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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013Department of the Treasury
Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
XENIA COMMUNITY SCHOOLS FOUNDATION

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
334 WEST MARKET STREET

City or town, state or province, country, and ZIP or foreign postal code
XENIA, OH 45385

D Employer identification number
31-1145230

E Telephone number
937-903-3004

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **N/A**

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **71,218.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	10,892.	18	<10,896.>
2	Program service revenue including government fees and contracts	2		19	347,348.
3	Membership dues and assessments	3		20	0.
4	Investment income	4	6,276.	21	336,452.
5a	Gross amount from sale of assets other than inventory	5a	46,805.		
b	Less: cost or other basis and sales expenses	5b	39,082.		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	7,723.		
6	Gaming and fundraising events				
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
b	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	7,245.		
c	Less: direct expenses from gaming and fundraising events	6c	4,221.		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3,024.		
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less: cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	27,915.		
10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	33,676.		
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12			
13	Professional fees and other payments to independent contractors	13			
14	Occupancy, rent, utilities, and maintenance	14			
15	Printing, publications, postage, and shipping	15	705.		
16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	4,430.		
17	Total expenses. Add lines 10 through 16 ▶	17	38,811.		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<10,896.>		
19	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)	19	347,348.		
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.		
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	336,452.		

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

Form **990-EZ** (2013)

SCANNED DEC 9 2014

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a 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)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
c 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 requirements during the year? If "Yes," complete Schedule C, Part III		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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a 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
40a 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.	
b 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? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
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	OH	
42a The organization's books are in care of	JOHN B. (JACK) BERGIN	Telephone no. 937-903-3004
Located at	4245 SPRUCE WOOD DRIVE, BEAVERCREEK, OH	ZIP + 4 45432
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 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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a 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 of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI. Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		X

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		X

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

JOHN B. (JACK) BERGIN, TREASURER

Type or print name and title

Date

11/12/14

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

STEVEN T LANGDON, EA

10/29/14

P00045762

Firm's name CBIZ MHM, LLC

Firm's EIN 34-1513062

Firm's address 3170 PRESIDENTIAL DRIVE FAIRBORN, OH 45324

Phone no. 937.320.1717

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

☒ Yes ☐ No

Form 990-EZ (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

XENIA COMMUNITY SCHOOLS FOUNDATION

Employer identification number

31-1145230

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,200.	16,685.	11,686.	9,865.	10,892.	58,328.
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	9,200.	16,685.	11,686.	9,865.	10,892.	58,328.
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						58,328.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	9,200.	16,685.	11,686.	9,865.	10,892.	58,328.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,950.	6,235.	5,839.	6,115.	6,276.	32,415.
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 Total support. Add lines 7 through 10						90,743.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	64.28	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	64.18	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒			
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐			
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐			
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐			

Schedule A (Form 990 or 990-EZ) 2013

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 A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2013. 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 - 2012. 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 ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

SCHEDULE O
(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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

XENIA COMMUNITY SCHOOLS FOUNDATION

Employer identification number

31-1145230

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST INCOME

2,107.

DIVIDEND INCOME

4,169.

TOTAL INCLUDED ON FORM 990-EZ, LINE 4

6,276.

FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:

AFFILIATE NAME: SCHOLARSHIPS & GRANTS PAID

AMOUNT OF PAYMENT:

33,676.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

BROKER ACCOUNT FEES

884.

FOREIGN TAX PAID-SCHWAB ACCOUNT

46.

INSURANCE EXPENSE

500.

DIRECTOR FEES

3,000.

TOTAL TO FORM 990-EZ, LINE 16

4,430.

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,

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

SCHEDULE O
(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.

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2013

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▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization

XENIA COMMUNITY SCHOOLS FOUNDATION

Employer identification number

31-1145230

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

EBS Asset Management
REALIZED GAINS AND LOSSES
Xenia Community Schools Foundation
 From 01-01-13 Through 12-31-13

Open Date	Close Date	Quantity	Security	Gain or Loss				
				Cost Basis	Proceeds	Short Term	Long Term	Total
REALIZED GAIN/LOSS								
08-20-08	01-17-13	60	MYR Group Inc	945.00 *	1,311.09		366.09	
05-21-12	01-17-13	50	MYR Group Inc	840.00 *	1,092.57	252.57		
02-15-12	01-25-13	2,000	Hartford Financial Service Group Rate: 6.30% Due 03/15/2018	2,178.98 *	2,363.30	184.32		
05-05-09	01-25-13	11.137	Schwab Total Bond Market Index Fund	97.45	107.25		9.80	
02-28-11	01-25-13	35.932	Schwab Total Bond Market Index Fund	329.50	346.03		16.53	
03-31-11	01-25-13	2.032	Schwab Total Bond Market Index Fund	18.59	19.57		0.98	
04-29-11	01-25-13	2.104	Schwab Total Bond Market Index Fund	19.44	20.26		0.82	
05-31-11	01-25-13	1.967	Schwab Total Bond Market Index Fund	18.35	18.94		0.59	
06-30-11	01-25-13	2.143	Schwab Total Bond Market Index Fund	19.89	20.64		0.75	
07-29-11	01-25-13	2.217	Schwab Total Bond Market Index Fund	20.84	21.35		0.51	
09-30-11	01-25-13	1.597	Schwab Total Bond Market Index Fund	15.27	15.38		0.11	
10-31-11	01-25-13	1.276	Schwab Total Bond Market Index Fund	12.17	12.29		0.12	
11-30-11	01-25-13	1.314	Schwab Total Bond Market Index Fund	12.50	12.65		0.15	
03-30-12	01-25-13	1.312	Schwab Total Bond Market Index Fund	12.53	12.63	0.10		
04-30-12	01-25-13	0.891	Schwab Total Bond Market Index Fund	8.58	8.58			
05-02-12	01-25-13	239.875	Schwab Total Bond Market Index Fund	2,310.00	2,310.00			

EBS Asset Management
REALIZED GAINS AND LOSSES
Xenia Community Schools Foundation
From 01-01-13 Through 12-31-13

Open Date	Close Date	Quantity	Security	Gain or Loss			
				Cost Basis	Proceeds	Short Term	Long Term
REALIZED GAIN/LOSS							
05-31-12	01-25-13	1.392	Schwab Total Bond Market Index Fund	13.49	13.40	-0.09	
06-29-12	01-25-13	1.482	Schwab Total Bond Market Index Fund	14.33	14.27	-0.06	
07-31-12	01-25-13	1.363	Schwab Total Bond Market Index Fund	13.33	13.13	-0.20	
08-31-12	01-25-13	1.410	Schwab Total Bond Market Index Fund	13.76	13.58	-0.18	
09-28-12	01-25-13	1.407	Schwab Total Bond Market Index Fund	13.73	13.55	-0.18	
10-31-12	01-25-13	1.381	Schwab Total Bond Market Index Fund	13.46	13.30	-0.16	
11-30-12	01-25-13	1.453	Schwab Total Bond Market Index Fund	14.15	13.99	-0.16	
12-31-12	01-25-13	1.315	Schwab Total Bond Market Index Fund	12.76	12.66	-0.10	
12-30-04	02-21-13	10	Comcast Corp	226.53 *	399.86		173.33
01-24-06	02-21-13	45	Comcast Corp	838.50 *	1,799.38		960.88
02-05-09	03-14-13	0.719	Tower Group International	16.54 *	13.09		-3.45
12-20-04	03-20-13	40	Pfizer Inc	988.23 *	1,122.97		134.74
01-24-06	03-20-13	40	Pfizer Inc	998.60 *	1,122.96		124.36
11-24-04	03-25-13	1	NVR Inc	700.50 *	1,057.13		356.63
01-24-06	03-25-13	2	NVR Inc	1,499.22 *	2,114.26		615.04
09-27-10	05-07-13	60	Orchids Paper Products Co	884.58 *	1,370.10		485.52
02-14-11	05-23-13	3,000	Ball Corp Rate: 7.13% Due 09/01/2016	3,301.00 *	3,127.21		-173.79
02-20-09	07-02-13	40	CableVision Systems Corp	297.01 *	743.54		446.53
03-12-09	08-02-13	273.111	Schwab Total Bond Market Index Fund	2,359.68	2,548.12		188.44

EBS Asset Management
REALIZED GAINS AND LOSSES
Xenia Community Schools Foundation
From 01-01-13 Through 12-31-13

Open Date	Close Date	Quantity	Security	Gain or Loss				
				Cost Basis	Proceeds	Short Term	Long Term	Total
REALIZED GAIN/LOSS								
03-31-09	08-02-13	0.863	Schwab Total Bond Market Index Fund	7.55	8.05		0.50	
04-30-09	08-02-13	1.356	Schwab Total Bond Market Index Fund	11.85	12.65		0.80	
05-05-09	08-02-13	79.266	Schwab Total Bond Market Index Fund	693.58	739.55		45.97	
01-31-13	08-02-13	1.241	Schwab Total Bond Market Index Fund	11.93	11.58	-0.35		
02-28-13	08-02-13	0.695	Schwab Total Bond Market Index Fund	6.70	6.48	-0.22		
03-28-13	08-02-13	0.694	Schwab Total Bond Market Index Fund	6.68	6.48	-0.20		
04-18-13	08-02-13	343.963	Schwab Total Bond Market Index Fund	3,333.00	3,209.18	-123.82		
04-30-13	08-02-13	0.902	Schwab Total Bond Market Index Fund	8.75	8.42	-0.33		
05-31-13	08-02-13	1.361	Schwab Total Bond Market Index Fund	12.93	12.70	-0.23		
06-28-13	08-02-13	1.216	Schwab Total Bond Market Index Fund	11.36	11.34	-0.02		
07-31-13	08-02-13	1.358	Schwab Total Bond Market Index Fund	12.67	12.67	0.00		
01-24-06	10-23-13	22.660	Tower Group International	402.60	82.46		-320.14	
02-05-09	10-23-13	25.340	Tower Group International	582.96	92.22		-490.74	
05-31-12	10-25-13	0.317	Schwab Short Term Bond Market Fund	2.94	2.94			
06-29-12	10-25-13	0.256	Schwab Short Term Bond Market Fund	2.38	2.38			
07-31-12	10-25-13	0.226	Schwab Short Term Bond Market Fund	2.11	2.10		-0.01	

EBS Asset Management
REALIZED GAINS AND LOSSES
Xenia Community Schools Foundation
From 01-01-13 Through 12-31-13

Open Date	Close Date	Quantity	Security	Gain or Loss			
				Cost Basis	Proceeds	Short Term	Long Term
REALIZED GAIN/LOSS							
08-31-12	10-25-13	0.219	Schwab Short Term Bond Market Fund	2.04	2.03		-0.01
09-28-12	10-25-13	0.220	Schwab Short Term Bond Market Fund	2.05	2.04		-0.01
10-31-12	10-25-13	0.203	Schwab Short Term Bond Market Fund	1.89	1.88	-0.01	
11-30-12	10-25-13	0.215	Schwab Short Term Bond Market Fund	2.01	2.00	-0.01	
12-31-12	10-25-13	0.193	Schwab Short Term Bond Market Fund	1.80	1.79	-0.01	
01-31-13	10-25-13	0.192	Schwab Short Term Bond Market Fund	1.79	1.78	-0.01	
02-28-13	10-25-13	0.209	Schwab Short Term Bond Market Fund	1.95	1.94	-0.01	
03-28-13	10-25-13	0.194	Schwab Short Term Bond Market Fund	1.81	1.80	-0.01	
04-30-13	10-25-13	0.193	Schwab Short Term Bond Market Fund	1.80	1.79	-0.01	
05-31-13	10-25-13	0.208	Schwab Short Term Bond Market Fund	1.93	1.93	0.00	
08-05-13	10-25-13	621.535	Schwab Short Term Bond Market Fund	5,749.20	5,767.85	18.65	
09-30-13	10-25-13	0.620	Schwab Short Term Bond Market Fund	5.74	5.75	0.01	
03-29-11	10-30-13	100	Dell Inc	1,493.60	1,375.00		-118.60
11-11-10	11-18-13	70	UniTek Global Services	665.00 *	84.02		-580.98
08-19-11	11-18-13	110	UniTek Global Services	540.49 *	132.03		-408.46
12-02-08	11-20-13	45	Walgreen	1,069.94 *	2,647.95		1,578.02
09-02-11	11-25-13	1	Google Inc	526.92 *	1,036.37		509.45

EBS Asset Management
REALIZED GAINS AND LOSSES
Xenia Community Schools Foundation
 From 01-01-13 Through 12-31-13

Open Date	Close Date	Quantity	Security	REALIZED GAIN/LOSS			Gain or Loss		Total
				Cost Basis	Proceeds		Short Term	Long Term	
01-29-13	11-29-13	3,000	Dell Inc. Rate: 2.10% Due 04/01/2014	3,035.91	3,018.69		-17.22		
01-17-08	12-20-13	70	Orion Marine Group Inc	816.67*	838.69			22.02	
08-31-11	12-20-13	110	Orion Marine Group Inc	712.48*	1,317.94			605.46	
08-31-11	12-23-13	40	Orion Marine Group Inc	259.09*	477.71			218.62	
Short Term Total				17,668.95	17,981.01				
Long Term Total				21,413.63	26,180.20				
Total Gain/Loss							312.06	4,766.57	5,078.63

Capital Gain Dividends

+ 2,644
2,644.13

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	XENIA COMMUNITY SCHOOLS FOUNDATION	31-1145230
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	334 WEST MARKET STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	XENIA, OH 45385	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JOHN B. (JACK) BERGIN

- The books are in the care of **3079 WOODMAN DRIVE, - KETTERING, OH 45429**

Telephone No. **937-903-3004**

Fax No.

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2014**.

5 For calendar year **2013**, or other tax year beginning , and ending .

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NECESSARY IN ORDER TO OBTAIN THE INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment 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 payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form.

Signature **John B. Bergin, Ed.** Title **ENROLLED AGENT**

Date **8/8/2014**

Form 8868 (Rev. 1-2014)