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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

	nal Revenue		► The organization	ation may have	to use a copy of this	return to satisf	fy state rep	orting requi	rements.	Inspect	ion
A	For the 2	2012 cale	endar year, or tax ye		June 1,		nd ending	Ma	ay 31	, 20 13	
8	Check if a	pplicable.	C Name of organization	on Center Place	e Education Founda	tion			D Employe	er identification nu	mber
	Address c	hange	Doing Business As	 -						75-3036264	
	Name cha	ınge	Number and street	or P.O. box if ma	ail is not delivered to stre	t address)	Room/suite	•	E Telephon	ie number	
	Initial retui	rn	819 W Waldo Ave							816-252-3819	
	Terminate	d	City, town or post o	ffice, state, and	ZIP code						
	Amended	return	Independence, MC	64050					G Gross red	ceipts \$	228,63
	Applicatio	n pending	F Name and address	of principal office	r John Mundy			H(a) Is this	a group return f	or affiliates? Yes	☑ No
	• •		1551 N Courtney R	d, Independe	nce, MO 64050					cluded?	
1	Tax-exem	pt status:	✓ 501(c)(3)	501(c) () ◀ (insert no)	4947(a)(1) or	527	lf "N	lo," attach a	list. (see instruction	1 s)
J	Website:		w.cp-ef.org					H(c) Grou	p exemption	number ▶	
K	Form of or		Corporation Tru	ıst Associa	tion ☐ Other ►	L Yea	ar of formation	n 2002	M State	of legal domicile	МО
	art I	Summ			<u> </u>					-	
				zation's miss	ion or most significa	nt activities:	provide	fundina fo	r current o	perations and	
	' '	long-tern	n financial needs o	f Center Place	Restoration School,	provide scho	larships fo	or pursuit o	of higher ea	ducation for	
õ	1	CPRS gra				p . • • • • • • • • • • • • • • • • • • •			g		
ВП	· '	CFK5 gi	Judaics								
Activities & Governance	۱ ,	Chook th	ue hev 🔊 🗆 if the	organization.	discontinued its ope	rations or du	ennead of	more that	n 25% of i	ite net accete	
é				•	·		-		1 1	its not assets.	
ಿಶ	i		-	_	rning body (Part VI,				—		
ies			•	-	s of the governing to	-			5		
Ž				· -	calendar year 201						
Acı				•	necessary)				. 6		
					Part VIII, column (C)				. 7a		- (
	b	Net unre	lated business tax	able income	from Form 990-T, I	ne 34	-:;		. 7b	0	
	1						<u> </u>	Prior Y	ear	Current Ye	
ō	1		tions and grants (· ·				59,67
en			service revenue (<u> </u>				
Revenue), lines 3, 4, and 7d)		·				(27,361
					es 5, 6d, 8c, 9c, 10d						(
					nust_equal_Part VIII,-		ne 12)	,			32,31
	13 (Grants a	nd sımılar amount	s paid (Part i l	X.Columni(A), lines	1–3)	· · _				2,25
					column (A), line 4)		· · L				
Š	15	Salaries,	other compensation	n, employee l	penefits (Part IX, colu	mr/(A), lines	5–10)				(
nse	16a	Profession	onal fundraising fe	es (PagolX, c	dANn (A),IIIn@Ulfe)						(
Expenses	Ь.				umn (D), line 25) 🕨	<u>ايدا</u>					
ũ	17				es-110,111-24	e)	Г				12,57
					equal-Part IX, colum		5) . 🗀	,,,			14,82
					8 from line 12		´.				17,489
- S							B	eginning of C	urrent Year	End of Yea	ar
Net Assets or Fund Balances	20	Total ass	sets (Part X, line 1	6)			🗀		544,879		631,84
Asse	21		oilities (Part X, line	•				.,	0	<u> </u>	4,17
¥.5	22				ine 21 from line 20	,	· ·		544,879	•	627,67
	art II		ture Block	oo. Oabtidot i	110 21 110111 11110 20	<u> </u>					
	_			o examined this	retum, including accomp	anyana sebadula	e and etatem	onte and to	the heet of a	ny knowledge and	helief it
tru	ider penali ie. correct.	and comp	lete. Declaration of pre	parer (other than	officer) is based on all in	formation of whi	ch preparer l	nas any know	rhe dest of it	ly knowledge and	Delier, it
		<u> </u>		15 Da	wet.					5-14	
Sig		Sign	nature of officer)				D	ate	7-14	
		Sigi	Timothy D.	Ohner							
He	ere										
		7	e or print name and titl	e	Depared construc		10-4			PTIN	
Pa	id	Print/ [y	ype preparer's name		Preparer's signature		Dat	-	Check [If	
	epare	r			<u> </u>				self-emp	ployed	
	e Only		name 🕨					Fin	m's EIN ▶		
	•	Firm's	address >					Ph	one no		
Ma	v the IR	S discus	s this return with	the preparer	shown above? (see	instructions)				Tyes	i ∏ No

orm 99	0 (2012) Page Z
Part	<u></u>
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: support school operations of Center Place Restoration School and provide scholarship assistance for CPRS graduates
	pursuing higher education
	pursuing rights causation
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,250 including grants of \$ 2,250) (Revenue \$ (27,361))
	scholarships were awarded to three 2012 CPRS graduates to help pay for costs of college tuition, books, and required fees
4b	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ (27,361))
	Note: A \$20,000 grant was approved for disbursement to Center Place Restoration School to support ongoing operating
	expenses of the school. This grant is recognized on the balance sheet on line 18 as part of Grants Payable, as the amount was
	not given to the school until July, 2013.
4c	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ (27,361))
	Note: Scholarships totaling \$1,750 were awarded to two 2013 CPRS graduates to help pay for costs of college tuition, books,
	and required fees. This amount is included on the balance sheet on line 18 as part of Grants Payable, as the scholarships were
	not paid to the respective colleges until August, 2013
	That paid to the respective coneges with August, 2010
	
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ \$2,250
	Form 990 (2012)

Part				Page 3
		•	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		-
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			<u> </u>
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	District the second of the sec	11a	v	-
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		_
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		•
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a		14a	ļ	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		V
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		v
20 a	· · · · · · · · · · · · · · · · · · ·	20a		~
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 99	0 (2012)		ı	Page 4
Part	V Checklist of Required Schedules (continued)			
24	Did the experimentary report many than \$5,000 of greats and other appropriate any government or expensation		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		v
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Schedule L, Part IV	28a 28b		~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	V	v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		V
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
38	Part VI	37	V	
		Fort	n 990	(2012)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u> </u>		
			Yes	No
1a	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4 }		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	reportable gaming (gambling) winnings to prize winners?	 1c		-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a -0-	!		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		ļ
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u></u>
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
		4a		ļ
þ	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		-
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year	↓ !		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		 -
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8_		~
9	Sponsoring organizations maintaining donor advised funds.		-	
а	Did the organization make any taxable distributions under section 4966?	9a		
_ b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Initiation fees and capital contributions included on Part VIII, line 12	1		
11	Section 501(c)(12) organizations. Enter.	1		ļ
· ·a	Gross income from members or shareholders			İ
b	Gross income from other sources (Do not net amounts due or paid to other sources	1 !		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		_
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
_	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	44-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	 	-
	THE TOOL THE REPORT OF THE PARTY OF THE PORT OF THE PARTY			•

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response to any question in this Part VI	. See ins	struct	ions.				
Secti	on A. Governing Body and Management		Yes	No				
4.	Enter the number of voting members of the governing body at the end of the tax year 1a	7	105	NO				
Ia	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1						
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	7 1 2	v					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	t 3		~				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1				
6	Did the organization have members or stockholders?	6	ļ	~				
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?							
b								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	3						
а	The governing body?	8a	~					
b	Each committee with authority to act on behalf of the governing body?	8b	~					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rev	enue C						
	and a second	Γ.	Yes	No				
10a b	Did the organization have local chapters, branches, or affiliates?			~				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		_				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	·				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		,				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			V				
b			<u> </u>	<u> </u>				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, describe in Schedule O how this was done	12c		'				
13	Did the organization have a written whistleblower policy?	13		~				
14	Did the organization have a written document retention and destruction policy?	14		V				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4						
а	The organization's CEO, Executive Director, or top management official	15a		~				
b	Other officers or key employees of the organization	15b		~				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		İ					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		,				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?							
Secti	on C. Disclosure							
17 18	List the states with which a copy of this Form 990 is required to be filed ► Missouri Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sect available for public inspection. Indicate how you made these available. Check all that apply.	ion 501	(c)(3)s	only)				
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict and financial statements available to the public during the tax year.			oolicy,				
20	State the name, physical address, and telephone number of the person who possesses the books and record	as of the	•					

Part VII	Compensation of Officers	, Directors, Trustees,	Key Employees,	, Highest Compensated	Employees, a	and
	Independent Contractors					

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	Γ΄			((C)					
(A) Name and Title	hours per		unles	eck s pe	rson	than on the thick the thic	an tee)	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Barbara Allinder - Board Member	2	✓						0	o	0
(2) Larry Beecher - Board Member	2	1						0	0	0
(3) Brian Mundy - Board Member	2	1						0	0	0
(4) Tim Ohmer - Treasurer	4			1				0	0	0
(5) Eric Wilson - Secretary	5			1				0	0	O
(6) Carl Martens - Vice-President	2			√				0	0	0
(7) John Mundy - President	5			1				0	0	0
(8)										
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Name and title Average hours per week (list any hours for related organizations below dotted line) (A) Name and title Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (CD) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) (B) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) (M-2/1099-MISC) (M-2/1099-MISC) (M-2/1099-MISC)	Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees		nd F C)	lighe	st C	ompensated E	mployees (d	continue	a)		<u> </u>
Neme and title Neme and title Neme		(A)	(B)			•	•			(D)	(E)			(F)	
Pour per valor April 1999			(do not check more than one								e				
Total from continuation sheets to Part VII, Section A			hours per									from			
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Total from continuation sheets to Part VII, Section A	(=0)						Ì	Ì		ļ					
Total (add lines 1b and 1c).	1b	Sub-total								C					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ none Yes No	С	Total from continuation sheets to Part	VII, Section	n A					•						
reportable compensation from the organization ▶ none Yes No	d							• •	<u> </u>	<u> </u>	l				
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2				ose	e lis	ted	abov	e) w	ho received m	ore than \$1	00,000	of		
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		reportable compensation from the organ	ization ► n	one										Van	N ₂
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	2	Did the organization list any former of	fficer direc	tor o	or tr	ruet	66	kev (emr	Novee or high	nest compe	nsated		res	NO
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3												3	-	v -
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	• •							on a	ind other comi	ensation fr	om the			
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		organization and related organizations	greater th	an \$	150,	,000	? /	f "Ye	s,"	complete Sch	nedule J fo	r such	1		
for services rendered to the organization? If "Yes," complete Schedule J for such person													4		~
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None 2 Total number of independent contractors (including but not limited to those listed above) who	5														
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None 1 Total number of independent contractors (including but not limited to those listed above) who			17 If "Yes," (comp	ete	Sci	neal	ule J	tor s	sucn person	· · ·	• •	5		-
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None 2 Total number of independent contractors (including but not limited to those listed above) who				had in			lont	conti	rant	om that recove	ad mara tha	n \$100	000 of		
year. (A) Name and business address None Total number of independent contractors (including but not limited to those listed above) who	•	compensation from the organization. Re	nort compe	ensatu	uep on f	end or ti	he c	alenc	lar ı	vear ending wi	h or within	the oras	ของ อเ เกเรลที่เด	on's t	ax
(A) Name and business address None Total number of independent contractors (including but not limited to those listed above) who		-	p 0 0 0 p -			-, -,				,		J -			
None None Total number of independent contractors (including but not limited to those listed above) who	-								Τ	(B)			(C)		
2 Total number of independent contractors (including but not limited to those listed above) who			dress							Description of s	ervices	C	ompens	ation	<u> </u>
	None							_							
									1_	····					
									 			·			
									┼						
		Total number of independent contracts	ors (includi	na bi	ıt n	ot	limi	ted to	o th	nose listed ab	ove) who				
	_								_ •1		,				

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a resp	onse to any quest	tion in this Part VI (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1a	Federated campaigns 1a	51,650			-	
irar	b	Membership dues 1b	0				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 10	. 0			ļ	
Sift: ar/	d	Related organizations 10	0				}
is, (е	Government grants (contributions) 16	. 0				
tior sr S	f	All other contributions, gifts, grants,			}		
ibc,		and similar amounts not included above 11					
d of	g	Noncash contributions included in lines 1a-1f \$	1				
<u>8</u>	h	Total. Add lines 1a-1f		59,676			<u> </u>
Ę			Business Code				
946	2a			0			
ě	b			0			
ξi	C			0			
တ္တ	d			0			
턆	e	AH H		0			<u> </u>
Program Service Revenue	T	All other program service revenue.		0			
	<u>g</u> 3	Total. Add lines 2a-2f	idonde interest				·
	3	and other similar amounts)		22,782	22,782	o	o
	4	Income from investment of tax-exempt	-	0	22,702		
	5	Royalties	· · ·	0		-	
	"	(i) Real	(ii) Personal				
	6a	Gross rents	0 0				
	b	Less: rental expenses	0 0				
	c	Rental income or (loss)	0 0				
	d	Net rental income or (loss)		İ		,	
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory 146,18	31 0				
	b	Less: cost or other basis					
		and sales expenses 196,3					
	С	Gain or (loss) (50,14	3) 0				
	d	Net gain or (loss)	. <u> </u>	(50,143)	(50,143)	0	
venue	8a	Gross income from fundraising events (not including \$					
Other Reve		of contributions reported on line 1c). See Part IV, line 18	a 0				
ర్	b	Less: direct expenses	p 0				
		Net income or (loss) from fundraisin		0			<u> </u>
	9a	Gross income from gaming activities See Part IV, line 19	1				
			a 0				
	b	Less: direct expenses Net income or (loss) from gaming a	b 0	o			
		Gross sales of inventory, less		- U			
	Iva	returns and allowances	a 0		ļ		
		Less: cost of goods sold	b 0		ĺ		
	b	Net income or (loss) from sales of ir		o			
	C	Miscellaneous Revenue	Business Code	<u> </u>			
	11a			o			
	b						
	C			 			
	d	All other revenue	-	 			
	e	Total. Add lines 11a–11d		0		·	
	12	Total revenue See instructions		22 215	(27.361)	n	0

Part IX Statement of Functional Expenses

Section	Check if Schedule O contains a respons				
Do no	t include amounts reported on lines 6b, 7b,		(B)	(C)	(D)
8b, 9b	, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	2,250	2,250		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 8	Other salaries and wages	0			
9 10 11	Other employee benefits	0			
a b c	Management	3,000	0	3,000	0
d e	Lobbying	0		F 1/2	0
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,163 95	0	5,163 95	0
12 13 14	Advertising and promotion	30 0 0	0	30	0
15 16 17	Royalties	0 0 0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 20 21	Conferences, conventions, and meetings . Interest	0			
22 23 24	Depreciation, depletion, and amortization . Insurance	0 2,762	0	2,762	0
2-7	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	utilities	434	0	434	0
b	property taxes	943	0	943	0
c	postage, post office box	125	0	125	0
d	bank service charges	24	0	24	0
е	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)	14,826	2,250	12,576	0

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) End of year Beginning of year 2,588 1 453 1 42,878 2 69,593 2 3 0 3 0 0 0 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0 5 0 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 0 0 6 0 o 7 0 0 8 Prepaid expenses and deferred charges . . . ol 9 0 q 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0 10c 51,650 Less: accumulated depreciation 10b 470,294 11 534,540 Investments—publicly traded securities 11 0 Investments—other securities. See Part IV, line 11 . 12 12 Investments - program-related. See Part IV, line 11 0 13 0 13 0 14 0 14 2,404 15 2,321 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . 544,879 16 631,842 16 0 17 2,421 Accounts payable and accrued expenses 17 0 21,750 18 18 0 19 0 19 0 20 0 20 0 21 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 0 0 23 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 24 0 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 0 0 25 24,171 0 26 26 Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. 0 30 0 30 Capital stock or trust principal, or current funds 0 31 51,650 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 544,879 32 556,021 32 Retained earnings, endowment, accumulated income, or other funds. 544,879 33 607,671 33 544,879 34 631,842 34 Total liabilities and net assets/fund balances Form 990 (2012)

Page	12	

Oilli 33	0 (2012)			га	ge 12			
Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI		<u>.</u> .					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	2,315			
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	4,826			
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		54	4,879			
5	Net unrealized gains (losses) on investments	5		4	0,140			
6	Donated services and use of facilities	6			0			
7	Investment expenses	7			5,163			
8	Prior period adjustments	8			0			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10		60	7,671			
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII			·				
				Yes	No			
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ı	n					
	Schedule O.							
2a					<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	or					
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		. 2b		/			
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	a					
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		. 1					
	of the audit, review, or compilation of its financial statements and selection of an independent account			ļ				
	If the organization changed either its oversight process or selection process during the tax year, ex	plain i	n					
	Schedule O.		ŀ					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth i						
	the Single Audit Act and OMB Circular A-133?	• • •	· 3a					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo such a service of audit or audits are such as a such as							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b					
			Fon	m 990	(2012)			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public ons. Inspection Employer identification number

Cent	er Place Education (Foundation							75-30	36264		
Pai			rity Status (All orga						nstruction	ons.		
The 0 1 2 3 4	A church, conv A school descr A hospital or a A medical rese	vention of churce ribed in section cooperative ho	ation because it is: (For thes, or association of a 170(b)(1)(A)(ii). (Attac spital service organiza- tion operated in conjuncte:	churches ch Sched ation des	s describe ule E.) cribed in s	ed in sec section	tion 170(170(b)(1)((b)(1)(A)(i A)(iii).		(iii). Ente	er the	
5	_	n operated for (1)(A)(iv). (Com	the benefit of a colle	ge or uni	versity ov	vned or	operated	by a go	vernmen	tal unit o	describ	ed in
6 7	An organizatio	n that normally	nment or government receives a substantia)(A)(vi). (Complete Par	al part of					nit or fror	n the ge	neral p	oublic
8 9	☐ An organization receipts from support from	n that normally activities relate gross investme	receives: (1) more that to its exempt function in the income and unreafter June 30, 1975. See	an 33¹/₃% ions—su lated bus	6 of its su bject to d siness tax	ipport fro ertain ex kable inc	xceptions come (les	s, and (2) ss section	no mor	e than 3	31/3%	of its
10 11	An organization	on organized at ne or more put	d operated exclusively nd operated exclusive plicly supported organ describes the type of	ely for th	ne benefit described	of, to	perform to ion 509(a	the funct i)(1) or se	ions of, ection 50	9(a)(2). \$		
e	other than fou or section 509	ndation manago (a)(2).	that the organization ers and other than on	is not co e or more	ntrolled d publicly	rectly or support	r indirectl ed organ	zations c	or more described	disqualif I in secti	ied pe on 509	rsons 9(a)(1)
f	organization, o	heck this box								oe III su 	pportir 	ng
g	following person	ons?	the organization acce		_			-			Yes	No
	(iii) below, 1	the governing b	indirectly controls, eithody of the supported	organizat	ion?		·			11g()	~
	(iii) A 35% cor	trolled entity of	on described in (i) about a person described in contract the support	ı (i) or (iı)	above? .					11g(i 11g(i		V
(i) Name of supported organization (ii) EIN			(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(rv) is the o	organization sted in your document?	the orgai	rou notify nization in of your port?	organizat	s the tion in col. zed in the S.?	(vii) Amou	int of mo	onetary
				Yes	No	Yes	No	Yes	No			
(A) R	enter Place estoration School	43-1583076	501 c-3 school	,		~		,				0
(B)							ļ <u>.</u>		ļ		-	
(C)												
(D)												
(E)												
Tota	al											0

•	(Complete only if you checked the				•	•	anny unider
Saati	Part III. If the organization fails to on A. Public Support	quality unde	er trie tests lis	sted below, p	rease comple	ete Fart III.)	
	on A. Public Support dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2006	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(i) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support			·		•	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for th	_					
0 / -	organization, check this box and stop her		· · · · ·	· · · · · ·	<u> </u>	<u> </u>	🕨
	ion C. Computation of Public Suppor Public support percentage for 2012 (line 6			11 column (fl)		14	0 %
14 15	Public support percentage from 2011 Sch					15	0 %
16a	331/3% support test—2012. If the organization qual	zation did not	check the box	on line 13, an	d line 14 is 33		heck this
b	331/3% support test—2011. If the organ check this box and stop here. The organi					e 15 is 33 ¹ /3%	or more, ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization med Part IV how the organization meets the "forganization	ets the "facts-	and-circumsta	ances" test, che st. The organiz	eck this box a ation qualifies	nd stop here. I	Explain in supported
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m	tion meets the eets the "fact	e "facts-and-c :s-and-circums	ircumstances" stances" test. 7	test, check the organization	his box and s t on qualifies as	top here.
18	supported organization		box on line 13		 a, or 17b, ched		► [
	instructions						▶ 「

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

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 qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees			,			
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		-				
	unrelated trade or business under section 513						
4	Tax revenues levied for the	· · · · · · · ·					
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities	•					
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		ļ				
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		-				
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(a) 2000	(6) 2003	(0) 2010	(d) 2011	(6) 2012	(i) Total
10a	Gross income from interest, dividends,		<u> </u>				
104	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business				·		
	activities not included in line 10b, whether				1		
	or not the business is regularly carried on	· · · · · · · · · · · · · · · · · · ·					
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)		n'a firet asser	al thing for making	or fifth tox w		= F01/a\/2\
14	organization, check this box and stop he	-					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line 8			3. column (fl)		15	0 %
16	Public support percentage from 2011 Sch		-				0 %
	on D. Computation of Investment In					<u> </u>	
17	Investment income percentage for 2012 (y line 13, colu	mn (f))	17	0 %
18	Investment income percentage from 2011	Schedule A,	Part III, line 17			18	0 %
19a	331/3% support tests-2012. If the organ	zation did not	t check the box	x on line 14, a	nd line 15 is m	ore than 331/39	
	17 is not more than 331/3%, check this box	_	-			_	
b	331/3% support tests - 2011. If the organize						
	line 18 is not more than 331/3%, check this I	-	_				_
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗸

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

Employer identification number

	Place Education Foundation	an Advised France on Other Circiles Fr	75-3036264
Par	organizations Maintaining Dono organization answered "Yes" to Fo	or Advised Funds or Other Similar Fu	inds or Accounts. Complete if the
	organization answered Yes to Fo	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised failes	(b) i and direction accounts
2	Aggregate contributions to (during year).		
3	Aggregate contributions to (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised
•	funds are the organization's property, subject		
6	Did the organization inform all grantees, do		_
•	only for charitable purposes and not for the		
Part	Conservation Easements. Comp		
1	Purpose(s) of conservation easements held I		
-	Preservation of land for public use (e.g.,	• • • • • • • • • • • • • • • • • • • •	of an historically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation eas	sements	2b
С	Number of conservation easements on a cer		
d	Number of conservation easements includ		t on a
	historic structure listed in the National Regis		· · 2d
3	Number of conservation easements modified	d, transferred, released, extinguished, or te	erminated by the organization during the
	tax year ▶		
4	Number of states where property subject to		,
5	Does the organization have a written pol		
_	violations, and enforcement of the conservations		
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservation	on easements during the year
_		:	annesta divina the vecu
7	Amount of expenses incurred in monitoring, ►\$	inspecting, and enforcing conservation ea	sements during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)
0	(i) and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · Yes · No
9	In Part XIII, describe how the organization re		
9	balance sheet, and include, if applicable, the		
	organization's accounting for conservation e		
Part		ections of Art, Historical Treasures, o	or Other Similar Assets.
		vered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted und		
	works of art, historical treasures, or other		
	public service, provide, in Part XIII, the text of	of the footnote to its financial statements the	nat describes these items.
b	If the organization elected, as permitted un		
	works of art, historical treasures, or other		education, or research in furtherance of
	public service, provide the following amount	s relating to these items:	
	(i) Revenues included in Form 990, Part VIII (ii) Assets included in Form 990, Part X	, line 1	. > \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works		
	following amounts required to be reported u		
а	Revenues included in Form 990, Part VIII, lin	ne 1	> \$
b	Assets included in Form 990, Part X		▶ \$

Part	III Organizations Maintaining										
3	Using the organization's acquisition, collection items (check all that apply):		ssion, and ot	her reco	rds, ched	k any of the	follov	wing that are a	sign	ificant u	se of its
а	☐ Public exhibition			đ	☐ Loan	or exchange	e prog	rams			
b	☐ Scholarly research			е	Othe	r					
C	☐ Preservation for future generations										
4	Provide a description of the organization	tıon's	collections	and expl	ain how t	hey further t	the org	ganızation's exe	∍mpt	purpos	e in Part
	XIII.										
5	During the year, did the organization								ilar		_
	assets to be sold to raise funds rather									☐ Yes	
Part	V Escrow and Custodial Arra					ganization a	ınswe	red "Yes" to I	-orm	1 990, P	art IV,
	line 9, or reported an amour	it on	Form 990, I	Part X, I	ne 21.		<u> </u>				
1a	Is the organization an agent, trustee	, cust	odian or oth	ner intern	nediary to	or contributi	ons o	r otner assets	not	- v	
	included on Form 990, Part X?								•	∐ Yes	∐ N o
b	If "Yes," explain the arrangement in P	art XII	ıı ana compi	ete tne to	niowing t	abie:		1	Amo	unt	
_	Designing halance						10		71110		
C	Beginning balance						10				
ď	Additions during the year						16				
e f	Distributions during the year Ending balance						11			-	
2a	Did the organization include an amount									☐ Yes	□ No
	If "Yes," explain the arrangement in P										
Par		ete if	the organiz	zation ar	swered	"Yes" to F	orm 9	90, Part IV, Iir	ne 10	0.	
			Current year		or year	(c) Two years				(e) Four ye	ars back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and								1		
	programs	<u></u>				<u> </u>					
f	Administrative expenses										
9	End of year balance	L		<u> </u>					L		
2	Provide the estimated percentage of		irrent year er		e (line 1ç	g, column (a)) held	as:			
а	Board designated or quasi-endowme			%							
ь	Permanent endowment	%									
С	Temporarily restricted endowment ►		%	2007							
20	The percentages in lines 2a, 2b, and 2 Are there endowment funds not in the				zation th	at are held s	and ac	Iministered for	the		
3a	organization by:	e pos	isession or ti	ne organ	zanon m	at are note t	and ac	in in instance for	1110	V	es No
	(i) unrelated organizations									3a(i)	- 110
	(ii) related organizations									3a(ii)	
b	If "Yes" to 3a(II), are the related organ									3b	
4	Describe in Part XIII the intended use									<u> </u>	· · · · · · · · · · · · · · · · · · ·
Par	VI Land, Buildings, and Equip	omen	t. See Forn	n 990, P	art X, lir	ne 10.					· ·
	Description of property		(a) Cost or o (investm			or other basis other)		Accumulated epreciation	1	(d) Book v	alue
1a	Land										15,000
b	Buildings										36,650
С	Leasehold improvements										
d	Equipment										
е	Other	<u>. </u>									
Total.	Add lines 1a through 1e. (Column (d) r	must e	equal Form 9	90, Part	X, colum	n (B), line 10	(c).)	<u></u> ▶		• • • • • • • • • • • • • • • • • • • •	51,650

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

Center	Place Education Foundation					75-30362	64		
Part									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contamounts report Form 990, Part \	orted on	Method o			
1	Art—Works of art								
2	Art—Historical treasures								
3	Art — Fractional Interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities-Publicly traded								
10	Securities - Closely held stock .								
11	Securities—Partnership, LLC,								
	or trust interests								
12	Securities-Miscellaneous								
13	Qualified conservation								
	contribution—Historic								
	structures								
14	Qualified conservation	Ì							
	contribution—Other				-1				
15	Real estate—Residential					ļ.			
16	Real estate—Commercial		1		51,650	estimated m	<u>arket v</u>	<u>ralue</u>	-
17	Real estate—Other				-				
18	Collectibles				-				
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy				· · · · · · · · · · · · · · · · · · ·				
22	Historical artifacts								
23	Scientific specimens	ļ							
24	Archeological artifacts								
25	Other ► ()								
26	Other ► ()				-				
27	Other ► ()								
28	Other ► (<u> </u>			.A	 			
29	Number of Forms 8283 received which the organization completed					00			
	which the organization completed	1 FUIIII 020	5, Part IV, Donee Acknowle	agement		29	—т	Yes	No
						1 00 45-4		163	140
30 a	During the year, did the organizat								İ
	it must hold for at least three year used for exempt purposes for the						200		
			ing period?				30a		
b	If "Yes," describe the arrangemen		stones nation that receive	so the recues	of any no	n-standard		, [ĺ
31	Does the organization have a	_				m-stanuaru	24		ļ
^^	contributions?					oll noncoch	31	-	
32a	Does the organization hire or us						20-	, , 1	
_	· ·						32a	✓	
b	If "Yes," describe in Part II.	n amarint :-	a column (a) for a time of	norty for which	column (a)	ie chaakad			į
33	If the organization did not report a describe in Part II.	n amount if	r column (c) for a type of pro	pperty for writeri	coluitiii (d)	is checked,			

the org	mental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether anization is reporting in Part I, column (b), the number of contributions, the number of items received, mbination of both. Also complete this part for any additional information.
Received a 50% interes	est in land and buildings previously owned by Christian Outreach, Inc., a Minnesota corporation that was dissolved in
2012, on 10-24-2012.	The other 50% interest in the land and buildings is owned by Price Publishing Co., of Independence, MO. The
estimated market valu	ue at the time of the donation was \$103,300, and 50% of that amount, \$51,650, is the amount shown in Part 1, line 16.
Both of the organizati	ions receiving this gift desire to sell this property and split the proceeds. This intention was known to the giver of the
gift. This property is	listed for sale with a realtor.

••••	
•••••	
••••	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Center Place Education Foundation

Employer identification number 75-3036264

Part VI, Question 2 - There are two family members on our board - John Mundy, the foundation board president, is the father of

Brian Mundy

Part VI, Question 11B - CPEF does not have a policy for review of the 990 prior to submission

Form **8868**

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

If you	are filing for an Automatic 3-Month Extension are filing for an Additional (Not Automatic) 3-l complete Part II unless you have already been	Month Exten	sion, complete onl	y Part II (on page 2 of	this form)	
a corpo 8868 to Return	nic filing (e-file). You can electronically file For ration required to file Form 990-T), or an addition request an extension of time to file any of the for Transfers Associated With Certain Person ions). For more details on the electronic filing of	onal (not auto e forms listed nal Benefit C	omatic) 3-month ext d in Part I or Part II Contracts, which m	ension of time. You ca with the exception of ust be sent to the IF	in electronical Form 8870, RS in paper f	ily file Form Information format (see
Part	Automatic 3-Month Extension of Tir	ne. Only suf	omit original (no c	opies needed).		
	oration required to file Form 990-T and requ				s box and co	omplete
		_				. ▶ 🗀
All othe	r corporations (including 1120-C filers), partner	ships, REMIC	S, and trusts must	use Form 7004 to requ	uest an extens	sion of time
	come tax returns.	• •				
				Enter filer's identifying	g number, see	instructions
Type	Name of exempt organization or other filer, see	e instructions.		Employer identification	number (EIN) o	r
Type or print	Center Place Education Foundation			75-3	8036264	
•	Number, street, and room or suite no. If a P.O.	box, see instri	uctions.	Social security number		
File by the due date						
filing your	City, town or post office, state, and ZIP code.	For a foreign a	ddress, see instruction	ns		
return Se	90	Ū				
	ne Return code for the return that this application	on is for (file a	separate applicatio	n for each return) .		0 1
Applic Is For		Return Code	Application Is For			Return Code
	990 or Form 990-EZ	01	Form 990-T (corpo	oration)		07
	990-BL	02	Form 1041-A			08
	4720 (individual)	03	Form 4720			09
	990-PF	04	Form 5227			
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	<u></u>		10
	990-T (sec. 40 f(a) of 400(a) trust)	06	Form 8870			12
- FOITH :	990-1 (trust other trial) above)		1 01111 0070			
• The b	ooks are in the care of Tim Ohmer					
	hone No. ► 816-252-3819		AX No. ►	816-254-4991		
• If the	organization does not have an office or place o	f business in	the United States, o	check this box		▶□
	is for a Group Return, enter the organization's				If th	
for the	whole group, check this box $$. $$. $$ $$ $$ $$ $$ $$ $$ $$ $$.	If it is for par	t of the group, chec	k this box	▶ ☐ and at	tach
	ith the names and EINs of all members the exte			, , , , , , , , , , , , , , , , , , , 		
	I request an automatic 3-month (6 months for a					
	until January 15 , 20 14 , to file the e	xempt organi	zation return for the	organization named a	bove. The ext	ension is
	for the organization's return for:					
	▶ ☐ calendar year 20 or					
	► ☑ tax year beginning June 1				, 20	13 .
2	If the tax year entered in line 1 is for less than 1	2 months, ch	ieck reason: 🔲 Initi	al return 🔲 Fınal ret	:urn	
	Change in accounting period					
3a	If this application is for Form 990-BL, 990-PF,	990-T, 4720,	or 6069, enter the t	entative tax, less any] [
	nonrefundable credits. See instructions				3a \$	0
b	If this application is for Form 990-PF, 990-7				1	
	estimated tax payments made. Include any price	or year overpa	ayment allowed as a	credit.	3b \$	0
C	Balance due. Subtract line 3b from line 3a Inc			, if required, by using		
	EFTPS (Electronic Federal Tax Payment System				3c \$	0
Caution	n. If you are going to make an electronic fund withdra	wal with this Fo	orm 8868, see Form 84	153-EO and Form 8879-E	O for payment i	nstructions