			EXTENDED TO MAY 15, 20	19						
	Ω	00	Return of Organization Exempt Free	om l	ncome Tax	ŀ	OMB No. 1545-0047			
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	ept private foundati	ions)	2017				
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as	e made public.		Open to Public				
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018										
AF	or th	1		ding J	1					
B C a	heck if pplicab	le: C Name of	forganization		D Employer identi	ficatio	n number			
	Addre chang		PRAIRIE COMMUNITY FOUNDATION		41	1 4 0	0.000			
]chanı ⊐Initial	ge Doing b	usiness as	,			9203			
	_returr Final returr	8080	and street (or P.O. box if mail is not delivered to street address) Roo MITCHELL ROAD	om/suite			9-8499			
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		572,064.			
	Amer returr		PRAIRIE, MN 55344		H(a) Is this a group	return				
	Appli tion pend		nd address of principal officer:MARK A. WEBER		for subordinate					
		SAME	AS C ABOVE		H(b) Are all subordinates	include	ed? Yes No			
		empt status:		527			(see instructions)			
			MMUNITYFOUNDATION.ORG		H(c) Group exempti					
			X Corporation Trust Association Other ►	L Year of	of formation: 1981	M Sta	te of legal domicile: MN			
Ра		Summary		THO	<u> </u>	T (1) T (1)	mupouqu			
8	1	Briefly describ	be the organization's mission or most significant activities: ENRICH	ING	OUR COMMUN.	T.T.X	THROUGH			
ano			HROPY, COLLABORATION AND LEADERSHIP							
'ern		2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net asset 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b)								
20C										
<u>م</u>	4			_	16					
Activities & Governance	5	Total number	_	<u>1</u> 52						
tivi	6		of volunteers (estimate if necessary)				0.			
Ac			d business revenue from Part VIII, column (C), line 12			_	0.			
	d	Net unrelated	business taxable income from Form 990-T, line 34	·····		<u> </u>				
		Contributions	and events (Dart) (III line 1b)		Prior Year 372,964		Current Year 463,531.			
Revenue	8 9		and grants (Part VIII, line 1h)		0	_	<u> </u>			
ver			ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		21,020	-	31,151.			
Re	10 11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,650		2,364.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		403,634					
	13		milar amounts paid (Part IX, column (A), lines 1-3)		224,877		154,135.			
	14		to or for members (Part IX, column (A), line 4)		0	_	0.			
S					59,668	•	67,579.			
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5·10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ▶35,786		0		0.			
be	b	Total fundrais	ing expenses (Part IX, column (D), line 25) 35,786	•						
ы			es (Part IX, column (A), lines 11a-11d, 11f-24e)		54,915		52,174.			
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		339,460		273,888.			
	19		expenses. Subtract line 18 from line 12		64,174	•	223,158.			
or ces			·		ginning of Current Year	r	End of Year			
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)		733,558		971,347.			
t As d B	21		(Part X, line 26)		1,422		2,261.			
Fun	22	Net assets or	fund balances. Subtract line 21 from line 20		732,136	•	969,086.			
	rt II	Signature	e Block							
Unde	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules an	ld stateme	ents, and to the best of r	my kno	wledge and belief, it is			
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which	preparer	has any knowledge.					

Sign Here	Signature of officer MARK A. WEBER, EXECUTIVE DIRECTOR	Date										
	Type or print name and title											
	Print/Type preparer's name Preparer's signature	Date Check PTIN										
Paid	SCOTT M CALLAHAN SCOTT M CALLAHAN	11/20/18 ^{if} edf-employed P00871234										
Preparer	Firm's name CASEY, MENDEN, FAUST & NELSON, PA	Firm's EIN 🖌 41–1535741										
Use Only	Firm's address 7900 WEST 78TH STREET, SUITE 450											
	EDINA, MN 55439-2586 Phone no.952-946-7900											
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)											

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

	990 (2017) EDEN PRAIRIE COMMUNITY FOUNDATION	41-1409203	Paç
Pai	t III Statement of Program Service Accomplishments		r
	Check if Schedule O contains a response or note to any line in this Part III		[
1	Briefly describe the organization's mission:		
	ENRICHING OUR COMMUNITY THROUGH PHILANTHROPY, COLLABORA	TION AND	
	LEADERSHIP.		
2	Did the organization undertake any significant program services during the year which were not listed on the		s X
	prior Form 990 or 990-EZ?		SLA
	If "Yes," describe these new services on Schedule O.	Yes	V
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		SLA
	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 $2 + 1 = 501$ (2)(4) and 501 (2)(4) are instituted as a maximum table of the service accomplishment of	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses	, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 193,591. including grants of \$ 154,135.) (Reven	3	,67
td	(Code:) (Expenses \$I93,591. including grants of \$I54,135.) (Revent THE EDEN PRAIRIE COMMUNITY FOUNDATION WAS CREATED IN 19		, 0 / 1
	VEHICLE FOR PHILANTHROPY, COLLABORATION, AND LEADERSHIP		
	PRAIRIE. ITS FOUNDERS ENVISIONED AN ORGANIZATION THAT)R
	THE COMMUNITY'S GREATEST NEEDS AND RALLY THE RESOURCES		
	THOSE NEEDS.		
	EPCF HAS AWARDED \$2.2 MILLION. IN GRANTS TO 60-PLUS ORG	ANIZATIONS.	
	GRANTS TOTALING MORE THAN \$154,135 WERE AWARDED THE PAST	T YEAR-HELP	ING
	SENIORS, CHILDREN, DISABLED PERSONS, AND NEW IMMIGRANTS	. EPCF HOLDS	S
	DONOR-ADVISED AND DESIGNATED FUNDS FOR PEOPLE WITH PHIL		
	PROJECTS, AND FOSTERS "GIVING BACK" THROUGH A VOLUNTEER	APPRECIATIO	ON
	LUNCHEON, "EP GIVES WEEK" AND "EP GIVES 10,000" CAMPAIGN	S, AND A "S	TAT
	OF THE CITY AND SCHOOLS" PROGRAM.		
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$	
ŀd	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
1e	Total program service expenses 193, 591.		
		Form	990 (
2002	SEE SCHEDULE O FOR CONTINUATION	S)	
11	120 766759 741820 2017.05000 EDEN PRAIRIE COMMUNI	TY FOUN 741	82

—	000	(0017)
⊢orm	990	(2017)

EDEN PRAIRIE COMMUNITY FOUNDATION

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10	х	
	Schedule D, Parts XI and XII	12a		<u> </u>
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	i T d	ļ	<u> </u>
5	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			<u> </u>
.5	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		L	<u> </u>
	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	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		x

Form **990** (2017)

732003 11-28-17

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Form 990 (PRAIRIE	
Part IV	Ch	ecklist of	Required	Schedules (continued)

EDEN PRAIRIE COMMUNITY FOUNDATION

			Yes	No				
20a	20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H							
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?							
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or							
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on							
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X				
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			x				
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23						
2 4 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No", go to line 25a	24a		x				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
	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?	24d						
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		X				
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		X				
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or							
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x				
07	<i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26						
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled 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):							
а	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	28c		X				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37				
	contributions? If "Yes," complete Schedule M	30		X				
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x				
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31						
32	Schedule N, Part II	32		x				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02						
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and							
	Part V, line 1	34		X				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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		X				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v				
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	1				
		1 30		<u> </u>				

Form **990** (2017)

732004 11-28-17

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Form	990 (2017) EDEN PRAIRIE COMMUNITY FOUNDATION 41-1409	203	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	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 1			
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		
	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?	5a		Х
	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		
	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 year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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?	13a		
	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			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990	(2017)
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Page 5

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Form 990	(2017)
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EDEN PRAIRIE COMMUNITY FOUNDATION

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a Enter the number of voting members of the governing body, of if the governing body, of if the governing body. If the governing body, of if the governing body, of if the governing body. 1a 1a 1c b Enter the number of voting members included in line 1a, above, who are independent 1b 1c 1c b Enter the number of voting members included in line 1a, above, who are independent 1c 1c 1c 2 Did any officer, director, trustes, or key employees to a management company or other person? 3 3 4 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, trustes, or key employees to a management company or other person? 4 4 5 Did the organization howe members or stockholders? 6 6 7a more members of the governing body? 7a 7a 7b Did the organization howe members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b 8 Did the organization neareming body? 7b 2a 8 Did the organization have members, stockholders, or twey employee listed in Part VII, Section A, who cannot be reached at the organization neareming body? 9 9 Is there any officer, director, tr		Check if Schedule O contains a response or note to any line in this Part VI				X			
1a Enter the number of volting members of the governing body at the end of the tay vers 1a 1a 1b 1b Here are number of volting members included in the 1a, above, who are independent 1b 1b 1c 2 Did any officer, director, trustee, or key employees to a management duties outsomarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management duties outsomarily performed by or under the direct supervision of differse, director, or trustees, or key employees to a management company or other person? 2 3 Did the organization make any significant changes to tay some governments since the prior Form 900 was flield? 2 4 Did the organization make any significant changes to tay some governments since the prior Form 900 was flield? 3 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members, stockholders, or or subicidication contemparament with out the analysis and the power to elect or appoint one or persons ther than the governing body? 3a 4 Each commute with authority to act on behalf of the governing body? 3a 3a 5 Each commute with authority to act on behalf of the governing body? 3a 3a 6 Each commute with authority to act on behalf of the governing body? 3a 3a 6 Each commute with authority to act on behalf of the governing body? 3a 3a	Sec	tion A. Governing Body and Management							
if there are native differences in values (pits among members of the governing body, of the governing body. Image: Control of the control of				_	Yes	N			
bedy degrated broad authority to an executive committee or similar committe, explain in Schedulo 0. ib ib <td>1a</td> <td>Enter the number of voting members of the governing body at the end of the tax year</td> <td>1a 10</td> <td>5</td> <td></td> <td></td>	1a	Enter the number of voting members of the governing body at the end of the tax year	1a 10	5					
b Enter the number of volting members included in line 1a, above, who are independentbt		If there are material differences in voting rights among members of the governing body, or if the governing							
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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		40.00								^		
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Form **990** (2017)

Form 99		IRIE CON	ИM	JNJ	ĽΤΊ	[]	FOT	JN:	DATION	41-1-	<u>409</u>	203	Pa	age 8
Part V	II Section A. Officers, Directors, Trus	stees, Key Em	ploy	vees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per	(do box	not c , unle	(C Posi heck ss pe	C) ition ^{more} rson) than is bot	one h an	(D) Reportable compensation	(E) Reportable compensatio			(F) timate	
		week (list any hours for related organizations below line)	tee or director	Institutional trustee a	Officer p		Highest compensated staty.u		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	IS	com fr orga and	other pensa om the anizati d relate nizatio	e ion ed
41- 0-	-L -L-1								69,750.		0.			0.
c To	ıb-total otal from continuation sheets to Part V otal (add lines 1b and 1c)	II, Section A							0,750. 0. 69,750.		0.			0.
2 To	otal number of individuals (including but r mpensation from the organization),000 of reportab	le			0
	d the organization list any former officer,								•			0	Yes	No X
4 Fc	e 1a? If "Yes," complete Schedule J for s or any individual listed on line 1a, is the su id related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		3 4		X
5 Di	d any person listed on line 1a receive or a ndered to the organization? <i>If "Yes," corr</i>	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv			5		Х
	n B. Independent Contractors omplete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100.000 of con	npens	ation f	rom	
	e organization. Report compensation for	-	-						n the organization's tax		·			
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	C	(C omper		<u>ו</u>
	otal number of independent contractors (00,000 of compensation from the organi	-	ot li	mite	d to		se lis)	stec	d above) who received n	nore than		Form		2017
												-orm :	230 (2	:017)

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Form	n 990	0 (2			COMMUNIT	Y FOUNDATI	ON	41-1409	203 Page 9
Pa	rt V	/111	I Statement of Reven	nue					
			Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
Å Å			Fundraising events		33,865.				
aift lar			Related organizations						
ini, 0			Government grants (contributi						
r Si		f	All other contributions, gifts, grant	ts, and					
the			similar amounts not included abov		429,666.				
d df		g	Noncash contributions included in lines						
аS		h	Total. Add lines 1a-1f		►	463,531.			
					Business Code				
ø	2	а							
Program Service Revenue		b							
Se		с							
eve		d							
- B R		е							
P		f	All other program service reve	nue					
			Total. Add lines 2a-2f						
	3		Investment income (including						
			other similar amounts)			31,151.			31,151.
	4		Income from investment of tax						
	5		Royalties		►				
				(i) Real	(ii) Personal				
	6	а	Gross rents						
			Less: rental expenses						
		с	Rental income or (loss)						
		d	Net rental income or (loss)		►				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
		С	Gain or (loss)						
			Net gain or (loss)		▶				
Other Revenue	8	а	Gross income from fundraising including \$ 33,8						
Sev			contributions reported on line	1c). See					
er			Part IV, line 18	а	73,708.				
G			Less: direct expenses		75,018.	1 210			1 210
			Net income or (loss) from fund		····· ►	-1,310.			-1,310.
	9	а	Gross income from gaming ac						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gam		▶				
	10	а	Gross sales of inventory, less						
		h	and allowances						
			Less: cost of goods sold Net income or (loss) from sales						
		C	Miscellaneous Revenue		Business Code				
	11	2	FIDUCIARY AGENT		900099	3,674.	3,674.		
	••	a b							
		c							
			All other revenue						
			Total. Add lines 11a-11d			3,674.			
	12		Total revenue. See instructions.			497,046.	3,674.	0.	29,841.
73200		-28							Form 990 (2017)

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Part IX Statement of Functional Expenses

EDEN PRAIRIE COMMUNITY FOUNDATION

Check if Schedule O contains a respon Do not include amounts reported on lines 6b,	se or note to any line in (A)	this Part IX (B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	154,135.	154,135.		
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,	62,776.	21 112	17,438.	20 025
trustees, and key employees	02,770.	24,413.	17,430.	20,925
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
0 Payroll taxes	4,803.	1,868.	1,334.	1,601
1 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,154.		13,154.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	2 (14			
f Investment management fees	3,674.		3,674.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.)	262	E1		211
2 Advertising and promotion	362. 6,916.	51.	A A1 A	311
3 Office expenses	0,910.	233.	4,414.	2,269
I4 Information technology				
5 Royalties	270.	90.	90.	90
6 Occupancy	270.	90.	90.	90
7 Travel				
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	30.		15.	15
9 Conferences, conventions, and meetings	50.			15
20 Interest				
Payments to affiliates 2 Depreciation, depletion, and amortization				
	2,231.		2,231.	
24 Other expenses. Itemize expenses not covered	_,		_,	
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
amount, list line 24e expenses on Schedule 0.)	11,677.	11,677.		
a FUND MISCELLANEOUS EXPE b FUNDRAISING	8,790.	11,0//•		8,790
	1,950.		1,950.	0,190
	1,574.		±,950•	1,574
	1,546.	1,124.	211.	211
e All other expenses Total functional expenses. Add lines 1 through 24e	273,888.	193,591.	44,511.	35,786
· · · · · · · · · · · · · · · · · · ·	275,000•	• ± € € , 5 € ± •		55,700
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
uuuuuuuuai uuniyaiyii anu tunui disiny sullulaliuli.				

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733,558.

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Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 0. basis. Complete Part VI of Schedule D _____ 10a 0. b Less: accumulated depreciation 10b 10c 516,388. Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 733,558. 16 Total assets. Add lines 1 through 15 (must equal line 34) ... 16 1,422. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 1,422. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete lines 27 through 29, and lines 33 and 34. 242,373. 413,957. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 75,806. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 732,136. Total net assets or fund balances 33 33

EDEN PRAIRIE COMMUNITY FOUNDATION

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

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

Notes and loans receivable, net

Inventories for sale or use

5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L

employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L

Total liabilities and net assets/fund balances_____

41-1409203 Page 11

(B) End of year

109,314.

46,449

815,584.

971,347.

2,261.

2,261.

226,586.

493,371.

249,129.

969,086.

971,347.

Form 990 (2017)

(A)

Beginning of year

125,351.

91,819.

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3

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Form 990 (-	FRAIRIE	COMMONITI	1.00M
Part X	Bal	ance Sheet				
	Che	ck if Schedule	O contains	s a response or 1	note to any line in th	is Part X

1

2

3

4

6

7

8

Assets

_iabilities

Vet Assets or Fund Balances

Form	990 (2017) EDEN PRAIRIE COMMUNITY FOUNDATION	41-140	9203	Pa	ge 12
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			46.
2	Total expenses (must equal Part IX, column (A), line 25)	2			88.
3	Revenue less expenses. Subtract line 2 from line 1	3			58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			36.
5	Net unrealized gains (losses) on investments	5	1:	3,7	92.
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	969	9,0	86.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other MODIFIE				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat	e basis,			
	consolidated basis, or both:				
	X 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

732012 11-28-17

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2017
Open to Public Inspection

		of the Treasury enue Service			Attach to Form 990 or F //Form990 for instruction			nformation		Open to Public Inspection
Nan	ne of	the organizati		do to mininoligo					Employer	identification number
		Ū		PRAIRIE C	OMMUNITY FOU	NDATI	ON			1-1409203
Pa	rt I	Reason	for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instruction	S.	
The	orgar	nization is not a	a private found	lation because it is: ((For lines 1 through 12, c	check only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1	1)(A)(i).		
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or	a cooperative	hospital service org	anization described in s e	ection 170	(b)(1)(A)(i i	ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat	-							
5		-	-		llege or university owned	d or opera	ted by a g	overnmental u	unit descrik	bed in
-				Complete Part II.)						
6	\square		· -	-	nental unit described in					
7					intial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
0				omplete Part II.)	(1)(A)(ui) (Complete Der	+ 11 \				
8 9	\square				(1)(A)(vi). (Complete Par ⊢in section 170(b)(1)(A)(nd in coniu	unction with a	land grant	collogo
3					ulture (see instructions).					
		university:	or a normana g	grant conege of agric			name, eng	y, and state o		
10	Χ		ion that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons. members	ship fees, a	nd aross receipts from
		•			ct to certain exceptions,	•			•	•
					(less section 511 tax) fr					
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizat	ion organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).		
12		An organizat	ion organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to ca	arry out the	e purposes of one or
					ed in section 509(a)(1) o					Check the box in
	_				of supporting organizatio					
а					supervised, or controlled					
					gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
				complete Part IV, Se						
b				-	d or controlled in connec			-		-
				t complete Part IV,	anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	ported
с					g organization operated	in connec	tion with	and functiona	lly integrat	ad with
U	L				b). You must complete I				ily integration	sa with,
d					porting organization oper				rted organi	zation(s)
					zation generally must sat					
			,	0 0	nplete Part IV, Sections	,		•		
е					written determination fro				II, Type III	
		functionally	y integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.			
f	Ent	er the number	of supported	organizations						
g			-	about the supporte	· · ·	(iv) to the error	nization listed			
		 (i) Name of supp organizatior 		(ii) EIN	(iii) Type of organization (described on lines 1-10		ng document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)
		organization	•		above (see instructions))	Yes	No		1311 40110113)	
Tota	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

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Schedule A (Form 990 or 990 EZ) 2017 EDEN PRAIRIE COMMUNITY FOUNDATION

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
	ction B. Total Support				1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	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						
	Gross receipts from related activities,	etc. (see instruct	ons)	•		12	
	First five years. If the Form 990 is for		,				
	organization, check this box and stop	•					
Se	ction C. Computation of Publ	ic Support Pe					
14	Public support percentage for 2017 (I	ine 6. column (f) d	livided by line 11.	column (f))		14	%
	Public support percentage from 2016					15	%
	33 1/3% support test - 2017. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the c						
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	•	•	
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets the						
	organization meets the "facts-and-circ						´ ▶□
18	Private foundation. If the organization						
				a, 100, 110, 01 17		edule A (Form 990	

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Schedule A (Form 990 or 990 EZ) 2017 EDEN PRAIRIE COMMUNITY FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	176,065.	253,782.	444,152.	372,964.	463,531.	1710494.
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	176,065.	253,782.	444,152.	372,964.	463,531.	1710494.
	Amounts included on lines 1, 2, and		-	-			
	3 received from disgualified persons						0.
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						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1710494.
Sec	ction B. Total Support						1/101910
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	176,065.	253,782.	444,152.	372,964.	463,531.	1710494.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	17,641.	17,995.	19,188.	21,020.	31,152.	106,996.
h	and income from similar sources	17,0410	17,555.	19,100.	21,020.	51,152.	100,000
L.	(less section 511 taxes) from businesses acquired after June 30, 1975						
		17,641.	17,995.	19,188.	21,020.	31,152.	106,996.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	17,041.	17,555.	19,100.	21,020.	51,152.	100,550.
12	Other income. Do not include gain or loss from the sale of capital	13,115.	37,401.	31,714.	56,000.	77,382.	215,612.
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	206,821.	309,178.	495,054.	449,984.	572,065.	2033102.
	First five years. If the Form 990 is for	-			-		
17	check this box and stop here						
Sec	ction C. Computation of Publ						
	Public support percentage for 2017 (-	olumn (f))		15	84.13 %
	Public support percentage from 2016					16	85.63 %
	ction D. Computation of Inve						
	Investment income percentage for 20			e 13 column (f))		17	5.26 %
	Investment income percentage from					18	5.09 %
	33 1/3% support tests - 2017. If the						,
	more than 33 1/3%, check this box a	-					N V
b	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting 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.
- 7 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).*
- 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.)

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Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 EDEN PRAIRIE COMMUNITY FOUNDATION

			-	
			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		
	A family member of a person described in (a) above?	11b		
	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		
Sec	tion 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		
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 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
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.	2a		
h	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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	25		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
U U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Зb		
73000	5 10-06-17 Schedule A (Form 9		0-F7	2017
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Schedule A (Form 990 or 990 EZ) 2017 EDEN PRAIRIE COMMUNITY FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

(A) Prior Year	(B) Current Year (optional)
(A) Prior Year	(B) Current Year (optional)
	Current Year
	1 Type III supportin

instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990 EZ) 2017 EDEN PRAIRIE COMMUNITY FOUNDATION

	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
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	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2013			
b	Excess from 2014			
C	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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Part VI	(Form 990 or 990-EZ) 2017 EDEN	Provide the evel	anationa ra		Part II line 10:5	ort II line 17e er :	41-140	
	Supplemental Information. F Part IV, Section A, lines 1, 2, 3b, 3c, 4	4b, 4c, 5a, 6, 9a	anations ree , 9b, 9c, 11	quired by a, 11b, ar	nd 11c; Part IV, 9	Section B, line 17a or	and 2; Part 111, 1	Ine 12; /, Section C,
	Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and	3; Part IV, Section	on E, lines	lc, 2a, 2b	, 3a, and 3b; Pa	t V, line 1; Part V,	Section B, li	ne 1e; Part V
	Section D, lines 5, 6, and 8; and Part (See instructions.)	V, Section E, lin	es 2, 5, and	d 6. Also d	complete this pa	rt for any addition	al informatior	1.
	-					Oak - tot	A (Farma 000	
2028 10-06-1	17			20		Schedule	A (Form 990	01 990-EZ)
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SCHEDULE D

(Form 990)

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

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



Department of the Treasury Internal Revenue Service Name of the organization

EDEN PRAIRIE COMMUNITY FOUNDATION

Employer identification number 41-1409203

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.						
		(a) Donor advised funds	(b) Fun	ds and other accounts				
1	Total number at end of year	6						
2	Aggregate value of contributions to (during year)	140,951.						
3	Aggregate value of grants from (during year)	65,132.						
4	Aggregate value at end of year	417,519.						
5	Did the organization inform all donors and donor advisors in		ed funds					
	are the organization's property, subject to the organization's	exclusive legal control?		X Yes No				
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	used only					
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose c	conferring					
	impermissible private benefit?			X Yes 🗌 No				
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7					
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).						
	Preservation of land for public use (e.g., recreation or	education)	rically impor	tant land area				
	Protection of natural habitat Preservation of a certified historic structure							
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quality	ified conservation contribution in the form o	of a conservation	ation easement on the last				
	day of the tax year.			Held at the End of the Tax Year				
а	Total number of conservation easements		2 a					
	Total acreage restricted by conservation easements							
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c					
d	Number of conservation easements included in (c) acquired							
	listed in the National Register							
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organizatior	n during the tax				
	year ►							
4	Number of states where property subject to conservation ea							
5	Does the organization have a written policy regarding the pe							
	violations, and enforcement of the conservation easements							
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conse	ervation eas	ements during the year				
7	Amount of expenses incurred in monitoring, inspecting, han							
7	Amount of expenses incurred in monitoring, inspecting, name \$	aling of violations, and enforcing conservati	ion easemer	its during the year				
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170/	h)(4)(B)(i)					
0	and section 170(h)(4)(B)(ii)?			Yes No				
9	In Part XIII, describe how the organization reports conservat							
3	include, if applicable, the text of the footnote to the organization	-						
	conservation easements.		ne organizai	lon 3 accounting for				
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Ot	her Simil	ar Assets.				
	Complete if the organization answered "Yes" on Forn							
1a	If the organization elected, as permitted under SFAS 116 (As	SC 958), not to report in its revenue statem	ent and bala	ance sheet works of art,				
	historical treasures, or other similar assets held for public ex							
	the text of the footnote to its financial statements that descr	ibes these items.						
b	If the organization elected, as permitted under SFAS 116 (As	SC 958), to report in its revenue statement a	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 VIII, line 1		►	\$				
	(ii) Assets included in Form 990, Part X			\$				
2	If the organization received or held works of art, historical tre			e				
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:						
а	Revenue included on Form 990, Part VIII, line 1		►	\$				
	b Assets included in Form 990, Part X							
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.		Schedule D (Form 990) 2017				
732051	10-09-17							
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Sche		AIRIE COMM				41-14			ige 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, or Oth	ner Sim	ilar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi (check all that apply):	on, and other record	s, check any of the	e following that are a	significar	nt use of its	collectior	ı items	3
а	Public exhibition	d	Loan or exe	change programs					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further	the organization's ex	empt pur	pose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical tre	asures, or other simil	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's c	ollection?			Yes] No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizati	on answered "Yes" o	n Form 9	90, Part IV,	line 9, or		
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributio	ns or other assets no	ot include	d	_		_
	on Form 990, Part X?					L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:						
							Amount		
С	Beginning balance				1 c				
	Additions during the year								
е	Distributions during the year				1e				
f	Ending balance					_	_		
	Did the organization include an amount on Fe						Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par	t V Endowment Funds. Complete i	-			1		1		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	e years back	(e) Four		
	Beginning of year balance	75,806.	58,656	,	•	40,656.			066.
	Contributions	170,424.	14,924	,	·	9,690.		4,	590.
	Net investment earnings, gains, and losses	17,507.	5,747	. 822.	·	707.			
	Grants or scholarships								
е	Other expenditures for facilities	14 609	2 5 1			1 517		F	000
	and programs	14,608.	3,521	•		1,517.		5,	000.
	Administrative expenses	249,129.	75,806	EQ (EC		40 526		4.0	656.
-	End of year balance	,	,	,	•	49,536.		40,	050.
2	Provide the estimated percentage of the curr	rent year end balanc		(a)) held as:					
	Board designated or quasi-endowment	%	_%						
b	Permanent endowment Temporarily restricted endowment	%							
C	The percentages on lines 2a, 2b, and 2c sho								
30	Are there endowment funds not in the posse	-	ation that are hold	and administored for	the orac	aization			
Ja	by:				the organ	Ization	Г	Yes	No
	(i) unrelated organizations								X
	(ii) related organizations								Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R	?			3b	-+	
4	Describe in Part XIII the intended uses of the			·					
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a.	See Form 990, Part >	K, line 10.				
	Description of property	(a) Cost or of basis (investm			Accumula epreciatio		(d) Book	value	;
1 a	Land								
	Buildings								
	Leasehold improvements								
	Equipment			1					
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)		🕨			0.
						<u> </u>	- /-	000	004-

Schedule D (Form 990) 2017

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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or Category (including name of security)	i		
	(b) Book value	(c) Method of Valuation: Cos	t or end-of-year market value
 (1) Financial derivatives (2) Observe head a switching to set of the set			
(2) Closely-held equity interests			
(3) Other			
(A) (D)			
(B)			
(C) (D)			
(D)(E)			
 (F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11c, See Form 990, Part X, line 1	3
(a) Description of investment	(b) Book value		t or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d. See Form 990, Part X, line 1	5.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.			▶
Complete if the organization answered "Yes"	on Form 990, Part IV,		, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin			
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions unde	r ⊢IN 48 (ASC 740). Cł	еск here it the text of the footnote ha	is been provided in Part XIII LA

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_	dule D (Form 990) 2017 EDEN PRAIRIE COMMUNITY FOU		-		409203 Pag	je 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per F	leturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.				
1	Total revenue, gains, and other support per audited financial statements			1	585,85	6.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	13,792.			
b	Donated services and use of facilities	_ 2 b				
с	Recoveries of prior year grants	. 2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	13,79	
3	Subtract line 2e from line 1			3	572,06	4.
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.)	4b	-75,018.			
с	Add lines 4a and 4b			4c	-75,01	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	497,04	6.		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents Wit	h Expenses per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.				
1	Total expenses and losses per audited financial statements			1	348,90	6.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2a				
b	Prior year adjustments	2b				
с	Other losses	_ 2c				
d	Other (Describe in Part XIII.)	. 2d	75,018.			
е	Add lines 2a through 2d			2e	75,01	
3	Subtract line 2e from line 1			3	273,88	8.
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.)	4b				
						^
с	Add lines 4a and 4b			4c		0.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) rt XIII Supplemental Information.			4c 5	273,88	

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.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER THE

PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE

FOUNDATION HAD NO UNRELATED BUSINESS INCOME TAX IN 2018 OR 2017.

IN INCOME TAX RETURNS TO DETERMINE IF THERE ARE ANY INCOME TAX

UNCERTAINTIES. THIS INCLUDES POSITIONS THAT THE ENTITY IS EXEMPT FROM

INCOME TAXES OR NOT SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME.

THE FOUNDATION RECOGNIZES TAX BENEFITS FROM UNCERTAIN TAX POSITIONS ONLY

IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON

EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE 732054 10-09-17 Schedule D (Form 990) 2017

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Schedule D (Form 990) 2017 EDEN PRAIRIE COMMUNITY FOUNDATION 41-1409203 Page 5 Part XIII Supplemental Information (continued)
POSITIONS. THE FONDATION HAS IDENTIFIED NO SIGNIFICANT INCOME TAX
UNCERTAINTIES. THE FOUNDATION FILES INFORMATION RETURNS AS A TAX-EXEMPT
ORGANIZATION. SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS
SINCE INCEPTION COULD BE SUBJECT TO REVIEW BY THE INTERNAL REVENUE
SERVICE. THE FOUNDATION'S FEDERAL AND STATE TAX RETURNS ARE OPEN TO
EXAMINATION FOR TAX YEARS 2016 THROUGH 2018.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
DIRECT AND INDIRECT EVENT EXPENSES -75,018.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
DIRECT AND INDIRECT EVENT EXPENSES 75,018.

Schedule D (Form 990) 2017

732055 10-09-17

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	emental Information Regarding if the organization answered "Yes" on organization entered more than \$19 ► Attach to Form 990 ► Go to www.irs.gov/Form990	Form 5,000 or Fo	990, F on Fo rm 99	Part IV, line 17, 18, c rm 990-EZ, line 6a. 0-EZ.		or if the	OMB No. 1545-0047
Name of the organization EDEN	PRAIRIE COMMUNITY FO	UND	ATI	ON		Employer id $41 - 140$	entification number 9203
	ties. Complete if the organization answe				line 1		
 Indicate whether the organization a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a writikey employees listed in Form 9 	n raised funds through any of the followir e Solicitat ations f Solicitat g Special tten or oral agreement with any individual 90, Part VII) or entity in connection with p d individuals or entities (fundraisers) pursu	tion of tion of fundra (inclue rofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Ye	
(i) Name and address of individua or entity (fundraiser)	al (ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
	ization is registered or licensed to solicit o		outions	l s or has been notified	d it is	exempt from	registration
LHA For Paperwork Reduction Act	t Notice, see the Instructions for Form	990 or	990-1	EZ. S	Sche	dule G (Form	990 or 990-EZ) 2017

732081 09-13-17

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 \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		GALA	BREWFEST		col. (c)
ē		(event type)	(event type)	(total number)	coi. (c))
Revenue	Gross receipts	76,957.	30,616.		107,573.
2	Less: Contributions	21,950.	11,915.		33,865.
3	Gross income (line 1 minus line 2)	55,007.	18,701.		73,708.
4	Cash prizes				
5	Noncash prizes	43,854.			43,854.
Jirect Expenses	Rent/facility costs		90.		90.
Tect Tect 7	Food and beverages	11,378.	345.		11,723.
آ 8	Entertainment	2,300.			2,300.
9	Other direct expenses		17,051.		17,051.
10		h 9 in column (d)	•	►	75,018.
11	Net income summary. Subtract line 10 from I	ine 3, column (d)		►	-1,310.
Part	J. complete il the organization	answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
es	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % │── No	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through	15 in column (d)		►	
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Enter the state(s) in which the organization condu	cts gaming activities:			
	I is the organization licensed to conduct gaming ac If "No," explain:				Yes No
	Were any of the organization's gaming licenses re If "Yes," explain:			year?	Yes No
7320	82 09-13-17			Schedule G (Fo	rm 990 or 990-EZ) 2017

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Sch	edule G (Form 990 or 990-EZ) 2017 EDEN PRAIRIE COMMUNITY FOUNDATION 41-	1409203	B Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		No No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
1 5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization > and the amount		
	of gaming revenue retained by the third party $ ightarrow$ \$		
С	If "Yes," enter name and address of the third party:		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, lines 9, 9b, 1	0b, 15b,
7320	83 09-13-17 Schedule G (Foi	r m 990 or 99 0	0-EZ) 2017
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Schedule G	G (Form 990 or 990-EZ)	EDEN	PRAIRIE	COMMUNITY	FOUNDATION	41-1409203 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	ormation (c	ontinued)			
						Schedule G (Form 990 or 990-EZ)
732084 04-01-	- 17					
				34		

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SCHEDULE I	G	Grants and Oth	ner Assistan	ce to Organ	izations,		OMB No. 1545-0047		
Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.					2017				
Department of the Treasury Internal Revenue Service Complete in the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.						Open to Public Inspection			
Name of the organization							Employer identification number		
EDEN PRAIRIE COMMUNITY FOUNDATION									
Part I General Information on Grants a									
1 Does the organization maintain records		-							
criteria used to award the grants or assis	criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.								
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to					anization answered "N	/es" on Form 990 Par	t IV line 21 for any		
recipient that received more than	-				anization answered	es on on 550,1 a			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
ONWARD EDEN PRAIRIE/HAVEN HOUSE 8080 MITCHELL ROAD EDEN PRAIRIE, MN 55344			69,231.	0.			YOUTH HOUSING		
EDEN PRAIRIE COMMUNITY FOUNDATION 8080 MITCHELL ROAD EDEN PRAIRIE, MN 55344			6,700.	0.			YOUTH HOUSING		
EDEN PRAIRIE COMMUNITY FOUNDATION ENDOWMENT FUND - 8080 MITCHELL ROAD - EDEN PRAIRIE, MN 55344			32,667.	0.			YOUTH HOUSING		
ST. ANDREW LUTHERAN CHURCH 13600 TECHNOLOGY DRIVE EDEN PRAIRIE, MN 55344			7,800.	0.			FAMILIES IN NEED		
PROP 14700 MARTIN DRIVE EDEN PRAIRIE, MN 55344	72-1621252	501(C)(3)	11,750.	0.			TO FUND, FOR FAMILIES IN NEED, SCHOLARSHIPS FOR YOUTH AFTER-SCHOOL ACTIVITIES.		
2 Enter total number of section 501(c)(3) a		rganizations listed in th							
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 									

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

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) EDEN PRAIRIE COMMUNITY FOUNDATION

41-1409203

Page 2

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 non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

1. ALL APPLICANTS MUST SUBMIT A COMPLETED APPLICATION IN ORDER TO BE

CONSIDERED BY THE FOUNDATION DISTRIBUTION COMMITTEE.

2. PRIMARY (BUT NOT SOLE) CONSIDERATION WILL BE GIVEN TO PROJECTS WHICH:

- FUND CAPITAL EXPENDITURES

- SUPPORT NON-SPORTS RELATED ORGANIZATIONS

- BENEFIT PRIMARILY EDEN PRAIRIE RESIDENTS OR EMPLOYEES
- INCLUDE MATCHING OR IN-KIND GIFTS FROM OTHER SOURCES

- INCLUDE EXPENDITURE BREAKDOWNS WERE APPLICABLE

Schedule I (Form 990) Part IV Supplemental		RIE COMMUNIT	Y FOUNDATIO	N 41-14	09203 _{Page} 2
- HAVE NOT BEE	N FUNDED IN 2	A RECENT FOU	NDATION GRA	NT DISTRIBUTIO	N
3. WHERE THE PRO	OGRAM INCLUD	ES GEOGRAPHI	CAL AREAS O	THER THAN EDEN	PRAIRIE,
THE APPLICANT SH	OULD PROVIDE	INFORMATION	WITHIN THE	APPLICATION A	BOUT THE
PORTION OF THE P	ROGRAM THAT	WILL ADDRESS	THE EDEN P	RAIRIE COMMUNI	TY.
4. INDEPENDENT	BUSINESSES W	ISHING TO AP	PLY FOR A G	RANT MUST INDI	CATE THEIR
STATUS EITHER TAX-EXEMPT OR NON-PROFIT.					

THE DISTRIBUTION COMMITTEE WILL REVIEW ONLY COMPLETED APPLICATIONS AND MAY AWARD THE ENTIRE AMOUNT OR ONLY A PORTION OF THE SUM REQUESTED OR MAY CHOOSE NOT TO FUND THE REQUEST AT THIS TIME. AT THE CONCLUSION OF ITS REVIEW, THE COMMITTEE WILL MAKE A FINAL RECOMMENDATION TO THE FOUNDATION BOARD. THE BOARD WILL HAVE FINAL AUTHORITY FOR GRANT DECISIONS.

732291 04-01-17 SCHEDULE O

(Form 990 or 990-EZ)

Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Supplemental Information to Form 990 or 990-EZ

EZ
OMB No. 1545-0047
2017
Open to Public
Inspection
Employer identification number

EDEN PRAIRIE COMMUNITY FOUNDATION

41-1409203

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TO FOSTER LEADERSHIP, COLLARBORATION, VOLUNTEERISM, AND OVERALL "GIVING

BACK TO THE COMMUNITY," THE FOUNDATION CO-HOSTS AN ANNUAL VOLUNTEER

APPRECIATION LUNCHEON, ANNUAL "EP GIVES WEEK" AND "EP GIVES 10,000"

RECOGNITION AND COMMUNITY-SERVICE CAMPAIGNS, AND A "STATE OF THE CITY

AND SCHOOLS" PROGRAM. ON A MONTHLY BASIS, THE FOUNDATION CONVENES EDEN

PRAIRIE NON-PROFIT LEADERS TO DISCUSS TOPICS OF MUTUAL INTEREST.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE HOLDS A MEETING TO REVIEW THE 990 AND SUPPORTING SCHEDULES.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES THE BOARD TO REVIEW THE POLICY AND COMPLETE A

FORM EACH YEAR. THE EXECUTIVE DIRECTOR REVIEWS THE FORMS FOR ISSUES.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR'S ANNUAL PERFORMANCE REVIEW WAS CONDUCTED AUGUST 16, 2018 BY BOARD CHAIR PG NARAYANAN AND PAST CHAIR JOAN GROOTWASSINK. THEY WEIGHED THE ED'S PERFORMANCE SINCE JULY 1, 2017 AGAINST GOALS ESTABLISHED THAT TIME BY BOARD CHAIR MAGNUSON AND PAST CHAIR DOUG LOON. SUBSEQUENT AΤ THIS MEETING, AHO AND MAGNUSON REPORTED TO THE EXECUTIVE COMMITTEE ON то THAT SAME DATE, JUNE 9, AND THE ED WAS ASKED TO STEP AWAY FROM THE MEETING DURING DISCUSSION SPECIFIC TO HIS PERFORMANCE. THE EPCF BOARD DISCUSSED THE ED'S PERFORMANCE AT ITS AUGUST 16 MEETING, WITH THE ED OUT OF THE ROOM, AND LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017) 732211 09-07-17

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Schedule O (Form 990 or 990-EZ) (2017)	Page 2					
Name of the organization EDEN PRAIRIE COMMUNITY FOUNDATION	Employer identification number $41 - 1409203$					
AWARDED PERFORMANCE PAY BUT NO CHANGE IN BASE SALARY FOR	2018-19.					
FORM 990, PART VI, SECTION C, LINE 19:						
THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT O	F INTEREST POLICY,					
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC IN THE O	RGANIZATIONS					
OFFICE.						
FORM 990, PART XII, LINE 1:						
THE ACCOMPANYING FINANCIAL STATEMENTS HAVE BEEN PREPARED ON THE BASIS						
OF MODIDIED CASH RECEIPTS AND DISBURSEMENTS. THE MODIFIED CASH BASIS						
OF ACCOUNTING FOLLOWED BY THE FOUNDATION DIFFERS FROM ACCOUNTING						
PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AME	RICA BECAUSE					
ACCOUNTS RECEIVABLE, ACCOUNTS PAYABLE AND ACCRUED EXPENSE	S ARE NOT					
RECORDED, NOR ARE PREPAID EXPENSES DEFERRED. REVENUE IS REPORTED WHEN						
CASH IS RECEIVED AND EXPENSES ARE REPORTED WHEN THEY ARE	PAID.					
DEPRECIATION IS RECORDED RELATED TO THE CAPITALIZED PROPE	RTY AND					
EQUIPMENT.						

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED.

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

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