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### Form . 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

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

(except black lung benefit trust or private foundation)

Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total

assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For the 2011 calendar year, or tax year beginning and ending Check if applicable R C Name of organization D Employer identification number Address change Name change XENIA COMMUNITY SCHOOLS FOUNDATION 31-1145230 Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite Initial return 334 WEST MARKET STREET 937-903-3004 Terminated City or town, state or country, and ZIP + 4 Amended return F Group Exemption Application pending XENIA. OH 45385 Number > Accounting Method: X Cash Accrual Other (specify) H Check ► if the organization is **not** Website: ► N/A required to attach Schedule B Tax-exempt status (check only one) -  $\times$  501(c)(3) 501(c) ( (Form 990, 990-EZ, or 990-PF). K Check In the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 44,575. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Part I Check if the organization used Schedule 0 to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 11,686. 1 2 Program service revenue including government fees and contracts 2 Membership dues and assessments 3 5,839. Investment income SEE SCHEDULE O 4 5a Gross amount from sale of assets other than inventory 18,495 5a b Less: cost or other basis and sales expenses 16,363. Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 2,132. 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 8,555 4,903 c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 3,652. 6d 7a Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule 0) 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 23,309. 9 SCANHED ACT 0 3 2012 -SCHEDULE 11,000 Grants and similar amounts paid (list in Schedule 0) RECEIVED 10 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent 13 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 316. OGDEN 15 16 Other expenses (describe in Schedule 0) SCHEDULE O 5,790. 16 17 Total expenses. Add lines 10 through 16 17,106. 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 6,203. 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 344,583. 19

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year. Combine lines 18 through 20

Form **990-EZ** (2011)

350,786.

0.

20

21

_	1990-EZ (ZUTI) AENIA COMMUNITI SCHOOLS F	OUNDATION		<u> </u>	11454	<del></del>
Pa	Balance Sheets. (see the instructions for Part II.)			ı		
	<ul> <li>Check if the organization used Schedule O to res</li> </ul>	pond to any que				
		Ĺ	(A) Beginning of year	_ _	<del></del>	nd of year
22	Cash, savings, and investments		344,583	. 22		350,786.
23	Land and buildings	ſ		23		
24	Other assets (describe in Schedule O)	Ī		24		
25		İ	344,583	_		350,786.
		<u> </u>		. 26		0 -
26		<u> </u>	344,583			350,786.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) art III   Statement of Program Service Accomplishmer	te (coe the metr	uctions for Part III	1 21	T	
P					(Required	penses for section
	Check if the organization used Schedule O to res	pond to any que	Stion in this Part I			and 501(c)(4)
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE O					ns and section
	cribe the organization's program service accomplishments for each of its three largest program s		penses in a clear and concise		for others.	trusts; optional
manr	ner, describe the services provided, the number of persons benefited, and other relevant inform	ation for each program title			101 0111013.	<del></del>
28		··				
	(Grants \$ ) If this amount includes foreign g	rants, check here	<b>•</b>		28a	
29	, man and a second a second and	,				
23			<del></del>			
	10 1 0			$\overline{}$	29a	
	(Grants \$ ) If this amount includes foreign g	rants, check here			298	
30						
				$\overline{}$		
	(Grants \$ ) If this amount includes foreign g	rants, check here		<u> </u>	30a	<del></del>
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount includes foreign g	rants, check here			31a	
	Total program service expenses (add lines 28a through 31a)				32	0.
	art IV List of Officers, Directors, Trustees, and Key E				instructions fo	or Part IV)
					instructions fo	or Part IV)
	art IV List of Officers, Directors, Trustees, and Key E		estion in this Part I	V (d) не	ealth benefits,	(e) Estimated
	art IV List of Officers, Directors, Trustees, and Key E	pond to any que (b) Title and average h per week devoted t	estion in this Part I	(d) He cont	ealth benefits, ributions to oyee benefit	(e) Estimated amount of other
	Check if the organization used Schedule O to res	pond to any que (b) Title and average h	estion in this Part I	(d) He cont empl plans,	ealth benefits,	(e) Estimated
Pa	Check if the organization used Schedule O to res  (a) Name and address	pond to any que (b) Title and average h per week devoted t	estion in this Part I  OUTS (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He cont empl plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Estimated amount of other
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Pa	Check if the organization used Schedule O to res  (a) Name and address  (A)  (A)  (B)  (B)  (B)  (B)  (Check if the organization used Schedule O to resemble to the control of the control	pond to any que  (b) Title and average h  per week devoted t  position  0.00	estion in this Part I  nours (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont empl plans,	ealth benefits, ributions to open benefit and deferred appensation	(e) Estimated amount of other compensation

	990-EZ (2011) XENIA COMMUNITY SCHOOLS FOUNDATION 31-1145			Page 3
Ра	Other Information (Note the Schedule A and personal benefit contract statement requirement	ts in t	he	
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in the	is Pa		X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each	_		17
	activity in Schedule 0	_33		<u>X</u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	34		х
<b>0</b> 5 -	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	34		
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	000		_
·	requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
•	complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
ь		37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9  39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities  39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 · ; section 4912 ▶ 0 · ; section 4955 ▶ 0 ·			
þ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?	40b		x
_	If "Yes," complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	400		
G	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			<b> </b>
•	organization	}		1
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			•
	transaction? If "Yes," complete Form 8886-T	40e		X_
41	List the states with which a copy of this return is filed.   NONE			
42 a	The organization's books are in care of ▶ JOHN B. ( JACK ) BERGIN Telephone no. ▶ 937-90			
	Located at ► 3079 WOODMAN DRIVE,, KETTERING, OH ZIP+4 ► 4	542	9	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	+
	account)?	42b		X_
	If "Yes," enter the name of the foreign country:			
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	420		x
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:	42c		_ 41
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
70	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	and onto the amount of the occupant mercer received of accorded during the tax year.			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		ļ	
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	ın Schedule O	44d		
45 a		45a	<u> </u>	X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			1
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		(2044)
		com 9	MU-t/	(2011)

Form 990-EZ (2	2011) XENIA CO	MMUNITY SCHOOLS	FOUNDAT:	ION		<u> 31-1145</u>	<u>230</u>	<u> </u>	age 4
								Yes	No
		indirectly, in political campaign acti	ivities on behalf of	or in opposition	to candidates for pi	ublic office?			
If "Yes," c	omplete Schedule C, Part I		40.47(-)(4)			odo onla an	46_		X
		anizations and section							(c)(3)
		1947(a)(1) nonexempt charitable if the organization used Schedi				and complete	me ta	Dies	
	tor lines 50 and 51. Check	i the organization used Scried	ule O to respond	to any questi	On in this Part VI		_	Yes	No
47 Did the or	raanization enaage in lohbying	activities or have a section 501(h)	election in effect di	iring the tax ve:	ar? If "Yes " complete	Sch C Part II	47		X
		d in section 170(b)(1)(A)(ii)? If "Ye			21. 11 100, 0011pion	5 00111 0, 1 urt 11	48		X
-		to an exempt non-charitable relate		5.0 2			49a		Х
	as the related organization a s		Ū				49b		
50 Complete	this table for the organization'	s five highest compensated employ	yees (other than of	icers, directors	, trustees and key er	nployees) who e	ach red	ceived r	nore
than \$10	0,000 of compensation from th	e organization. If there is none, ent	ter "None."				<del></del>		
	(a) Name and address of			verage hours	(C) Reportable compensation (Forms	(d) Health benefit contributions to		) Estim	
	paid more than !	•		devoted to ition	W-2/1099-MISC)	employee benefi	t ann	ount of impensi	
		NONE	, pos			compensation			
			$\dashv$						
							+		
<del></del>	<del> </del>		<del>                                     </del>				+-		
· <u> </u>							1		
	<del> </del>								
								-	
f Total nun	nber of other employees paid o	ver \$100,000		<b>&gt;</b>					
51 Complete	this table for the organization	s five highest compensated indepe	endent contractors	who each receiv	ved more than \$100,	000 of compens	ation f	rom the	•
organizat	ion. If there is none, enter "Non	e. NONE							
(a) Name and	d address of each independent	contractor paid more than \$100,00	00	(b) Type o	f service	(c)	Compe	ensatio	n
	·								
		<del></del>		·················-					
			-						
		<del></del>			· · · · · · · · · · · · · · · · · · ·	***			
d Total nun	nber of other independent cont	ractors each receiving over \$100,0	000		<b>-</b>				
	•	A? Note: All section 501(c)(3) org	anizations and 494	7(a)(1) nonexe	mpt	-		_	_
charitable	trusts must attach a complete	d Schedule A ned this return, including accompanying s	schedules and statem	ents, and to the be	st of my knowledge and	belief, it is true, co	X Yo	nd comp	<u>No</u>
Declaration of pre	parer (other than officer) is based on	all information of which preparer has any	y knowledge			1			
Sign	Signature of officer	TREASURE				Date			
Here	T	•				9/17/20	112		
	Type or print name and title	<u> </u>				7111120	••		-
	Print/Type preparer's name	Preparer's signat	ture.	Date	Check	] if PTIN			
Paid	Transcription or a manual	10-7	1 1 6	_	self- emplo	yed			
Preparer	STEVEN T LANG	DON. EARTHUM	major .	1 08/08	/12	P00	045	762	
Use Only	Firm's name ► CBIZ		<i></i>	. 1,		▶ 34-15			
•			RIVE		Phone no				7
	ı	BORN, OH 45324							
May the IRS di		arer shown above? See instruction	ıs			▶ [	X Y	es 🗌	No
							Form !	990-EZ	(2011

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2011

Open to Public Inspection

Name of the organization

XENIA COMMUNITY SCHOOLS FOUNDATION

Employer identification number 31 – 1145230

Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	t.) See inst	tructions.	<u>J</u> .	T TT#25	<del>50</del>
he	organ			because it is (For lines								
1			•	s, or association of chur	_		•	-	).			
2				'0(b)(1)(A)(ii). (Attach Sc					•			
3	一			tal service organization	·		170(b)(1)	(A)(iii).				
4	一	•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter t	he hospital's	name,
-		city, and stat				•					·	
5		•		benefit of a college or u	niversity ov	vned or or	perated by	a governi	mental uni	t describe	ed in	
•		=	(b)(1)(A)(iv). (Comple	<del>-</del>	•	•	•	•				
6				ent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).				
7	$\mathbf{x}$		-	eives a substantial part					or from the	general i	public describ	ed in
		section 170	b)(1)(A)(vi). (Comple	te Part II )								
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9		An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, ar	nd gross recei	pts from
		activities rela	ted to its exempt fui	nctions · subject to certa	an excepti	ons, and (a	2) no more	than 33 1	1/3% of its	support	from gross in	vestment
		income and i	unrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	after June 30,	1975.
		See section	509(a)(2). (Complete	Part III.)								
10		An organizati	on organized and or	perated exclusively to te	st for publ	c safety. S	See sectio	n 509(a)(4	4).			
11		An organizati	on organized and or	perated exclusively for the	ne benefit (	of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes of o	ne or
		more publicly	supported organiza	ations described in secti	on 509(a)( <sup>.</sup>	1) or section	on 509(a)(2	?). See <b>se</b> c	ction 509(a	a)(3). Che	eck the box th	at
		describes the	type of supporting	organization and compl		_					,	
		a L Type		_ ,,		e III - Func	•	•		d L	Type III · Oth	
е		-		it the organization is not								
			•	han one or more publicly	, ,,	•				(a)(1) or	section 509(a)	(2)
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	ре I, Туре	II, or Type	e III			
			rganization, check th									<u> </u>
g		_		rganization accepted ar			-					
		• •	· · · · · · · · · · · · · · · · · · ·	rectly controls, either al	one or tog	ether with	persons d	lescribed	ın (II) and (I	ıı) below,		es No
		_		upported organization?							11g(i)	X
		• •	•	n described in (i) above?		_					11g(ii)	X
		• •	•	person described in (i) o	• •						11g(iii)	X
h		Provide the f	ollowing information	about the supported or	ganizationi	(s)						
				(iii) Type of			( ) 0 4		(vi) lo	the		
(i)		of supported	(ii) EIN	organization		irganization sted in your			Lorganizatio	on in col. L	(vii) Amou	
	orga	inization		(described on lines 1-9	, ,	document?			(i) organiz U.S	ed in the   .?	suppo	π
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

# Schedule A (Form 990 or 990-EZ) 2011 XENIA COMMUNITY SCHOOLS FOUNDATION 31-11452 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	-					
	membership fees received. (Do not						
	include any "unusual grants ")	21,360.	18,293.	9,200.	16,685.	11,686.	77,224.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	İ					
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	21,360.	18,293.	9,200.	16,685.	11,686.	77,224.
5					•	•	
	by each person (other than a						
	governmental unit or publicly			1			
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	1	ł				
6	Public support. Subtract line 5 from line 4						77,224.
	ction B. Total Support				l		,
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	21,360.	18,293.	9,200.	16,685.	11,686.	77,224.
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	12,605.	10,543.	7,950.	6,235.	5,839.	43,172.
۵	Net income from unrelated business	12,000.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>	
3	activities, whether or not the		ľ				
	business is regularly carried on						
10	Other income Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV)						
44	Total support. Add lines 7 through 10						120,396.
	Gross receipts from related activities,	eta (see instructio			-	12	140/3301
	First five years. If the Form 990 is for	•	•	I fourth or fifth to	l V vear as a section		
13	organization, check this box and stor	•	mst, second, traic	i, ioditii, or iiitii ta.	A year as a section	1301(0)(3)	
Sec	ction C. Computation of Publ	ic Support Per	rcentage			· · · ·	
	Public support percentage for 2011 (I			olumn (f))		14	64.14 %
	Public support percentage from 2010			J. J. J. J. J. J. J. J. J. J. J. J. J. J	ì	15	67.96 %
	33 1/3% support test - 2011. If the o			line 13, and line 1	4 is 33 1/3% or m		
100	stop here. The organization qualifies	_					▶X
h	33 1/3% support test - 2010. If the c		-	ne 13 or 16a, and i	line 15 is 33 1/3%	or more, check th	
~	and stop here. The organization qual					o. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>▶</b> □
170	10% -facts-and-circumstances tes				13 16a or 16b a	ind line 14 is 10%	or more
174							
	and if the organization meets the "fact					CIVITOW CITO OIGAL	<b>L</b>
	meets the "facts-and-circumstances"				-	7a and line 15 in	10% or
0	10% -facts-and-circumstances tes						
	more, and if the organization meets the				•		<b>`</b>
40	organization meets the "facts-and-circ		-	•			
18	Private foundation. If the organization	ir ulu not check a t		i, 100, 178, 01 170		dule A /Form 000	

## Schedule A (Form 990 or 990 EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Calendar year (or fiscal year beginning in)	Section A. Public Support	low, please com	piete Part II.)			<del>-</del>	· · · · · · · · · · · · · · · · · · ·	<del></del>
Giffer, grants, contributions, and membrating feet societies (100 not include any Yunusual grants, 1) Giffer, Grants and	<del></del>	(a) 2007	(b) 2008	(c) 2009	(d) 2010	Τ-,	(e) 2011	(f) Total
metical any 'unusual grants.') Gross receipts from admissions, mechanicles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross receipts from admissions, mentioned that are not an unrelated trade or business under section 513 4. Tax revenues lewed for the organization's benefit and either pead to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization's henrification without charge 6. Total. Add lines 1 through 5 7. A mounts included on lines 1, 2, and 3 received from disqualified persons by Amounts motical trade or lines 1, 2, and 3 received from disqualified persons by Amounts motical to the system of the secret of the secret of the secret or lines 1 and 1	· · · · · · · · · · · · · · · · · · ·							
metchandles sold or services per- formed, or facilities furnished in  any activity that is related to the  organization's tai-average purpose  3. Gross receipts from activities that  are not an unrelated trade or but- interest under section 513 4. Tax revenues leveral for the organ- ization's benefit and either paid to  or expended on its behalf  5. The value of services or facilities  furnished by a governmental unit to  the organization without charge  6. Total. Add lines 1 through 5.  7. A mounts included on lines 1, 2, and  3. received from disqualified persons  but  an amount of the services or facilities  furnished by a governmental unit to  the organization of ines 2 and 1 received  frem when the securities governs that  secret large yeals or lines 2 and 1 received  frem only the securities of 15,000 or the orbanization  and 3 received from disqualified persons  but  an activities to the 15 and 10 for the 15 and 10 for the 15 and 10 for  3. Public support (signatus kimin let 1)  Called any real (or fiscall year beginning in)   9. Amounts rocking to 15 and 10 for  10. Gross snoome from interest,  dividending, paymorns received  in  section S. Ortal Support  Called any real (or fiscall year beginning in)   9. Amounts rocking in  10. Add lines 17 and 10 for  10. Gross snoome from interest,  dividending, paymorns received on  securities loans, (ents, royalties  acquired after Julia 20, 1375   0. Add lines 10 and 10 for  10. The rocking in Pair IV ;  11. The rocking in Pair IV ;  12. The rocking in Pair IV ;  13. The stress pair is the Form 100 schedules A. Part III, Inte 17   14. Public support percentage for 2011 (line 8, column (f) evided by line 13, column (f)  15. The stress pair dependence of the pair  16. Public support percentage for 2011 (line 8, column (f) evided by line 13, column (f)  17. The stress pair trans and 1376, and line 17 is not  more than 33 1736, check this box and stop here. The organization qualifies as a publicly supported organization  when the 14 is north than 33 1736, and line 17								
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merchandse sold or services performed, or facilities furnished in any activity that is related to the organization's transvering purpose 3. Gross receipts from activities that are not an unrelated trade or bus interest in the control of the company of the compa	2 Gross receipts from admissions.				1			
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c Add lines 7a and 7b 8 Public support (substatute 7c framilies 6) Section B. Total Support  Calendar year (or fiscal year beginning in)	- · · · · · · · · · · · · · · · · · · ·							
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Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2010 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		, ,,		olumin (i))				9
Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2010 Schedule A, Part III, line 17  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						16		9
Investment income percentage from 2010 Schedule A, Part III, line 17  Insuman 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization				. 40		_	-	
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b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							%, and line 1	17 is not
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	more than 33 1/3%, check this box and	<b>stop here.</b> The	organization qual	ifies as a publicly	supported organiz	ation		▶∟_
	<b>b 33 1/3% support tests - 2010.</b> If the o	rganization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore tha	ın 33 1/3%,	and
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	line 18 is not more than 33 1/3%, chec	k this box and s	<b>top here.</b> The orga	ınızatıon qualıfies	as a publicly supp	orted	organization	▶□
	20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structi	ons	<b>&gt;</b>

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** 31-1145230 XENIA COMMUNITY SCHOOLS FOUNDATION FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: INTEREST INCOME 2,212. 3,627. DIVIDEND INCOME TOTAL INCLUDED ON FORM 990-EZ, LINE 4 5,839. FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES: AFFILIATE NAME: SCHOLARSHIPS PAID AMOUNT OF PAYMENT: 11,000. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: BROKER ACCOUNT FEES 737. 5,016. EDUCATION PROGRAM EXPENSE 37. FOREIGN TAX PAID-SCHWAB ACCOUNT 5,790. TOTAL TO FORM 990-EZ, LINE 16 FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE GRANTS TO TEACHERS FOR TRAINING TO UPDATE KNOWLEDGE AND TO PROVIDE EDUCATIONAL PROGRAMS FOR STUDENTS. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

EBS Asset Management
REALIZED GAINS AND LOSSES
Xenia Community Schools Foundation
From 01-01-11 Through 12-31-11

	Total																											
Gain or Loss	Long Term	589.21	-108.40		96.83	-276.92	50.12	-1.37	45.21	142.50	289.01	271.92	828.20	-141.00	-42.67	-51.74	12.57	0.51	0 49	0 45	0.27	0.44	0.25	0 25	60.03	0.33	0.34	
Gain	Short Term																											
ı	Proceeds	964.46	857.46		638.72	638.71	503.19	800.13	68.03	204.11	655.48	983.22	1,297.26	1,856.75	421.66	568.12	315.01	13.74	14.59	14.44	11.63	12.35	9.40	9.62	2,140.03	11.33	13.28	
	Cost Basis	375.25	965.86		541.89	915.63	453.07	801.50	22.82	19.19	366.47	711.30	469.06	1,997.75	464.33	619.86	302.44	13.23	14 10	13.99	11.36	11.91	9.15	9.37	2,080.00	11.00	12.94	``
:	Security	Northern Oil & Gas Inc	Boston Private Financial Holdings	Inc	American Eagle Outfitters Inc	American Eagle Outfitters Inc	Comcast Corp	Illinois Tool Works	Liberty Starz Class A	Liberty Starz Class A	Leucadia National Corp	Leucadia National Corp	Northern Oil & Gas Inc	Home Depot Inc	TE Connectivity Ltd	Tyco International Ltd	Schwab ST Bond Mrkt Index Fund	Schwab ST Bond Mrkt Index Fund	Schwab ST Bond Mrkt Index Fund	Schwab ST Bond Mrkt Index Fund	Schwab ST Bond Mrkt Index Fund	Schwab ST Bond Mrkt Index Fund	Schwab ST Bond Mrkt Index Fund	Schwab ST Bond Mrkt Index Fund	Schwab ST Bond Mrkt Index Fund	Schwab ST Bond Mrkt Index Fund	Schwab ST Bond Mrkt Index Fund	Cohunch OT Don'd Males Jan Jan
	Ouanniy	40	130		40	40	20	15	-	3	20	30	20	90	15	15	33.982	1.482	1.574	1.558	1.255	1.332	1.014	1.038	230.855	1.222	1.433	751 1
Close	REALIZED GAIN/LOSS	01-26-11	01-28-11		02-10-11	02-10-11	02-28-11	02-28-11	02-28-11	02-28-11	02-28-11	02-28-11	03-29-11	04-13-11	08-19-11	08-19-11	08-25-11	08-25-11	08-25-11	08-25-11	08-25-11	08-25-11	08-25-11	08-25-11	08-25-11	08-25-11	08-25-11	08.25.11
Open	REALIZE	11-02-09	07-25-08		12-07-05	08-14-07	12-30-04	04-29-08	12-30-04	01-24-06	09-23-04	12-30-04	11-02-09	12-20-06	07-14-06	07-14-06	02-08-09	08-31-09	09-30-09	10-30-06	11-30-09	12-31-09	01-29-10	02-26-10	03-11-10	03-31-10	04-30-10	05-28-10

# EBS Asset Management REALIZED GAINS AND LOSSES Xenia Community Schools Foundation From 01-01-11 Through 12-31-11

Total																												
Gain or Loss mLong Term		0.11	134 67	124 17	,	1 57	1.59	•	104.06	071	1.00	1.38		1.30		1.32		68.0		1.40		16:0		10.1		1.09		1.02
Gain G																												
Proceeds	0.83	9.63	218.89	1,433.14	:	19.10	19.25		1,424.06	30 66	C6.77	21.41		22.61		23.42		18.91		21.22		16.84		18.57		18.55		19.46
Cost Basis	996	9.52	84.22	1,308.97	;	17.53	17.66		1,320.00	21 35	CC.12	20.03		21 31		22.10		18.02		19.82		15.93		17.56		17.46		18.44
Security	Schwah ST Bond Mrkt Index Fund	Schwab ST Bond Mrkt Index Fund	Madison Square Garden, Inc.	Schwab Total Bond Market Index	Fund	Schwab Total Bond Market Index	Fund Schwab Total Bond Market Index	Fund	Schwab Total Bond Market Index	Fulld Schwab Total Bond Market Index	String 10tal Dolla Maint Illiata	Schwab Total Bond Market Index	Fund	Schwab Total Bond Market Index	Fund	Schwab Total Bond Market Index	Fund	Schwab Total Bond Market Index	Fund	Schwab Total Bond Market Index	Fund	Schwab Total Bond Market Index	Fund	Schwab Total Bond Market Index	Fund	Schwab Total Bond Market Index	Fund	Schwab Total Bond Market Index Fund
Ouantity	1 060	1.039	01	149.597		1.994	2.009		148.649	908 6	200	2.235		2.360		2.445		1.974		2.215		1.758		1.938		1.936		2.031
Close Date	08-25-11	08-25-11	09-02-11	09-02-11		09-02-11	09-02-11		09-02-11	09-02-11	70-70	09-02-11		09-02-11		09-02-11		09-02-11		09-02-11		09-02-11		09-02-11		09-02-11		09-02-11
Open Close  Date Date O	06-30-10	07-30-10	02-20-09	05-05-09	96.96	60-67-60	06-30-09		02-08-09	07-31-09		08-31-09		09-30-09 09-02-11		10-30-09 09-02-11		11-30-09		12-31-09		01-59-10		02-26-10		03-31-10		04-30-10 09-02-11

EBS Asset Management
REALIZED GAINS AND LOSSES
Xenia Community Schools Foundation
From 01-01-11 Through 12-31-11

Total							7 131 76	
r Loss Long Term	08.0	0.62	0.48	0.27			2.147.52	
Gain or Loss Short Term Long Term					0.16	-15.92	-15.76	
Proceeds	17.21	17.86	17.88	16.37	21.33	2,033.28	2,054.61 16,440.60	18495,21
Cost Basis	16.41	17.24	17.40	16.10	21.17	2,049.20	2,070,37 14,293.08	उम्हर्भाव।
Security	Schwab Total Bond Market Index	Schwab Total Bond Market Index	Schwab Total Bond Market Index	Schwab Total Bond Market Index	Fund Schwab Total Bond Market Index Fund	Fund Sprint Capital Corp Rate. 8.38% Due 03/15/2012	Short Term Total Long Term Total	
Close Date Quantity GAIN/LOSS	1.797	1.864	1.867	1.709	2.226	2,000		
	09-02-11	09-02-11	09-02-11	09-02-11	09-02-11	12-29-11	/Loss	
Open Date REALIZEI	05-28-10 09-02-11	06-30-10 09-02-11	07-30-10 09-02-11	08-31-10 09-02-11	08-31-11 09-02-11	09-14-11, 12-29-11	rotal Gain/Loss	

EBS presents' gains and losses for you and Jour accountant or tax advisor to use in estimating Jour Jearly tax status. Please note that EBS and your accountant may use different accounting methods for reporting gains and losses should be reviewed with your accountant or tax advisor. You will receive certain required tax forms directly from your custodian

Form 8868' (Rev. 1 2012)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month E	xtension, c	complete only Part II and check th	is box		ightharpoonup X
Note. Only complete Part II if you have already been granted an			filed Form	8868	
<ul> <li>If you are filing for an Automatic 3-Month Extension, compl</li> </ul>					<del></del>
Part II Additional (Not Automatic) 3-Month I	Extensio				
		Enter filer's	T	<del></del>	, see instructions
Type or Name of exempt organization or other filer, see instr	ructions		Employer	' identificat	ion number (EIN) or
orint CONSTRUCTION GGUOOLG FOU	TATES A EET A	ON	X	21_1	145230
XENIA COMMUNITY SCHOOLS FOU		····	+		
Number, street, and room or suite no If a PO box, along your elurn See 334 WEST MARKET STREET	see instruc	tions	Social se	curity num	ber (SSN)
City, town or post office, state, and ZIP code For a XENIA, OH 45385	foreign add	iress, see instructions			
					[0]4]
Enter the Return code for the return that this application is for (f	ile a separa	te application for each return)			0 1
Application	Return	Application			Return
s For	Code	Is For			Code
Form 990	01	Form 1041-A			08
Form 990 BL	01	Form 4720	•		09
Form 990 EZ	04	Form 5227			10
Form 990-PF Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	<del></del>		11
Form 990-T (trust other than above)	06	Form 8870	<del> </del>		12
STOP! Do not complete Part II if you were not already grants			viously file	ed Form 86	
JOHN B. ( JACK  The books are in the care of ► 3079 WOODMAN I  Telephone No ► 937-903-3004  If the organization does not have an office or place of busine	DRIVE,	- KETTERING, OH 4	5429		
<ul> <li>If the organization does not have an office or place of busine</li> <li>If this is for a Group Return, enter the organization's four digit</li> </ul>			If this is fo	r the whole	aroup check this
pox  If it is for part of the group, check this box		ach a list with the names and EINs of			
		BER 15, 2012	or all thering	CIS THE CAL	ension is 101
I request an additional 3-month extension of time until  For calendar year 2011, or other tax year beginning	110 1 211	, and endu	na		
6 If the tax year entered in line 5 is for less than 12 months.	check reas		Final	eturn	
Change in accounting period	CHECK TEAS	initial retain		Ctairi	
7 State in detail why you need the extension SEE ST	TATEME:	NT 1			
Totale in detail willy you need the extension					
			· · · · · · · · · · · · · · · · · · ·		
8a If this application is for Form 990-BL, 990 PF, 990-T, 4720	), or 6069, e	enter the tentative tax, less any			
nonrefundable credits. See instructions			8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069	9. enter any	refundable credits and estimated			
tax payments made. Include any prior year overpayment a	allowed as	a credit and any amount paid			
previously with Form 8868			8b	\$	0.
c Balance due. Subtract line 8b from line 8a Include your p	payment wi	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System) See inst			8c	\$	0.
		st be completed for Part II			
Under penalties of perfury, I declare that I have examined this form, incluit is true, correct, and complete, and that I am authorized in prepare the	idin <b>a</b> accomi	panying schedules and statements, and	to the best o	f my knowle	dge and belief,
					VIIII
Signature / Title	145	Cla	Date	<u> </u>	0/1711/6
	_			Form	8868 (Rev 1 2012)
V // /					



# **Board of Directors**August 2012

Name	<i>Address</i>	Phone(s)	eMail
Jack Bergin	4245 Spruce Wood Dr. Beavercreeek 45432	427-2546/903-3004	JackBergin@sbcglobal.net
Jeff Brock			jbrock@khnetwork.org
Janean Cardenas	1834 Highlander Dr., Xenia	374-4031/562-9660	jcardena@xenia.k12.oh.us
Wallace Campbell	3353 U.S. 68 South, Xenia	372-3743	wcampbell1@hughes.net
Scott DeHaven	1110 Ludlow Rd., Xenia	768-9009/562-9822	sdehaven1@aol.com
John Finlay	1221 Old Springfield Pike, Xenia	372-9872	finlay@zoomtown.com
Alan Liming	334 W. Market St., Xenia	372-3591/546/3591	alan@xacc.com
Brian Liming	1450 S. Patton St., Xenia	374-2646/376-9492	bg6856@aol.com
Brian Newell	2199 Monterey Dr., Xenia	374-3319/562-9704	bnewell@xenia.k12.oh.us
Deb Piotrowski	578 East Market St., Xenia	562-9001	dpiotrowski@xenia.k12.oh.us
Jim Smith	389 Brush Row Rd., Xenia	372-8674/902-1787	drjamesasmith@gmail.com
Barbara Stafford	968 Mound Ct.,Xenia	372-0960/620-0790	staffbbarbara@gmail.com

### **EXECUTIVE DIRECTOR**

Kelly Marie Lehman

760-4100

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kmweiler@aol.com