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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

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

Open to Public

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

<u>!</u>	nterr	al Reven	ue Service	<u></u> Infor	mation about	Form 990 and	ts instructions is at	www.irs.go	ov/form990	<u>). </u>	Inspec	lion
7	١.	For the	2014 cale	ndar year, or tax y	ear beginning	June	1 , 2014, a	nd ending	Ma	y 31	, 20 15	
í	3	Check r	applicable	C Name of organization	on Center Plac	e Education F	oundation			D Employer	identification n	umber
[3.	Address	change	Doing business as		75-3036264						
Ī	_	Name ch	-	Number and street		E Telephone						
Ĭ	_	Initial ret	-	819 W Waldo Av	/e						316-252-3819	
ſ	_			City or town, state		try, and ZIP or for	eign postal code	1		<u> </u>		
	=		n/terminated			uy, a.a. z.ii oi ioi	cigii postas code			C Cross ros	ounto ¢	406,127
L	_	Amende		Independence,					I	G Gross rec	•	
ι	٠ لـ	Applicati		F Name and address			110 (4050				bordinates? 🔲 Yes	
-				John Mundy, 1551					1		included? Tyes	
1		Tax-exe	npt status	✓ 501(c)(3)	501(c) () ◀ (ınsert	no)	<u></u> 527	II -N	o," attach a t	ist (see instructio	ins)
2	_	Website		w.cp-ef org					·	exemption n		
				Corporation Tr	ust Associa	ion ∐ Other▶	L Yea	er of formation	2002	M State o	f iegal domicie	MO
	Pa	art I	Summ									
		1					gnificant activities:					
	Activities & Governance		term fina	ncial needs of Cen	ter Place Rest	oration School	, and provide schol	arship assi:	stance to (CPRS grad	uates who are	
	ш		pursuing	higher education								
	err	2	Check th	is box ▶ 🗌 ıf the	organization (discontinued i	ts operations or di	sposed of	more thar	25% of it	s net assets.	
	Š	3	Number	of voting member	s of the gove	ming body (Pa	art VI, line 1a).			3		6
	8	4		-	_		ning body (Part VI,					6
	es	5		-	-	_	r 2014 (Part V, line					0
	Ϋ́Ε	6				-				6		6
ָנב	CE	7a		elated business r						7a		0
Ë	•	/ a		lated business tax		-	• • •			7b	·	0
-	_	b	Net unle	ateu business ta	Cable Income	HOITI FORTH 33	0-1, 11116-54		Prior Ye		Current Ye	
es.			O4			41,033		2,750				
© ~	9	8		tions and grants (•		· ·				2,730
FEB	Revenue	9	_	service revenue (52.004		
1.	æ	10		-			nd 7d)	· ·		52,884		29,279
Ω		11		•			c, 10c, and 11e) .			00.047		896
Щ.		12	•				t VIII, column (A), lir			93,917 31,750		32,925
SCANNED		13	· · · · · · · · · · · · · · · · · · ·									72,250
<		14	· · · · · · · · · · · · · · · · · · ·							0		0
8	98	15		-			(, column (A), lines	5–10)		0		0
U)	Expenses	16a		onal fundraising fe				· ·		0		0
	×	b	Total fun	draising expense	s (Part IX, col	umn (D), line 2	25) ▶					
	ш.	17	Other ex	penses (Part IX, c	olumn (A), lin	es 11a-11d, 1	1f-24e)		<u>-</u>	10,732		3,815
		18	Total exp	enses. Add lines	13-17 (must	equal Part IX,	column (A), line 25	5)		42,482		76,065
		19	Revenue	less expenses S	subtract line 1	8-from line 12				51,435		(43,140)
•	ets or ances						(C)	Be	ginning of Cu	rrent Year	End of Ye	ear
	캶	20	Total ass	ets (Part X, line 1	6) 🥰	- JAN %.	1. K. 1	[748,877		647,126
	\$8 88	21		oilities (Part X, line				$ abla$		29,172	•	16,750
	Net Asse Fund Bala	22		ts or fund balanc	•		e 20 :			719,705		630,376
	Pa	art II	Signa	ture Block	,1		. 446					
	_		Ities of penu	ry, I declare that I have	e examined this i	eturn, including a	ccompanying schedules	s and stateme	ents, and to t	he best of m	y knowledge and	belief, it is
	tru	e, correc	t, and comp	lete Declaration of pre	parer (other than	officer) is based	on all information of whi	ch preparer h	as any know	ledge.		
•			1	Town I	Um D (Innai				1-15	-16	
	Sig	ın	Sign	ature of officer ~	\rightarrow				Da			
	Нe			-TimaT	~ D 01	nmer	CPEF T	reasur	er			
	_	Type or print name and title										
		: 4	1	pe preparer's name		Preparer's signa	ture	Date		Charle C	, PTIN	
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		epare	1	name ►		L			T =,	n's EIN ▶	<u>·</u> ·	
	US	e On		address >						one no.		
	Ma	v the II			the preparer	shown above	(see instructions)			A10 IIV.	TYe	s No
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For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

Cat. No. 11282Y

orm 99	0 (2014) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: provide financial support for school operations of Center Place Restoration School, provide scholarship assistance for CPRS graduates pursuing higher education
	Did the second state of the second se
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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 \$ 70,000 including grants of \$ 70,000) (Revenue \$ 30,175)
4b	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 30,175) \$15,000 in grants to CPRS were approved by the CPEF Board in May, 2015 for the 2015 - 2016 fiscal year. This amount is recognized on the balance sheet on line 18 as Grants Payable. In addition, in May, 2015, the CPEF Board approved scholarships totaling \$1,750 for two 2015 CPRS graduates. This amount is also recognized on the balance sheet on line 18 as Grants Payable
4c	(Code:) (Expenses \$ 2,250 including grants of \$ 2,250) (Revenue \$ 30,175) Three scholarships totaling \$2,250 were awarded to 2014 CPRS graduates pursuing higher education These funds were disbursed in July, 2014.
4c	Three scholarships totaling \$2,250 were awarded to 2014 CPRS graduates pursuing higher education These funds were disbursed
4c	Three scholarships totaling \$2,250 were awarded to 2014 CPRS graduates pursuing higher education These funds were disbursed in July, 2014. Other program services (Describe in Schedule O.)
	Three scholarships totaling \$2,250 were awarded to 2014 CPRS graduates pursuing higher education These funds were disbursed in July, 2014.

	D (cut4)			Page C
Part	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			NO
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	•	V
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		v
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 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		,
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, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
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		,
C	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		,
	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		•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	~
14 a	,,,,,	14a		~
ь	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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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		~
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		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			<u> </u>
•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		V
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	-		
2-10	\$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 25a	24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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):			ļ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
C	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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
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? If "Yes," complete Schedule R, Part VI	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	~	
		For	n 990	(2014)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. 🗆
-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable]		1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			زا
_	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	1	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	 	 	ئــــــا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	ļ <u>.</u>	,
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ا ا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	-	-
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		_
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1	
	account)?	4a	ļ	
b	If "Yes," enter the name of the foreign country: ▶	<u> </u>	<u> </u>	
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1		
	(FBAR).]	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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		~
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	ļ	1
7	Organizations that may receive deductible contributions under section 170(c).		ŀ	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70		- <u>-</u> -
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	 	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		-
·	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year		1	
e	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?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_	-	
	sponsoring organization have excess business holdings at any time during the year?	8		~
9	Sponsoring organizations maintaining donor advised funds.		-	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	 	├
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			1
a b	Initiation fees and capital contributions included on Part VIII, line 12	1		
11	Section 501(c)(12) organizations. Enter:	1	1	
··a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)	}	ļ	}
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<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	-	1	
C	Enter the amount of reserves on hand	44-	 	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	+-
D	THE TEST HAS IT HIER A FUNTIFIZO TO TEDORI THESE DAVITIENTS! IT INVOLUTIONAL ATTEXPIANAUOTI IT SCHEUUIE U	1 1 7 1	1	1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	structi	ions.
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 6			ŀ
2	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?	2	Ţ.	
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? .	3		~
4	Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		9/
6	Did the organization have members or stockholders?	6		~
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?	7a		-
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	l	~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	
Ь	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 at			
	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 Reven	ue Co		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		
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		~
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?			1
а	The organization's CEO, Executive Director, or top management official	15a		~
b	Other officers or key employees of the organization	15b		~
45	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			[;
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	-	•
þ	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?	405		·
Conti		16b	L	L
<u>Secti</u>	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► Missouri			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501/	C)(3)e	only
	available for public inspection. Indicate how you made these available. Check all that apply.	. 551(J,(U)3	· · · y /
46	Own website Another's website Upon request Other (explain in Schedule O)	·		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Timothy D Ohmer, 12106 Mar Bec Trail, Independence, MO 64052	cords	:▶	

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	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 no	r any relate	d org	aniz	atio	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
				((C)			}		
(A)	(B)				rtion			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per	office				or/trust		compensation	compensation from	
	week (list any	25	3	0	<u>~</u>	ΦI	Ī	from	related	other
	hours for related	ਦੂਂ ਨੂ	똫	Officer	8	를	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	8 5	틍	4	Key employee	by st o	펵	(W-2/1099-MISC)	(** 2 1000 111100)	organization
	below dotted	익특	<u>a</u>		ğ	Ψ Š	ļ		,	and related
	line)	Individual trustee or director	텵		8	Per				organizations
		8	Institutional trustee		1	Highest compensated employee		ļ		
					_	<u> </u>				
(1) Larry Beecher - Board Member	1									
		~	<u> </u>					0	0	
(2) Brian Mundy - Board Member	1			١.		<u> </u>		1		
(O) Combined Allindry Committee	 	~	-		ļ	ļ		0	0	
(3) Barbara Allinder - Secretary	2	_							o	,
(4) Carl Martens - Vice-President	1			-			-	 		
(1)	,	_		İ		ĺ		٥	o	
(5) John Mundy - President	6						T			
		~						0	0	
(6) Tim Ohmer - Treasurer	4					ŀ		_		
		~	ļ		_		-	0	0	(
(7)		Ì			Ì				Ì	
(8)	<u> </u>	<u> </u>								
(9)										
(10)	 		┢			-				
(1.9)	ì	}	Ì			Ì		}		
(11)										
(12)	 		┢		-					
\' - /									1	
(13)	1									
(4.A)	1		\vdash	-	-		├_			
(14)			1	l	1					

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					•	C)								
	(A)	(B)	(do n	nt ct		rtron more	than o	ากค	(D)	(E)			(F)	
	Name and title			Average (do not check more box, unless person is					Reportable	Reportable		Estimated		
		hours per week (list any	office	ar and	dad	irect	or/trus		compensation	compensation related	from		ount of ther	
		hours for	옥쿮] [2]	읓	<u>\$</u>	em, Eig	잘	the	organizatio	ns		ensatio	on
		related	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-M	ISC)		m the	
		organizations below dotted	g =	٥		횽	8 6		(W-2/1099-MISC)			-	nızatıo related	
		line)	[ב	5		yee	mpe				l		nzation	
		1	8	ste			nsa				ĺ			
				°			ē		•					
(15)												•		
(16)														
(17)			ļ				,	-					_	
(18)			ļ											
(19)														
(20)														
(21)														
(22)								_						
(23)														
	·······							_		·				
(24)														
(25)														
1b	Sub-total	L	<u> </u>	<u> </u>					0					
c	Total from continuation sheets to Part	VII. Sectio	n A		_			▶	0				-	
đ								•	0	· · · · · · · · · · · · · · · · · · ·				
2	Total number of individuals (including but reportable compensation from the organi	not limited	to th			ed a	above	e) w	ho received m	ore than \$10	00,000	of		
	reportable compensation from the organi	Zation	one										Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compe	nsated			
_	employee on line 1a? If "Yes," complete							•			•	3	ļ	~
4	For any individual listed on line 1a, is the											1	}	
	organization and related organizations individual	greater th	an \$1	150,	OOU)? []	' Ye	s, "	complete Sch	edule J foi	r sucn		-	
_			· ·	•		 	•			· · · ·		4		-
5	Did any person listed on line 1a receive of for services rendered to the organization.									auon or mo		5		~
Section	on B. Independent Contractors		<u> </u>						<u></u>			•		•
1	Complete this table for your five highest	compensat	ed inc	dep	end	ent	contr	act	ors that receive	ed more tha	n \$100,	000 of		
	compensation from the organization. Repyear.	ort compe	nsatio	on fo	or th	ne c	alend	lar y	ear ending wit	h or within t	he orga	ınızati	on's t	ax
	(A) Name and business add	Iress	 -				_		(B) Description of s	ervices	c	(C) compens		
								\vdash						
								F						
2	Total number of independent contractor) th	ose listed abo	ove) who				
	received more than \$100,000 of compens	sation from	the o	rgar	niza	tion	▶		none	-				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. V (C) Unrelated business revenue (D) Revenue excluded from tax (8) Related or exempt function under sections 512-514 Grants and Other Similar Amounts Federated campaigns . . 1a Membership dues 1b 0 b 0 Fundraising events 1c Gifts, 1d 0 d Related organizations . . . 0 Government grants (contributions) 1e Contributions, All other contributions, grfts, grants, and similar amounts not included above 1f 2,750 750 Noncash contributions included in lines 1a-1f \$ 2,750 Total. Add lines 1a-1f. \blacktriangleright Program Service Revenue **Business Code** 2a b c d All other program service revenue. Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 31,534 31,534 Income from investment of tax-exempt bond proceeds ▶ 0 Royatties ß (i) Real (ii) Personal 6a Gross rents Less, rental expenses Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities Gross amount from sales of assets other than inventory 300,894 70,053 Less. cost or other basis and sales expenses 296,075 77,127 4,819 (7,074)Gain or (loss) . . (2,255) (2,255)Net gain or (loss) • Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 Less: direct expenses b Net income or (loss) from gaming activities . Gross sales of inventory, less returns and allowances Less, cost of goods sold . . . ь Net income or (loss) from sales of inventory . Miscellaneous Revenue **Business Code** 524126 896 896 insurance premium refund 11a b C All other revenue d Total. Add lines 11a-11d 896 Total revenue. See instructions. 32,925 30,175 12

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete co	lumn (A).					
Check if Schedule O contains a response or note to any line in this Part IX										
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	70,000	70,000							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,250	2,250							
3	Grants and other assistance to foreign	2,230	2,230							
J	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	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	Other salaries and wages	0			-					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0								
9	Other employee benefits	0								
10	Payroll taxes	0								
11	Fees for services (non-employees):									
а	Management	0		. ,						
b	Legal	0								
С	Accounting	0								
d	Lobbying	0								
0	Professional fundraising services. See Part IV, line 17	0		2.055						
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	3,255		3,255						
g	(A) amount, list line 11g expenses on Schedule O.)	o								
12	Advertising and promotion	0								
13	Office expenses	0								
14	Information technology	0								
15	Royalties	0								
16	Occupancy	0			,					
17	Travel	0								
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings .	0								
20	Interest	0								
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization .	0		4/4						
23	Insurance	164		164						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
а	utilities	238		238						
b	post office box & postage	114		114						
С	-									
d										
е	All other expenses	44		44						
25	Total functional expenses. Add lines 1 through 24e	76,065	72,250	3,815						
26	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 following SOP 98-2 (ASC 958-720)									

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 35,483 1,222 1 Cash—non-interest-bearing 1 2 Savings and temporary cash investments 15,156 2 42,504 3 ol 3 0 0 4 0 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 disqualified 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 6 0 62,918 0 7 Notes and loans receivable, net 0 Inventories for sale or use 8 0 8 0 9 0 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 51,650 10c 0 538,454 644,317 11 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 0 12 0 13 Investments-program-related. See Part IV, line 11. 0 13 0 0 0 14 14 2,271 15 2,028 15 Other assets. See Part IV, line 11 748,877 16 647,126 16 Total assets. Add lines 1 through 15 (must equal line 34) . 1,922 17 0 17 Accounts payable and accrued expenses 27.250 18 16.750 18 0 Deferred revenue 0 19 19 20 0 20 Tax-exempt bond liabilities . . . 0 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 0 21 Loans and other payables to current and former officers, directors. 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 0 0 23 0 23 Secured mortgages and notes payable to unrelated third parties 0 24 0 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 0 of Schedule D 25 29,172 26 16.750 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 Temporarily restricted net assets . . . 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 51,650 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 668,055 32 630,376 32 Retained earnings, endowment, accumulated income, or other funds. 719,705 33 630.376 33 748,877 34 647,126 34 Total liabilities and net assets/fund balances . . . Form 990 (2014)

orm 99	op (2014)				Pa	ge 12
Parl	XI Reconciliation of Net Assets					
•	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		•		2,925
2	Total expenses (must equal Part IX, column (A), line 25)	2			7	6,065
3	Revenue less expenses Subtract line 2 from line 1	3			(43	3,140)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4			71	9,705
5	Net unrealized gains (losses) on investments	5			(50),194)
6	Donated services and use of facilities	6				750
7	Investment expenses	7				3,255
8	Pnor 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			63	0,376
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other		Γ			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	in			, !
	Schedule O.				ļ	.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. [2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were comp		_			
	reviewed on a separate basis, consolidated basis, or both.			1		
	Separate basis Consolidated basis Both consolidated and separate basis			Ì	į	
b	Were the organization's financial statements audited by an independent accountant?			2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a			
	separate basis, consolidated basis, or both:			- 1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				ļ	Ì
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	/ersigl	nt			
-	of the audit, review, or compilation of its financial statements and selection of an independent account			2c		}
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plaın	in			

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form **990** (2014)

SCHEDULE A , (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2014

Open to Public Inspection

leme	of the organization					Employer identification	number	
	er Place Education Foundation					75-30		
Par							ns.	
he c	organization is not a private founda		•		-	•		
1	A church, convention of church			bed in se	ction 17	0(b)(1)(A)(i).		
2	A school described in section							
3	A hospital or a cooperative hos							
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)(iii). Enter	ihe
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp.		college or university	owned o	r operate	d by a government	al unit des	scribed in
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				the gene	ral public
8	☐ A community trust described ii	section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	An organization that normally receipts from activities related support from gross investme acquired by the organization at	to its exempt nt income and	functions—subject to unrelated business	certain taxable in	exception ncome (le	ns, and (2) no more ess section 511 tax	than 331	/₃% of its
10 11	☐ An organization organized and ☑ An organization organized and one or more publicly supported the box in lines 11a through 11c	operated exclusi I organizations d	vely for the benefit of, lescribed in section 5 6	to perfori 09(a)(1) or	m the fun r section	ctions of, or to carry 509(a)(2). See secti	on 509(a)	(3). Check
а	Type I. A supporting organiz the supported organization(s organization. You must com) the power to re	egularly appoint or ele	-				
b	□ Type II. A supporting organize control or management of the organization(s). You must control	e supporting org	ganization vested in th		-	•		_
С		i ted . A supportir	ng organization opera				y integrate	d with,
d	☐ Type III non-functionally integrated that is not functionally integrated requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	_	
е	,	ation received a	written determination	from the	om the IRS that it is a Type I, Type II, Typ	I, Type III		
f	Enter the number of supported of						[1
g	Provide the following information	about the supp	orted organization(s).	•				
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))		ır governing	(v) Amount of monetary support (see instructions)	(vi) Amother sup instruc	
				Yes	No			
A) C	enter Place Restoration School	43-1583076	501 (c) (3) school	,		70,000		
(B)							18	
(C)								
(D)								
(E)								
Tota								

Schedu	le A (Form 990 or 990-EZ) 2014						Page 2
Part	(Complete only if you checked the Part III. If the organization fails to	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
	on A. Public Support	(-) 0040	#1 0044	4.3.0040	/-n 0040	1.1.0044	(O T-1-1
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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.						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
11	Total support. Add lines 7 through 10				<u> </u>		<u>i</u>
12	Gross receipts from related activities, etc.					12	5041 1/2
13	First five years. If the Form 990 is for th	_					
04	organization, check this box and stop he			· · · · ·		- • • •	
	ion C. Computation of Public Suppor			11 column (f)		14	%
14 15	Public support percentage for 2014 (line 6 Public support percentage from 2013 Sch					15	%
16a	331/2% support test—2014. If the organization qua	zation dıd not	check the box	on line 13, an	d line 14 is 33	3% or more, o	
b	331/3% support test—2013. If the organ check this box and stop here. The organ	nization did n	ot check a box	x on line 13 o	r 16a, and line		or more,
	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "f organization	ets the "facts acts-and-circ	-and-circumsta umstances" te	inces" test, ch st. The organiz	eck this box a ation qualifies	nd stop here. as a publicly s	Explain in supported
D	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organizate						

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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.)

Secti	on A. Public Support					,	
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4 (f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						<u> </u>
2	Gross receipts from admissions, merchandise					· · · · · · ·	
	sold or services performed, or facilities						į
	furnished in any activity that is related to the organization's tax-exempt purpose				ł	ł	
3	Gross receipts from activities that are not an		 				· · · · · · · · · · · · · · · · · · ·
	unrelated trade or business under section 513						
	_			ļ			
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_						ļ -	
5	The value of services or facilities		}	İ	Ì	1	ì
	furnished by a governmental unit to the		ļ				
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .					L	
b	Amounts included on lines 2 and 3				1	[
	received from other than disqualified						f
	persons that exceed the greater of \$5,000					1	
	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.)						
Secti	on B, Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,			ĺ	Ì		İ
	royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	,	}	}	ł	}	}
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business				1		<u> </u>
• •	activities not included in line 10b, whether					}	
	or not the business is regularly carried on						ļ
12	Other income. Do not include gain or				 	-	
14	loss from the sale of capital assets		1	1	1	ł	
	(Explain in Part VI.)				1		
13	Total support. (Add lines 9, 10c, 11,				-	 	-
13	and 12.)				1	1	
14	First five years. If the Form 990 is for the	o organizatio	n'e firet secon	d third forms	or fifth toy	l oor oo o o	ection 501(a)(2)
14	organization, check this box and stop he	_			-		
<u> </u>			<u></u>	 	······································	· · ·	
	on C. Computation of Public Suppor			10 anti		4-	61
15	Public support percentage for 2014 (line 8		-			15	<u>%</u>
16	Public support percentage from 2013 Sch			 		16	%
	on D. Computation of Investment In			ulina 40 art	(0)	14-	
17	Investment income percentage for 2014 (-			<u>%</u>
18	Investment income percentage from 2013						%
19a	331/3% support tests—2014. If the organ						
_	17 is not more than 331/3%, check this box		-			_	_
b	331/3% support tests—2013. If the organiz						
	line 18 is not more than 331/3%, check this		-	-			-
20	Private foundation, if the organization di	o noi check a	DOX OR line 14	. 192 Or 195 :	CDECK THIS DOX	and see if	nsmictions 🗩 🗸

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D. and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	art v	<u>.) </u>	
Secti	on A. All Supporting Organizations			r
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	- <u> </u>	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		~
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and If you checked 11a or 11b In Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	_	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		~
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		,
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		~
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		v -
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		,
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		v
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Part	V Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	Ì		'
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		-	
ь	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a		V V
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		~
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			3
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,		Į	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	Ë		-
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			į
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			; L
	supervised, or controlled the supporting organization.	2		~
Section	on C. Type II Supporting Organizations			
		-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed]		
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	}	İ	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		.	ك ـا
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	⊢'-	ļ	
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1	·
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	-	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			1
	significant voice in the organization's investment policies and in directing the use of the organization's			,
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			ٔ ا
0		3		
Secu	on E. Type III Functionally-Integrated Supporting Organizations		-	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	oo in	nta inti	anal
С	The organization supported a governmental entity. Describe in Fart vi now you supported a government entity is	ee iii:		UIISJ.
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,	1	1	'
	how the organization was responsive to those supported organizations, and how the organization determined	ļ	1	
	that these activities constituted substantially all of its activities.	2a		ŀ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			ļ —
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	Į	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	<u> </u>	ļ
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	}
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		ł	}
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	-	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	1	1

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

Part IV Section B, Question #1 - I'm not sure this question is properly worded. The Center Place Education Foundation (supporting organization) has the authority to appoint or elect 4 of the 7 available positions on its board. There is currently 1 unfilled position.

The board of directors of Center Place Restoration School (supported organization) have the right to appoint 3 members to the CPEF Board.

The supported organization, Center Place Restoration School, does not control the activities of the Center Place Education Foundation.

SCHEDULEI

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part II

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047 2014

> Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990.

Open to Public Inspection Employer identification number

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, **%** □ √ Yes 75-3036264 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance Center Place Education Foundation

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Center Place Restoration School 819 W Waldo Ave, Indep, MO 64050	43-1583076	501 (c) (3)	70,000				support of school operation
(2)							
(3)							
(4)							
(5)							
(9)							
(n)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	on 501(c)(3) and go	vernment organiza	tions listed in the li	ine 1 table			- 0
	Ordanizations nate	בות שוום - ומסוב					<u>.</u>

Schedule I (Form 990) (2014)

Cat. No 50055P

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2014)
Part III Grants an

				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	4-10-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount or cash grant	(a) Amount of non-cash assistance	(e) Metrico of Valuation (book, FMV, appraisal, other)	(I) Description of non-cash assistance
-						
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Part IV	Supplemental Information. Provide the Information.	the information re	equired in Part I, lir	ne 2, Part III, column	ation required in Part I, line 2, Part III, column (b), and any other additional information.	onal information.

Annual review of Center Place Restoration School's financial reports, regular meetings with the school administrator and the CPRS Board to review usage of the funds provided by CPEF,

attendance at CPRS School Board meetings

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.

OMB No 1545-0047 20 **1 4**

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization

Center Place Education Foundation

Employer identification number 75-3036264

75-3030.

990 Part VI, Question 2 - CPEF Board President is John Mundy His son Brian Mundy is a board member

990 Part VI, Question 11B - The CPEF Board does not have a written policy for review of the Form 990 prior to submission. A copy of the completed form is made available to each board member

990 Part VI, Question 19 - The documents indicated are available upon request to the board

990 Part VIII, Question 11a - miscellaneous revenue received from an Insurance premium refund. The investment property that was insured under this policy was sold, and we received a refund of the unearned premium.