other com		
No	ne								2 7			
						-	,			U	i i	
										5		
				8								
f 51	Complete this to	f other employees paid ove able for the organization's f mpensation from the organi	five highest compe	nsated income, ente	depende er "None.	nt contra	ctors who each	received more tha	n			
	(a) Nan	ne and business address of ea	ach independent con	tractor			<b>(b)</b> Typ	e of service		(c) Compe	ensation	l
No	ne						0	· · · · · · · · · · · · · · · · · · ·				
			· · · · · · · · · · · · · · · · · · ·			*********						
	1221										6	
			***************************************									
d 52	Did the organiz		A? Note: All section	n 501(c)(3	organiz	******			▶	X Yes		No
Unde true,	r penalties of perju correct, and compl	ry, I declare that I have exami ete. Declaration of preparer (o	ined this return, incluother than officer) is b	ding accom pased on al	panying s I informat	schedules on of whic	and statements, and preparer has a	and to the best of my ny knowledge.	knowled	lge and beli	ef, it is	
Sigr		nature of officer  Randy Erdman  e or print name and title						ate r of Final	nce	9 V (		
Paic	Print/Type	preparer's name	r-Eischens	eparer's signa	ature B	_ Ct	Ph	Date 12-11-19 Firm's 8	Check [self-emp	· FOC	001564 7 <b>923</b>	

Phone no. 320-235-3727 **▶ X** Yes **N** No

Form **990-EZ** (2018)

Use Only Firm's address

PO Box 362

Willmar, MN May the IRS discuss this return with the preparer shown above? See instructions

56201-0362

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Foundation for Innovation in

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

82-4640555 Education Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations

Provide the following information about the supported organization(s). (iv) Is the organization (vi) Amount of (iii) Type of organization (v) Amount of monetary (ii) EIN (i) Name of supported other support (see listed in your governing support (see organization (described on lines 1-10 document? instructions) instructions) above (see instructions)) (A) Southwest and West Central Service Cooperative 0 41-6058410 X 2 (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2018

1

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you ched Part III. If the organization	fails to qualify	under the tests	listed below,	please complete	Part III.)	iy under
Sect	ion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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					
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					<u> </u>	
12	Gross receipts from related activities, etc	. (see instructions)				<u>12</u>	
13	First five years. If the Form 990 is for the	e organization's fire	st, second, third, fo	urth, or fifth tax ye	ear as a section 50	1(c)(3)	. [
	organization, check this box and stop he	re				<u></u>	
Sec	tion C. Computation of Public S					·	
14	Public support percentage for 2018 (line	6, column (f) divide	ed by line 11, colun	nn (f))			
15	Public support percentage from 2017 Sch	nedule A, Part II, li	ne 14		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>15</u>	9/
16a	33 1/3% support test—2018. If the organ				33 1/3% or more,	check this	_ 1
	box and stop here. The organization qua	lifies as a publicly	supported organiz	ation	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,.,, <b>&gt;</b>
b	33 1/3% support test—2017. If the orga						
	this box and stop here. The organization	qualifies as a pub	licly supported org	anization			
17a	10%-facts-and-circumstances test-20	118. If the organiza	ition did not check	a box on line 13,	16a, or 16b, and lin	e 14 is	
	10% or more, and if the organization mee	ets the "facts-and-	circumstances" tes	t, check this box a	and <b>stop here</b> . Exp	lain in	
	Part VI how the organization meets the "f	facts-and-circumst	ances" test. The or	ganization qualifi	es as a publicly sup	ported	<b>S</b>
	organization						
b	10%-facts-and-circumstances test-20	117. If the organiza	ition did not check	a box on line 13,	16a, 16b, or 17a, a	nd line	
	15 is 10% or more, and if the organizatio	n meets the "facts	-and-circumstance	s" test, check this	box and stop here	<b>).</b>	
	Explain in Part VI how the organization m	neets the "facts-an	d-circumstances" t	est. The organiza	tion qualifies as a p	oublicly	
	supported organization						
18	Private foundation. If the organization of	lid not check a box	c on line 13, 16a, 1	6b, 17a, or 17b, c	heck this box and s	ee	_

Schedule A (Form 990 or 990-EZ) 2018

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

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

Sec	tion A. Public Support	quality dilucit	ne testo noted t	olow, piedoe e	ompioto i are ii		
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			(0)		(-)	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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 disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b  Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			I.	I.		
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(2) 23 11	(2) 23 13	(3)	(-/,		<u> </u>
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		• .				-
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					The state of the s	
13	Total support. (Add lines 9, 10c, 11,						-
14	First five years. If the Form 990 is for the organization, check this box and stop her	-					<b>▶</b> □
Sec	tion C. Computation of Public S				<u></u>	<u> </u>	
15	Public support percentage for 2018 (line 8			mn (f))		15	· %
16	Public support percentage for 2017 (intellet						%
	tion D. Computation of Investme				33		
17	Investment income percentage for 2018 (			3, column (f))		17	%
18	Investment income percentage from 2017					<b>t</b>	%
19a	33 1/3% support tests—2018. If the orga		,				**************************************
	17 is not more than 33 1/3%, check this b						▶ □
b	33 1/3% support tests—2017. If the orga		-				
	line 18 is not more than 33 1/3%, check t						▶ <u></u>
20	Private foundation. If the organization d	id not check a box	on line 14, 19a, or	19b, check this b	ox and see instruc	tions	

### Part IV Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2018

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
B00000000		000000000000000000000000000000000000000
1	X	
2		X
********	555355555555555	
		***********
3a		X.
***************************************		000000000000000000000000000000000000000
3b		
***********	************	9799999999
_		
3c		
*********		900000000000000000000000000000000000000
		v
4a		X
4b		
	020000000000000	
40		
4c		
		X
5a		^
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5b		
5c		
ne see state de la		
6		X
7		x
7		x
7		
7 8		x
7		x
7		x
7 8 9a		X X
7 8 9a		X X
7 8 9a		x
7 8 9a 9b		X X X
7 8 9a 9b		X X X X
7 8 9a 9b		X X X X
7 8 9a 9b 9c		X X X
7 8 9a 9b 9c		X X X X

	die A ( of the say of s		<del></del>	Page 5
Pа	rt IV Supporting Organizations (continued)			
		6222222	Yes	No
11	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)			
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	·	X
Sect	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			
	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 Part VI 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 Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			L
000.	ion of type in outporting organizations			
_	Many a majority of the approximation to the state of the		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 1	X	<u> </u>
Seci	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 Part VI 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		
Sect	tion E. Type III Functionally-Integrated Supporting Organizations		***************************************	1001-200
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
а		•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		ctions).		
		/.		
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
а				
	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.	2a	28000000000000000000000000000000000000	
h		20		
b				
	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	<b>.</b>		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	3 3 11			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedul	e A (Form 990 or 990-EZ) 2018 Foundation for Innovation in	1	82-46405	555 Page 6
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	. 20, ʻ	1970 (explain in Part VI). <b>S</b> e	e <b>e</b> .
	instructions. All other Type III non-functionally integrated supporting organizations must	comp	lete Sections A through E.	
Secti	on 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			
coll	ection of gross income or for management, conservation, or			
ma	intenance 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		
Secti	ion B - Minimum Asset Amount	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	tructions 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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		and the state of t
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		
Sect	cion 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			
	nergency temporary reduction (see instructions).	6		
	Check here if the current year is the organization's first as a non-functionally integrated	Type	It supporting organization (	see

instructions).

XXXXXXXXXXX	le A (Form 990 or 990-EZ) 2018 Foundation for Ing		82-4640	555 Page 7
Par	Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes		to the second to	
	organizations, in excess of income from activity	• • • • • • • • • • • • • • • • • • • •		
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization	ition is responsive		
	(provide details in Part VI). See instructions.	·		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	· · · · · · · · · · · · · · · · · · ·		Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
b	From 2014			
	From 2015			
	From 2016			
e	From 2017			
f	Total of lines 3a through e			
***************************************	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
<u>i</u>	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
***************************************	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result		•	
	greater than zero, explain in Part VI. See instructions.	ļ		
6	Remaining underdistributions for 2018. Subtract lines 3h			-
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016  Excess from 2017			
	Excess from 2017  Excess from 2018			
	LAUGUS HUHI 4010		************************************	Los especies de consecuencia de contrata de la contrata del contrata de la contrata de la contrata del contrata de la contrata del la contrata de la contrata del la contrata de la con

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (For	m 990 or 990-EZ) 2018	Foundation	for	Innovat:	ion in		82-4640555	Page 8
Part VI	Supplemental Internal	formation. Provide the formation of the	ne expla 2, 3b, 36 e 1; Pa on B, li	anations requor, 4b, 4c, 5a, rt IV, Section ne 1e; Part \	uired by Par 6, 9a, 9b, 9 D, lines 2 a /, Section D	∂c, 11a, 11I and 3; Part , lines 5, 6,	o, and 11c; Part IV, IV, Section E, lines and 8; and Part V,	Section 1c, 2a, 2b,
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Name of the organization

Foundation for Innovation in

Education

82-4640555

Employer identification number

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( 3 ) (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			
	overed by the <b>General Rule</b> or a <b>Special Rule</b> . ), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See			
General Rule				
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.			
Special Rules				
regulations under sec 13, 16a, or 16b, and t	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) he amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.			
contributor, during the literary, or educational	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one eyear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, I purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) stead of the contributor name and address), II, and III.			
contributor, during the contributions totaled in during the year for an	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one eyear, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions are during the year.			
990-EZ, or 990-PF), but it mu	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, ast 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 o certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

Name of organization

Foundation for Innovation in

Employer identification number 82-4640555

art I	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	
L	Monogram Loves Kids 530 Oak Court Dr. Suite 400  Memphis TN 38117	\$ 5,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)	
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c) Total contributions	(d) Type of contribution	
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
No.	Name, autress, and En . 4	\$	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.)	

### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Education

► Go to www.irs.gov/Form990 for the latest information. Name of the organization Foundation for Innovation in

Employer identification number

82-4640555

Form 990-EZ, Part III - Primary Exempt Purpose
The Foundation for Innovation in Education will provide on-going support
for developing, implementing, and sustaining of regional student enrichment
programs and activities. In addition, the Foundation for Innovation in
Education will provide on-going support for designing and implementing
innovative teaching practices in the region.
Form 990-EZ, Part III, Line 30 - Third Accomplishment
Aid, support, and assist SWWC Service Cooperative and other organizations
by gifts, contributions, or otherwise for charitable and educational
purposes to provide greater access to student academic enrichment
activities.
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