

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAY 12 2015**

BLOOMINGLABS INCORPORATED
PO BOX 2443
BLOOMINGTON, IN 47402

Employer Identification Number:
46-1572418
DLN:
17053093302015
Contact Person:
ROGER W VANCE ID# 31173
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
December 14, 2012
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Director, Exempt Organizations

**Application for Recognition of Exemption (99)
 Under Section 501(c)(3) of the Internal Revenue Code**

(Use with the June 2006 revision of the Instructions for Form 1023 and the current Notice 1382)

Use the instructions to complete this application and for a definition of all bold items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at www.irs.gov for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Part I Identification of Applicant

1 Full name of organization (exactly as it appears in your organizing document) Bloominglabs Incorporated		2 c/o Name (if applicable)	
3 Mailing address (Number and street) (see instructions) P.O. Box 2443		Room/Suite	4 Employer Identification Number (EIN) 46-1572418
City or town, state or country, and ZIP + 4 Bloomington, Indiana 47402		5 Month the annual accounting period ends (01-12) 12	
6 Primary contact (officer, director, trustee, or authorized representative) a Name: Jenett Tillotson		b Phone: (812) 325-2830	
		c Fax: (optional)	
7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a Organization's website: http://www.bloominglabs.org/			
b Organization's email: (optional) contact@bloominglabs.org			
10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY) 12 / 14 / 2012			
12 Were you formed under the laws of a foreign country? If "Yes," state the country. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Part II Organizational Structure

You must be a corporation (including a limited liability corporation), an unincorporated association, or a trust to be tax exempt. (See instructions). **DO NOT file this form unless you can check "Yes" on lines 1, 2, 3, or 4.**

- 1 Are you a **corporation**? If "Yes," attach a copy of your articles of incorporation showing **certification of filing** with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification. Yes No
- 2 Are you a **limited liability company (LLC)**? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application. Yes No
- 3 Are you an **unincorporated association**? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments. Yes No
- 4a Are you a **trust**? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments. Yes No
- b Have you been funded? If "No," explain how you are formed without anything of value placed in trust. Yes No
- 5 Have you adopted **bylaws**? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected. Yes No

Part III Required Provisions in Your Organizing Document

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under Section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT file this application until you have amended your organizing document.** Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language. Location of Purpose Clause (Page, Article, and Paragraph): **Page 1, Article II, Paragraph 1**
- 2a Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c.
- 2b If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a. **Page 2, Article VII, Paragraph 1**
- 2c See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state:

Part IV Narrative Description of Your Activities

Using an attachment, describe your *past, present, and planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

- 1a List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual **compensation**, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
Nathan Heald	President	4190 N. Old State Road 37 Bloomington, IN 47408	0
Jenett Tillotson	Treasurer	2140 S. Bent Tree Drive Bloomington, IN 47401	0
Steve Charlesworth	Secretary	3856 S Mill Stone Way Bloomington, IN 47401	0
Daniel Halsey	At Large	1203 W Wintersweet Court Bloomington, IN 47404	0
Heath Roush	At Large	804 W Dodds Street Bloomington, IN 47403	0

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

b List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
None			

c List the names, names of businesses, and mailing addresses of your five highest compensated **independent contractors** that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
None			

The following "Yes" or "No" questions relate to *past, present, or planned* relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

- 2a** Are any of your officers, directors, or trustees **related** to each other through **family or business relationships**? Yes No
If "Yes," identify the individuals and explain the relationship.
- b** Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees. Yes No
- c** Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship. Yes No

3a For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.

b Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement. Yes No

4 In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.

- a** Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy? Yes No
- b** Do you or will you approve compensation arrangements in advance of paying compensation? Yes No
- c** Do you or will you document in writing the date and terms of approved compensation arrangements? Yes No

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- d** Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? Yes No
- e** Do you or will you approve compensation arrangements based on information about compensation paid by **similarly situated** taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No
- f** Do you or will you record in writing both the information on which you relied to base your decision and its source? Yes No
- g** If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is **reasonable** for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.

- 5a** Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c. Yes No
- b** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?
- c** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?
- Note:** A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.

- 6a** Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through **non-fixed payments**, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No
- b** Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No

- 7a** Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine that you pay no more than **fair market value**. Attach copies of any written contracts or other agreements relating to such purchases. Yes No
- b** Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales. Yes No

- 8a** Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f. Yes No
- b** Describe any written or oral arrangements that you made or intend to make.
- c** Identify with whom you have or will have such arrangements.
- d** Explain how the terms are or will be negotiated at arm's length.
- e** Explain how you determine you pay no more than fair market value or you are paid at least fair market value.
- f** Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.

- 9a** Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f. Yes No

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- b Describe any written or oral arrangements that you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- f Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

Part VI Your Members and Other Individuals and Organizations That receive Benefits From You

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1a In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? Yes No
If "Yes," describe each program that provides goods, services, or funds to individuals.
- b In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? Yes No
If "Yes," describe each program that provides goods, services, or funds to organizations.
- 2 Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program. Yes No
- 3 Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds. Yes No

Part VII Your History

The following "Yes" or "No" questions relate to your history. (See instructions.)

- 1 Are you a **successor** to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G. Yes No
- 2 Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E. Yes No

Part VIII Your Specific Activities

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1 Do you support or oppose candidates in **political campaigns** in any way? If "Yes," explain. Yes No
- 2a Do you attempt to **influence legislation**? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a. Yes No
- b Have you made or are you making an **election** to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities. Yes No
- 3a Do you or will you operate bingo or **gaming** activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. **Revenue and expenses** should be provided for the time periods specified in Part IX, Financial Data. Yes No
- b Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements. Yes No
- c List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.

Part VIII Your Specific Activities (Continued)

- 4a** Do you or will you undertake **fundraising**? If "Yes," check all the fundraising programs you do or will conduct. Yes No
(See instructions.)
- | | |
|---|--|
| <input type="checkbox"/> mail solicitations | <input type="checkbox"/> phone solicitations |
| <input checked="" type="checkbox"/> email solicitations | <input checked="" type="checkbox"/> accept donations on your website |
| <input checked="" type="checkbox"/> personal solicitations | <input type="checkbox"/> receive donations from another organization's website |
| <input type="checkbox"/> vehicle, boat, plane, or similar donations | <input checked="" type="checkbox"/> government grant solicitations |
| <input checked="" type="checkbox"/> foundation grant solicitations | <input type="checkbox"/> Other |
- Attach a description of each fundraising program.
- b** Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements. Yes No
- c** Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements. Yes No
- d** List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.
- e** Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors. Yes No
-
- 5** Are you **affiliated** with a governmental unit? If "Yes," explain. Yes No
-
- 6a** Do you or will you engage in **economic development**? If "Yes," describe your program. Yes No
- b** Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.
-
- 7a** Do or will persons other than your employees or volunteers **develop** your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees. Yes No
- b** Do or will persons other than your employees or volunteers **manage** your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees. Yes No
- c** If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.
-
- 8** Do you or will you enter into **joint ventures**, including partnerships or **limited liability companies** treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate. Yes No
-
- 9a** Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10. Yes No
- b** Do you provide child care so that parents or caretakers of children you care for can be **gainfully employed** (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). Yes No
- c** Of the children for whom you provide child care, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). Yes No
- d** Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k). Yes No
-
- 10** Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other **intellectual property**? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed. Yes No

Part VIII Your Specific Activities (Continued)

- 11** Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution. Yes No
-
- 12a** Do you or will you operate in a **foreign country** or **countries**? If "Yes," answer lines 12b through 12d. If "No," go to line 13a. Yes No
- b** Name the foreign countries and regions within the countries in which you operate.
- c** Describe your operations in each country and region in which you operate.
- d** Describe how your operations in each country and region further your exempt purposes.
-
- 13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a. Yes No
- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
- c** Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract. Yes No
- d** Identify each recipient organization and any **relationship** between you and the recipient organization.
- e** Describe the records you keep with respect to the grants, loans, or other distributions you make.
- f** Describe your selection process, including whether you do any of the following:
- (i)** Do you require an application form? If "Yes," attach a copy of the form. Yes No
- (ii)** Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused. Yes No
- g** Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.
-
- 14a** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15. Yes No
- b** Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
- c** Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries. Yes No
- d** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors. Yes No
- e** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information. Yes No
- f** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately. Yes No

Part VIII Your Specific Activities (Continued)

- | | | | |
|----|--|------------------------------|--|
| 15 | Do you have a close connection with any organizations? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 16 | Are you applying for exemption as a cooperative hospital service organization under section 501(e)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 17 | Are you applying for exemption as a cooperative service organization of operating educational organizations under section 501(f)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 18 | Are you applying for exemption as a charitable risk pool under section 501(n)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 19 | Do you or will you operate a school ? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 20 | Is your main function to provide hospital or medical care ? If "Yes," complete Schedule C. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 21 | Do you or will you provide low-income housing or housing for the elderly or handicapped ? If "Yes," complete Schedule F. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 22 | Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Note: Private foundations may use Schedule H to request advance approval of individual grant procedures.

Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

A. Statement of Revenues and Expenses

	Type of revenue or expense	3 prior tax years or 2 succeeding tax years				(e) Provide Total for (a) through (d)
		(a) From 1/2014 To 12/2014	(b) From 1/2013 To 12/2013	(c) From 1/2015 To 12/2015	(d) From _____ To _____	
Revenues	1 Gifts, grants, and contributions received (do not include unusual grants)	4,353	8,336	6,000		18,689
	2 Membership fees received	13,212	9,740	19,200		42,152
	3 Gross investment income	0	0	0		0
	4 Net unrelated business income	0	0	0		0
	5 Taxes levied for your benefit	0	0	0		0
	6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	0	0	0		0
	7 Any revenue not otherwise listed above or in lines 9–12 below	0	0	0		0
	8 Total of lines 1 through 7	17,565	18,076	25,200		60,841
	9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes	1,336	1,290	1,550		4,176
	10 Total of lines 8 and 9	18,901	19,366	26,750		65,017
11 Net gain or loss on sale of capital assets	0	0	0		0	
12 Unusual grants	0	0	0		0	
13 Total Revenue Add lines 10 through 12	18,901	19,366	26,750		65,017	
Expenses	14 Fundraising expenses	0	0	0		
	15 Contributions, gifts, grants, and similar amounts paid out	0	0	0		
	16 Disbursements to or for the benefit of members	0	0	0		
	17 Compensation of officers, directors, and trustees	0	0	0		
	18 Other salaries and wages	0	0	0		
	19 Interest expense	0	0	0		
	20 Occupancy (rent, utilities, etc.)	12,770	9,945	17,484		
	21 Depreciation and depletion	0	0	0		
	22 Professional fees	0	0	0		
	23 Any expense not otherwise classified, such as program services	4,513	9,050	7,725		
	24 Total Expenses Add lines 14 through 23	17,283	18,995	25,209		

Part IX Financial Data (Continued)

B. Balance Sheet (for your most recently completed tax year)

Assets			
1	Cash	1	3,914
2	Accounts receivable, net	2	0
3	Inventories	3	235
4	Bonds and notes receivable	4	0
5	Corporate stocks	5	0
6	Loans receivable	6	0
7	Other investments	7	0
8	Depreciable and depletable assets	8	4,800
9	Land	9	0
10	Other assets	10	0
11	Total Assets (add lines 1 through 10)	11	8,949
Liabilities			
12	Accounts payable	12	0
13	Contributions, gifts, grants, etc. payable	13	0
14	Mortgages and notes payable	14	0
15	Other liabilities	15	0
16	Total Liabilities (add lines 12 through 15)	16	0
Fund Balances or Net Assets			
17	Total fund balances or net assets	17	0
18	Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)	18	0
19	Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part X Public Charity Status

Part X is designed to classify you as an organization that is either a **private foundation** or a **public charity**. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a **private operating foundation**. (See instructions.)

- 1a Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. If you are unsure, see the instructions. Yes No
- b As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2.
- 2 Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI. Yes No
- 3 Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4. Yes No
- 4 Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation? Yes No
- 5 If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.
The organization is not a private foundation because it is:
 - a 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A.
 - b 509(a)(1) and 170(b)(1)(A)(ii)—a **school**. Complete and attach Schedule B.
 - c 509(a)(1) and 170(b)(1)(A)(iii)—a **hospital**, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C.
 - d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, g, or h.

Part X Public Charity Status (Continued)

- e 509(a)(4)—an organization organized and operated exclusively for testing for public safety.
- f 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- g 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- h 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.

6 If you checked box g, h, or i in question 5 above, you must request either an **advance** or a **definitive ruling** by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.

- a **Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at www.irs.gov or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.

Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

For Organization

(Signature of Officer, Director, Trustee, or other authorized official)

(Type or print name of signer)

(Date)

(Type or print title or authority of signer)

For IRS Use Only

IRS Director, Exempt Organizations

(Date)

- b **Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii).
- (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. _____
- (b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.
- (ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each **disqualified person**. If the answer is "None," check this box.
- (b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.

- 7 Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual. Yes No

Part XI User Fee Information

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$850. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$400. See instructions for Part XI, for a definition of **gross receipts** over a 4-year period. Your check or money order must be made payable to the United States Treasury. User fees are subject to change. Check our website at www.irs.gov and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.

- 1 Have your annual gross receipts averaged or are they expected to average not more than \$10,000? Yes No
 If "Yes," check the box on line 2 and enclose a user fee payment of \$400 (Subject to change—see above).
 If "No," check the box on line 3 and enclose a user fee payment of \$850 (Subject to change—see above).
- 2 Check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change).
- 3 Check the box if you have enclosed the user fee payment of \$850 (Subject to change).

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here 

.....
(Signature of Officer, Director, Trustee, or other authorized official)

Nathan Heald
.....
(Type or print name of signer)

03/30/2015
.....
(Date)

President
.....
(Type or print title or authority of signer)

Reminder: Send the completed Form 1023 Checklist with your filled-in-application.

Part IV Narrative Description of Your Activities

Using an attachment, describe your *past, present, and planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

See attached.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

3a. For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.

Nathan Heald is our President and a founding member of Bloominglabs. The President's duties are laid out in Section 2 of Article V of our bylaws. Mr. Heald works 10 hours a month on his duties.

Jenett Tillotson is our Treasurer and a founding member of Bloominglabs. The Treasurer's duties are laid out in Section 4 of Article V of our bylaws. Ms. Tillotson works 10 hours a month on her duties.

Steven Charlesworth is our Secretary and a founding member of Bloominglabs. The Secretary's duties are laid out in Section 3 of Article V of our bylaws. He works 5 hours a month on his duties.

Dan Halsey and Heath Roush are our At-Large officers. Both have been Bloominglabs members for over 2 years. The At-Large members help with any duties outlined in Article V of our Bylaws. They work less than an hour a month on their duties.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

5a. Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c.

Our conflict of interest statement is Article VII of our Bylaws. It was adopted by a consensus vote of our members.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

5b. What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

5c. What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

6a. Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through **non-fixed payments**, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.

Bloominglabs may pay class instructors for their time. However, all payments will come directly from the fees collected for that particular class and compensation amounts will be at or below the compensation amounts paid by other 501c3 organization and will also be determined according to our Conflict of Interest policy.

Part VI Your Members and Other Individuals and Organizations That receive Benefits From You

1a. In carrying out your exempt purposes, do you provide goods, services, or funds to individuals?
If "Yes," describe each program that provides goods, services, or funds to individuals.

Bloominglabs maintains a facility that is accessible 24/7 by our members and is open for free at least 3 hours a week to the public. We also hold inexpensive adult workshops and classes. See sections 1 and 2 of our Narrative for more information.

Part VI Your Members and Other Individuals and Organizations That receive Benefits From You

1b. In carrying out your exempt purposes, do you provide goods, services, or funds to organizations?
If "Yes," describe each program that provides goods, services, or funds to organizations.

Bloominglabs provides educational workshops centered around hands-on making to other charitable institutions. We provide these activities for low or no costs. We also provide activities for fund raising events for other charitable institutions. See section 3 of our Narrative for more information.

Part VI Your Members and Other Individuals and Organizations That receive Benefits From You

2. Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program.

A Bloominglabs' membership allows individuals to have 24/7 access to our facility, free or reduced access to our workshops, storage for projects and tools, and voting rights in Bloominglabs' affairs. We also offer a hardship membership for half the cost of a regular membership which has all the rights of a full membership but no voting rights. We allow anyone 18 years and older who is committed to the Bloominglabs' mission to apply to be a member. In order to become a member, an individual must visit Bloominglabs 3 times during our public open hours and must find a Bloominglabs member willing to sponsor them. New members are then voted into the group by consensus.

Part VI Your Members and Other Individuals and Organizations That receive Benefits From You

3. Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds.

No.

Part VIII Your Specific Activities

2b. Have you made or are you making an **election** to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities.

Part VIII Your Specific Activities

4a. Do you or will you undertake **fundraising**? Attach a description of each fundraising program.

Other (describe):

Bloominglabs collects donations at our facility through donation boxes. We also have a donation button on our website. For our yearly Makevention event both in-kind donations and financial donations from Bloomington and the surrounding communities using email and personal sollicitaions. We also use email to raise funds to buy equipment. We plan on applying for government grants and foundation grants in the future.

Part VIII Your Specific Activities

4d. List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.

Bloominglabs only fundraises for our own organization and no other organizations fundraise for us.

We fundraise in the state of Indiana in the city of Bloomington and the surrounding communities.

We also fundraise on our website.

Part VIII Your Specific Activities

6a. Do you or will you engage in **economic development**? If "Yes," describe your program.

Part VIII Your Specific Activities

10. Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other **intellectual property**? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed.

As part of our scientific mission, Bloominglabs will develop intellectual property based on open source standards. All intellectual property developed by Bloominglabs will be released to the public at no charge under open source licenses.

Part IX Financial Data

7. Any revenue not otherwise listed above or in lines 9–12 below

Part IX Financial Data

9. Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes

2013: Sales \$344; Fees \$530; Workshops \$416

2014: Sales \$248; Fees \$345; Workshop \$743

2015: Sales \$300; Fees \$750; Workshops \$500

Part IX Financial Data

23. Any expense not otherwise classified, such as program services

2013: Fees \$37; Merchandise \$294; Materials \$297; Equipment \$5548; Advertising \$411; Event Building Rental \$2177; Insurance \$286

2014: Taxes \$24; Merchandise \$285; Advertising \$446; Event Building Rental \$2488; Insurance \$1133; Misc \$137

2015: Taxes \$25; Merchandise \$300; Materials \$300; Advertising \$400; Event Building Rental \$2500; Insurance \$1200; Equipment \$3000

Part IX Financial Data

8. Depreciable and depletable assets

We purchased a laser cutter in 2013 for \$5,100.

We purchased a lathe in 2013 for \$250.

Schedule G. Successors to Other Organizations

1a Are you a **successor** to a **for-profit organization**? If "Yes," explain the relationship with the **predecessor** organization that resulted in your creation and complete line 1b. **Yes** **No**

b Explain why you took over the activities or assets of a for-profit organization or converted from for-profit to nonprofit status.

2a Are you a successor to an organization other than a for-profit organization? Answer "Yes" if you have taken or will take over the activities of another organization; or you have taken or will take over 25% or more of the fair market value of the net assets of another organization. If "Yes," explain the relationship with the other organization that resulted in your creation. **Yes** **No**

b Provide the tax status of the predecessor organization.

c Did you or did an organization to which you are a successor previously apply for tax exemption under section 501(c)(3) or any other section of the Code? If "Yes," explain how the application was resolved. **Yes** **No**

d Was your prior tax exemption or the tax exemption of an organization to which you are a successor revoked or suspended? If "Yes," explain. Include a description of the corrections you made to re-establish tax exemption. **Yes** **No**

e Explain why you took over the activities or assets of another organization.

3 Provide the name, last address, and EIN of the predecessor organization and describe its activities.

Name: **Bloominglabs LLC**

EIN: **27 - 3112571**

Address: **3927 W. Roll Avenue, Bloomington, IN 47403**

4 List the owners, partners, principal stockholders, officers, and governing board members of the predecessor organization. Attach a separate sheet if additional space is needed.

Name	Address	Share/Interest (If a for-profit)
Nathan Heald	4190 N. Old State Road 37 Bloomington, IN 47408	50%
Jenett Tillotson	2140 S. Bent Tree Drive Bloomington, IN 47401	50%

5 Do or will any of the persons listed in line 4, maintain a working relationship with you? If "Yes," describe the relationship in detail and include copies of any agreements with any of these persons or with any for-profit organizations in which these persons own more than a 35% interest. **Yes** **No**

6a Were any assets transferred, whether by gift or sale, from the predecessor organization to you? If "Yes," provide a list of assets, indicate the value of each asset, explain how the value was determined, and attach an appraisal, if available. For each asset listed, also explain if the transfer was by gift, sale, or combination thereof. **Yes** **No**

b Were any restrictions placed on the use or sale of the assets? If "Yes," explain the restrictions. **Yes** **No**

c Provide a copy of the agreement(s) of sale or transfer.

7 Were any debts or liabilities transferred from the predecessor for-profit organization to you? If "Yes," provide a list of the debts or liabilities that were transferred to you, indicating the amount of each, how the amount was determined, and the name of the person to whom the debt or liability is owed. **Yes** **No**

8 Will you lease or rent any property or equipment previously owned or used by the predecessor for-profit organization, or from persons listed in line 4, or from for-profit organizations in which these persons own more than a 35% interest? If "Yes," submit a copy of the lease or rental agreement(s). Indicate how the lease or rental value of the property or equipment was determined. **Yes** **No**

9 Will you lease or rent property or equipment to persons listed in line 4, or to for-profit organizations in which these persons own more than a 35% interest? If "Yes," attach a list of the property or equipment, provide a copy of the lease or rental agreement(s), and indicate how the lease or rental value of the property or equipment was determined. **Yes** **No**

Bloominglabs Incorporated

EIN: 46-1572418

Schedule G Explanation

1b. Bloominglabs Incorporated is a successor organization to Bloominglabs LLC. The partners of Bloominglabs LLC, Nathan Heald and Jenett Tillotson, did not financially benefit from the LLC. Mr. Heald and Ms. Tillotson dissolved the LLC and immediately formed the non-profit, Bloominglabs Incorporated.

5. Mr. Heald and Ms. Tillotson have stayed on with the Bloominglabs Incorporated non-profit as the President and Treasurer respectively.

6a. The only assets when Bloominglabs LLC dissolved was \$221 in cash. Both Mr. Heald and Ms. Tillotson donated their half of the \$221 to Bloominglabs Incorporated.

7. Bloominglabs Incorporated assumed responsibility of a property lease for \$583.33 a month from Bloominglabs LLC.

Narrative Description of Bloominglabs Incorporated Activities

Makerspaces are cooperatives formed to establish and maintain a collaborative space where members can share tools and knowledge to build and make things. These collectively maintained spaces provide members and the public with access to tools and space that would otherwise be difficult or expensive to obtain individually, and experts that provide knowledge on a wide variety of areas centered around making. Makerspaces support entrepreneurship as well by building a community based on a “do-it-yourself” mentality.

Bloominglabs is a member-driven group with an organizational structure referred to in the maker community as a “do-ocracy”. Members choose projects, roles, and activities for themselves, and the initiators of a project also lead and make decisions about the direction of that project. For decisions affecting all members, Bloominglabs is a flat organization where decisions are made by consensus. Bloominglabs members pay monthly dues which grants them 24/7 access to the space, storage for tools and projects, and free or reduced fees for workshops. Bloominglabs advertises its services on social media pages, through email lists, on the Bloominglabs website, on public community calendars, and through flyers.

Bloominglabs members have varied areas of expertise that include metalworking, electronics, textiles, woodworking, crafting, music, digital media, renewable energy, engineering, and software development. We are family-friendly with members of all ages and attract members from outside the Bloomington area. The projects built at Bloominglabs include crafts, technology, engineering, art, and science and often involve interesting intersections of those areas. Members work together to help each other build projects and accomplish more through collaboration than they could individually.

Along with collaborations at our workshop, Bloominglabs builds community by reaching out to the local public. We provide public classes where we share our expertise, partner with schools and learning organizations to help younger makers, and invite the public to join us in making activities at weekly open meetings.

Physical Makerspace Facility

Bloominglabs maintains a physical space for the benefit of our members and the public. Currently located at 1609 S. Rogers Street in Bloomington, Indiana, our facility is a collaborative space for people to share tools, materials, and knowledge. It serves as a place for members and the public to gain hands-on knowledge and skills either through formalized workshops or through informal collaborations. Bloominglabs also stores donated materials and makes those materials available to members and the public for free.

Bloominglabs members are allowed 24/7 access to our space. Bloominglabs opens its doors to the public for at least three hours per week where anyone can use our space and tools for free as if they were a member. Several times per year, Bloominglabs holds open houses where the public is invited to come and tour the space. During these open houses, Bloominglabs members facilitate hands-on making activities for attendees.

The physical space is funded by membership fees (\$40 per month in 2015). Bloominglabs also offers a non-voting membership for a lower cost (\$20 per month in 2015). People interested in joining must first visit Bloominglabs three times during publicly open hours. Membership applications are approved by Bloominglabs members by consensus. Anyone who is committed to the Bloominglabs' mission is encouraged to apply for membership.

Maintaining a physical space takes up 65% of our efforts, furthers our educational and scientific objective, and serves purpose 1, 2, and 3 of section 3 of our Bylaws.

Participating in the Open Source Community

Bloominglabs works with open source materials and develops the open source community. Bloominglabs will not hold any intellectual property and instead will make all intellectual property developed by the organization available publicly under open source licenses. To help develop intellectual property, we participate in “build-nights” where Bloominglabs members partner with other open source community groups to provide our members and the public with access to making materials. The materials for these build-nights are provided for free by our open-source community partners. In return, Bloominglabs publicly publishes projects that result from the build-night. We also encourage our members to release project information publicly under open source licenses and our classes are developed around open source materials.

Participating in the open source community takes up 5% of our efforts, furthers our education and scientific objective, and serves purpose 2, 3, and 4 of section 3 of our Bylaws.

Adult Educational Activities

Bloominglabs offers inexpensive adult education classes focused on teaching making skills. The number and subject of the classes is decided based on demand for particular topics to be taught and availability of Bloominglabs members to teach the classes. Classes are taught by Bloominglabs members who are passionate about and experienced in the making activity and who are experts in the subject matter. These classes are open to all members and the public and slots are filled first-come, first-served.

Funds for these classes come directly from fees collected from attendees. Bloominglabs charges a materials fee plus a nominal fee per hour for course time. Hourly charges are waived or greatly reduced for Bloominglabs members. Bloominglabs actively seeks class instructors who are willing to donate their time and currently all instructors donate their time, but in the future Bloominglabs may pay instructors from the course fees at rates comparable to what other charities pay for instructors and as dictated by our conflict of interest statement.

Teaching adult workshops and classes takes up 10% of our efforts, furthers our educational objective, and serves purpose 2, 3, and 4 of section 3 of our Bylaws.

Support of Aligned Charities

Bloominglabs partners with other charitable organizations in our community who share our mission to provide making activities and resources to those partners. Our partners approach us with requests for activities and resources, and we fulfill those requests based on our resources and member interest. Activities are created in conjunction with the staff from the partner organization. Currently, these services are provided free of charge, but in the future fees associated with these services may be used to recoup direct costs to Bloominglabs with fee structures comparable to those used by other charitable organizations.

Currently, material costs for these workshops are provided by the partner organization or by private individuals, but Bloominglabs may find sponsors for these activities or pay for these activities from Bloominglabs' general funds in the future.

Supporting aligned charities takes up 10% of our efforts, furthers our educational objective, and serves purpose 3 and 5 of section 3 of our Bylaws.

Fostering the Maker Community

Bloominglabs works to foster a maker community in Bloomington and the surrounding communities. Examples of this include: organizing a community-wide makers convention where makers engage with the community and share ideas; leading community clubs centered around making, participating in city- or community-wide events that align with our mission; and allowing researchers at Indiana University to observe and study our maker community.

Fostering the maker community takes up 10% of our efforts, furthers our scientific objective, and serves purpose 2, 3, and 5 of section 3 of our Bylaws.

Past Activities

Bloominglabs has held the following classes in the past two years:

- Machining class where attendees learn how to machine a plumb bob on our mill and lathe.
- Hobby motor class where attendees learn how to drive a small DC motors.
- Barrel class where attendees modify a barrel to make an herb garden, rain catcher, or composter.
- Arduinos/AVR class where attendees learn how to program the Arduino/AVR microprocessor.
- Soldering class where attendees solder together a simple device.
- Laser cutting class where attendees learn how to utilize Bloominglabs' laser cutter across a wide range of materials.
- Introduction to Programming class where students learned the C programming language.
- Introduction to Artificial Intelligence class where students were introduced to 10 topics in Artificial Intelligence.

Past partnerships have included:

- The Monroe County Public Library where Bloominglabs provided activities for 4th-6th graders for their summer Maker Days program.
- The Wonderlab Museum of Science, Health, and Technology where Bloominglabs provided workshops and summer camp activities for school-aged children.
- The Pinnacle school where Bloominglabs provided classroom activities for their students.

Past and planned open source build nights have included:

- A Spark.io class where attendees design a project using Spark.io microprocessors and the resulting projects were published publicly on a maker website.
- An InstaMorph class where attendees will work with a low-temperature moldable plastic material.
- A Raspberry Pi class where attendees will work with small form-factor computers.

Past partner activities have included:

- Arts and crafts projects
- Exploring electronic circuits and devices
- Soldering together simple robots and toys
- Writing computer programs
- Building activities for our partners' yearly fund raising events

Past activities which foster the maker community include:

- In 2013 and 2014, Bloominglabs organized a community maker fair called Makevention. Makers in the local and regional community brought activities and projects to share with the public. This event also allowed making groups to develop partnerships with each other further strengthening the maker community. The event was free for attendees and booth fees were kept at a minimum for exhibitors. Makevention was funded through sponsorships and donations at the door. Bloominglabs plans on holding this event annually for the foreseeable future.
- Bloominglabs members lead community clubs at the Monroe County Public Library centered around the Arduino microprocessor and the python programming language.
- Bloominglabs has allowed Indiana University to study the Bloomington maker community by holding research experiments at Bloominglabs or allowing researchers to directly observe the maker community in action.
- Bloominglabs has participated in the City of Bloomington's "ReSale Day" which promotes reusability and recycling by encouraging garage sales and flea markets during a particular weekend in August.

Bylaws

From BloomingLabs

This is the core governing document of Bloominglabs.

Article I: Name And Why We Exist

Section 1: Name

The name of the organization shall be Bloominglabs Incorporated, further referenced herein as the “Corporation”.

Section 2: General Purposes

The Corporation is organized exclusively for charitable, educational, and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding section of any future United States Internal Revenue law). The mission of the Corporation is to benefit its members with knowledge and resources as well as the community with said resources and to foster a collaborative environment wherein people can explore and create intersections between technology, science, art, and culture.

Section 3: Specific Purposes

Subject to and within the limits of Section 2, the Corporation shall:

- Acquire and maintain a collaborative workspace for communal use by all members.
- Foster a creative, collaborative environment for experimentation and development in technology and art.
- Interact with the local community that our space is situated in through education and cultural participation.
- Share our developments and ideas with the world at large.
- Facilitate communication with other spaces and colleagues nationally and internationally. Invite experts and other creative individuals to share their ideas and projects.

Article II: Location

Section 1: Location

The Corporation shall continuously maintain in the State of Indiana a registered office and a registered agent whose business office, for the purposes of this corporation, is identical with such registered office. The registered office shall be the physical location of our workspace. In the event that we do not have a physical workspace, the registered office shall be determined by the board of directors.

Article III: Who We Are

Section 1: Designation of Membership Classes

The Corporation has a two membership classes. Class I is designated by paying full monthly dues and has full voting rights. Class II is designated by paying a reduced rate of monthly dues based on hardship and has no voting rights.

Section 2: Membership Qualifications

Any person who supports the purposes laid out in Article I of these bylaws may apply to become a member.

Section 3: Voting Membership Class Election

The standing rules shall specify procedures for inducting new members. For purposes of these bylaws, all persons listed as initial directors on the Articles of Incorporation shall be considered the initial voting members.

Section 4: Voting Membership Dues

The amount, payment period, due date and acceptable methods for collection of dues shall be reviewed each year at the annual meeting, and shall be specified in the standing rules.

Section 5: Voting Membership Rights and Responsibilities

Each voting member shall have an equal right to voice their opinion and vote their preference or abstain from voting in the affairs of the Corporation. Each voting member shall exercise only one vote for each decision before the Corporation. Each voting member shall have reasonable inspection rights of corporate records. Each voting member shall be responsible for timely payment of dues and will provide their current address, contact information, and preference for electronic receipt of communications. Each voting member is responsible for continuing to support the purposes of the Corporation.

Section 6: Voting Membership Resignation and Termination

Any voting member may resign by filing a resignation with any officer. Resignation shall not relieve a voting member of unpaid dues or other monies owed. Voting membership shall be suspended for non-payment of dues by the Treasurer after a period of three (3) months. Any suspended voting member may restore their membership as shall be specified in the standing rules. Voting membership may also be terminated for any reason by written petition signed by more than three fourths (3/4ths) of the voting members. If a member, through his or her actions, endangers the safety of members of the Corporation, or threatens the Corporation's lease and continued operation, that member's access to the space will be revoked. Subject to a two thirds (2/3rds) approval by voting members, that member will be terminated.

Section 7: Voting Membership Probation

Voting membership may be made probationary for a period of 1 month for any reason by written petition signed by more than two thirds (2/3rds) of the voting members. At the conclusion of the probationary period a second vote will be held, membership will be terminated unless two thirds (2/3rds) of the voting members vote to fully reinstate said member. Any voting member voted into probationary status more than once within a one year period shall be terminated.

Article IV: How we meet

Section 1: Regular Meetings

Regular meetings of voting members shall be held as designated in the standing rules.

Section 2: Annual Meetings

An annual meeting of all members shall take place sometime in January, February or March. The President shall select the date, time and place no later than January 31 of each year. The date, time and place of the annual meeting must be posted in the registered office and submitted to members electronically at least two weeks prior to the annual meeting. A petition signed by more than three quarters (3/4ths) of voting members and submitted to the Board of Directors before Valentine's Day may specify a new date, time and place for the annual meeting. At the annual meeting, the voting members shall elect the Board of Directors, review and vote on the standing rules and policies of the Corporation, receive reports on the activities of the Corporation, approve the budget and determine the direction of the Corporation in the coming year.

Section 3: Special Meetings

A petition presented to all voting members and approved by one half (1/2) of voting members may call a special meeting. Such a petition must include the date, time, place and agenda of the special meeting. Notification of the result of the petition shall be presented to all members prior to the meeting.

Section 4: Quorum

At a duly called meeting, at least 25% (one quarter) of the entire voting membership shall constitute a quorum.

Section 5: Voting

When a quorum is present, all issues, except when otherwise specified in these bylaws, shall be decided by affirmative vote of more than 50% (one half) of the voting members present.

Section 6: Conduct of Meetings

The conduct of all meetings shall follow the rules of order as specified in the standing rules.

Article V: The Officers

Section 1: Role, Number, Qualification, Term and Compensation

There shall be at least 3 and up to five officers, a President, a Secretary, a Treasurer, and as-needed two at-large officers. Each officer must be a voting member and each officer shall serve from the time of their election until their successor is elected and qualifies. No officer shall be compensated for their service as an officer, though the Corporation may provide insurance and indemnity for officers as allowed by law.

Section 2: Duties of the President

The President shall preside over all meetings or designate an alternate, attempt to achieve consensus in all decision-making, ensure the membership is informed of all relevant issues, and serve other duties of a President as required by law or custom.

Section 3: Duties of the Secretary

The Secretary shall be responsible for maintaining membership and corporate records and for serving all other duties of a Secretary as required by law or custom.

Section 4: Duties of the Treasurer

The Treasurer shall serve as custodian of corporate funds, collect dues, present a financial report at each regular and annual meeting, assist in the preparation of the budget, make financial information available to members and the public, and serve all other duties of a Treasurer as required by law or custom.

Section 5: Duties of the at-large officers

The At-large officers shall be responsible for assisting with the duties of the President, Secretary, and Treasurer as required by law or custom.

Section 6: Duties of the Officers as whole to provide an Annual Report

The Officers must provide an annual report. The report shall chronicle the activities of the Corporation, including specific narratives on the Corporation's work, the Corporation's annual financial statements, relevant legal filings, and relevant copies of the organization's district and federal tax returns.

Article VI: Directors

Section 1: Directors

The Board of Directors shall consist of the officers of the Corporation. No director shall be compensated monetarily for his work as a director, although the Corporation may provide insurance and indemnity as permitted by Indiana law.

Article VII: Conflict of Interest Policy

Section 1: Purpose

The Corporation is a nonprofit, tax-exempt organization. Maintenance of its tax-exempt status is important both for its continued financial stability and for public support. Therefore, the IRS as well as state regulatory and tax officials view the operations of the Corporation as a public trust, which is subject to scrutiny by and accountable to such governmental authorities as well as to members of the public.

Consequently, there exists between the Corporation and its board and officers and the public a fiduciary duty, which carries with it a broad and unbending duty of loyalty and fidelity. The board and its officers have the responsibility of administering the affairs of the Corporation honestly and prudently, and of exercising their best care, skill, and judgment for the sole benefit of the Corporation. Those persons shall exercise the utmost good faith in all transactions involved in their duties, and they shall not use their positions with the Corporation or knowledge gained therefrom for their personal benefit. The interests of the organization must be the first priority in all decisions and actions.

Section 2: Persons Concerned:

This statement is directed not only to directors and officers, but to all who can influence the actions of the Corporation. For example, this would include all full membership members, and anyone who has proprietary information concerning the Corporation.

Section 3: Areas in Which Conflict May Arise

Conflicts of interest may arise in the relations of directors and officers with any of the following third parties:

1. Persons and firms supplying goods and services to the Corporation
2. Persons and firms from whom the Corporation leases property and equipment
3. Persons and firms with whom the Corporation is dealing or planning to deal in connection with the gift, purchase or sale of real estate, securities, or other property
4. Competing organizations
5. Agencies, organizations and associations which affect the operations of the Corporation

Section 4: Nature of Conflicting Interest

A conflicting interest may be defined as an interest, direct or indirect, with any persons or firms mentioned in Section 3. Such an interest might arise through:

1. Owning stock or holding debt or other proprietary interests in any third party dealing with the Corporation
2. Holding office, serving on the board, participating in management, or being otherwise employed (or formerly employed) with any third party dealing with the Corporation
3. Receiving remuneration for services with respect to individual transactions involving the Corporation
4. Receiving personal gifts or loans from third parties dealing or competing with the Corporation. Receipt of any gift is disapproved except gifts of a value less than \$50, which could not be refused without discourtesy. No personal gift of money should ever be accepted.

Section 5: Interpretation of this Statement of Policy

The areas of conflicting interest listed in Section 3, and the relations in those areas which may give rise to conflict, as listed in Section 4, are not exhaustive. Conflicts might arise in other areas or through other relations. It is assumed that the directors and officers will recognize such areas and relation by analogy. The fact that one of the interests described in Section 4 exists does not necessarily mean that a conflict exists, or that the conflict, if it exists, is material enough to be of practical importance, or if material, that upon full disclosure of all relevant facts and circumstances it is necessarily adverse to the interests of the Corporation. However, it is the policy of the board that the existence of any of the interests described in Section 4 shall be disclosed before any transaction is consummated. It shall be the continuing responsibility of the board and officers to scrutinize their transactions and outside business interests and relationships for potential conflicts and to immediately make such disclosures.

Section 6: Disclosure Policy and Procedure

Transactions with parties with whom a conflicting interest exists may be undertaken only if all of the following are observed:

1. The conflicting interest is fully disclosed;
2. The person with the conflict of interest is excluded from the discussion and approval of such transaction;
3. A competitive bid or comparable valuation exists; and
4. The board has determined that the transaction is in the best interest of the organization.

Disclosure in the organization should be made to the president (or if she or he is the one with the conflict), then to the treasurer, who shall bring the matter to the attention of the board. Disclosure involving directors should be made to the president or if she or he is the one with the conflict, then to any other board member who shall bring these matters to the board or a duly constituted committee.

The board or a duly constituted committee shall determine whether a conflict exists and in the case of an existing conflict, whether the contemplated transaction may be authorized as just, fair, and reasonable to the Corporation. The decision of the board or a duly constituted committee thereof on these matters will rest in their sole discretion, and their concern must be the welfare of the Corporation and the advancement of its purpose.

Article VIII: Amendments

Section 1: Amendments

These bylaws may be amended only when an amendment proposal petition is approved at a membership meeting

and signed by all (100% of) voting members. Notice of such petition may be submitted electronically to all members.

Article IX: Dissolution

Section 1: Dissolution

If Corporation is forced to dissolve due to unfortunate circumstances, court order, or planned dissolution, the remaining assets and funds of the Corporation will be dispersed to a 501(c)(3) organization with similar purpose, as determined by the board of directors.

Adoption and amendment history

- Amended 1-25-2015
 - Added 2 at-large officer roles, and Article 1 section 1 minor grammar change.
- Amended 9-10-2014
 - added Location and Nature of Conflicting Interest articles
- Bylaws adopted 12-17-2012 (Corporation formation date)

Retrieved from "<http://bloominglabs.org/index.php?title=Bylaws&oldid=2204>"

Category: Operations

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- This page was last modified on 29 March 2015, at 22:45.



ARTICLES OF INCORPORATION FOR A NONPROFIT CORPORATION

State Form 4162 (R12 / 4-12) Corporate Form No. 364-1 (October 1984)

Approved by State Board of Accounts, 1995

CONNIE LAWSON
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

- NOTES:**
1. Nonprofit corporations must qualify with the Internal Revenue Service and the Indiana Department of Revenue. It is strongly suggested you do not complete or file this form before contacting both agencies.
 2. Article VII must be completed appropriately. Please see (1) above.

- INSTRUCTIONS:**
1. Use 8 1/2" x 11" white paper for attachments.
 2. Present original and one (1) copy to the address in the upper right corner of this form.
 3. Please type or print.
 4. Please visit our office on the web at www.sos.in.gov.

APPROVED
AND
FILED

Connie Lawson
IND. SECRETARY OF STATE

Indiana Code 23-17-3-2
FILING FEE: \$36.00

RECEIVED
INDIANA SECRETARY OF STATE
DEC 14 2013

ARTICLES OF INCORPORATION

The undersigned incorporator or incorporators, desiring to form a corporation (hereinafter referred to as the "Corporation" pursuant to the provisions of the Indiana Nonprofit Corporation Act of 1991 (hereinafter referred to as the "Act"), execute the following Articles of Incorporation.

ARTICLE I - NAME AND PRINCIPAL OFFICE

Name of the Corporation: *(the name must include the word "Corporation", "Incorporated", "Limited", "Company" or one of the abbreviations thereof):*

Bloomingslabs Incorporated

Principal Office: The address of the principal office of the Corporation is:

Post office address (number and street or building)	City	State	ZIP code
3927 Roll Avenue	Bloomington	Indiana	47403

ARTICLE II - PURPOSE (OPTIONAL)

The purposes for which the Corporation is formed are:

Bloomingslabs Incorporated is organized exclusively for charitable, educational, and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding section of any future United States Internal Revenue law). The mission of the corporation is to benefit its members with knowledge and resources as well as the community with said resources and to foster a collaborative environment wherein people can explore and create intersections between technology, science, art, and culture.

ARTICLE III - TYPE OF CORPORATION (CHECK ONLY ONE)

The Corporation is a:

public benefit corporation, which is organized for a public or charitable purpose;

religious corporation, which is organized primarily or exclusively for religious purposes; or

mutual benefit corporation (all others).

ARTICLE IV - REGISTERED AGENT AND REGISTERED OFFICE

Registered Agent: The name and street address of the Corporation's Registered Agent and Registered Office for service of process are:

Name of Registered Agent

Nathan Heald

Address of Registered Office (number and street or building)	City	State	ZIP code
4190 N. Old State Road 37	Bloomington	Indiana	47408

ARTICLE V - MEMBERSHIP

Indicate if Corporation will have members:

Yes No

(Continued on the reverse side)

Name	Number and Street or Building	City	State	ZIP code
Nathan Heald	4190 N. Old State Road 37	Bloomington	IN	47408
Jenett Tillotson	2140 S. Bent Tree Drive	Bloomington	IN	47401

ARTICLE VII - DISTRIBUTION OF ASSETS ON DISSOLUTION OR FINAL LIQUIDATION


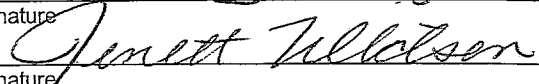
Refer to Indiana Code 23-17-22-5 for permitted activities following Dissolution.

If Bloominglabs Incorporated is forced to dissolve due to unfortunate circumstances, court order, or planned dissolution, the remaining assets and funds of Bloominglabs Incorporated will be dispersed to a 501(c)(3) organization with similar purpose, as determined by the board of directors.

* Please note this section must be completed.

THIS DOCUMENT MUST BE SIGNED BY ALL INCORPORATORS.

In witness whereof, the undersigned incorporator(s) of said Corporation execute(s) this document, and verify(ies) subject to penalties of perjury that the facts contained herein and true this 14th day of December, 2012.

Signature 	Printed name Nathan Heald
Signature 	Printed name Jenett Tillotson
Signature	Printed name

Instrument was prepared by: (name) Jenett Tillotson			
Address (number and street or building) 2140 S. Bent Tree Drive	City Bloomington	State IN	ZIP code 47401