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Return of Organization Exempt From Income Tax

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

16

OMB No 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.us.gov/form990.

Open to Public Inspection

| <u>A</u> | For | the 2 | 016 calendar year, or tax year beginning and endir | ng | | | | |
|----------------------|-----------------|-----------------------|---|--------------|------------------------|--------------------|---------------------------|--|
| В | Check | k if cable | C Name of organization | | D Employer ide | ntificatio | n number | |
| |]ch | idress ange | XENIA COMMUNITY SCHOOLS FOUNDATION | | | | | |
| | jch | ange ame | Doing business as | | 31 | -1145 | 5230 | |
| | ret | tial turn | | າ∕suite | • | E Telephone number | | |
| L | ret لـــــ | nal turn/ rmin- | 334 WEST MARKET STREET | | 93 | 7/372 | 2-3591 | |
| _ | ate | ed nended | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | | 172,835. | |
| Ļ | ret | turn plica- | XENIA, OH 45385 | | H(a) Is this a grou | ıp return | | |
| Ĺ | trò | | F Name and address of principal officer: ALAN LIMING | | for subordin | | Yes X No | |
| - | T | | 334 WEST MARKET STREET, XENIA, OH 45385 pt status | 7 | H(b) Are all subordina | | | |
| | | | pt status X 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) or N/A | 527 | | | (see instructions) | |
| | _ | | | l | H(c) Group exem | | te of legal domicile; OH | |
| | art. | - | Summary | _ Year C | or formation: 190 | JIM Sta | te or legal domicile: Off | |
| | 1 | ` | refly describe the organization's mission or most significant activities. TO PROV | TDE | GRANTS/SC | AJOH | RSHTPS | |
| | 힐 . | | O TEACHERS FOR TRAINING TO UPDATE THEIR KNO | | | | | |
| | vernance S 3 | | eck this box I if the organization discontinued its operations or disposed of | | | | | |
| | 3 | | imber of voting members of the governing body (Part VI, line 1a) | | | 3 | 13 | |
| 5 | 5 4 | | imber of independent voting members of the governing body (Part VI, line 1b) | | | 4 | 12 | |
| er! | g 5 | | tal number of individuals employed in calendar year 2016 (Part V, line 2a) | | • | 5 | 0 | |
| © 3: | 6 | | tal number of volunteers (estimate if necessary) | | | 6 | 13 | |
| (S) | 7 | a To | tal unrelated business revenue from Part VIII, column (C), line 12 | | | 7a | 6,035. | |
| <u> </u> | ` | b Ne | t unrelated business taxable income from Form 990-T, line 34 | | | 7b | 0. | |
| Sconned Aug 2 3 2017 | | | | | Prior Year | | Current Year | |
| | ջ 8 | Co | ontributions and grants (Part VIII, line 1h) | | 24,47 | | 19,745. | |
| | ∯ 9 | | ogram service revenue (Part VIII, line 2g) | | 17,51 | | 11,456. | |
| | 일 10 | | restment income (Part VIII, column (A), lines 3, 4, and 7d) | | 32,02 | | 1,259. | |
| <u>(</u>) | 11 | | her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 0. | | |
| 9 <i>8</i> _ | | | tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 74,009. | | 32,460. | |
| | 13 | | ants and similar amounts paid (Part IX, column (A), lines 1-3) | | 45,60 | | 29,545. | |
| | 14 | | nefits paid to or for members (Part IX, column (A), line 4) | | | 0. | 0. | |
| | 2 15 | | laries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 12,00 | 0. | 12,000. | |
| | 16 | b To | ofessional fundraising fees (Part IX, column (A), line 11e) tal fundraising expenses (Part IX, column (D) line 25) 12,000. | | | | 0. | |
| į | <u>خ</u> الم | 7 ∩+I | her expenses (Part IX, column (ARities 114 114 147-1724)) | · <u>E</u> | 4,63 | | 4,678. | |
| | 15 | R To | tal expenses Add lines 13-17 (must equal Part IX, columin A), line 25) | \vdash | 62,24 | | 46,223. | |
| | | Re | venue less expenses Subtract line til8 from line 2 | \vdash | 11,76 | | -13,763. | |
| _ _ | | | 181 | Bed | inning of Current Ye | | End of Year | |
| Assets or | <u>e</u> 20 |) To | tal assets (Part X, line 16) | 50, | 334,99 | | 321,228. | |
| Ass | 뜀 21 | | tal assets (Part X, line 16) tal liabilities (Part X, line 26) OGDEN, UT | | | 0. | 0. | |
| <u>R</u> | | 2 Ne | t assets or fund balances Subtract line 21 from line 20 | | 334,99 | 1. | 321,228. | |
| [F | art | iii s | Signature Block | | - | | | |
| Un | der pe | enaltie | s of perjury, I declare that I have examined this return, including accompanying schedules and s | tatemer | no to the best o | f my know | vledge and belief, it is | |
| tru | e, cor | rect, a | y knowledge. | | | | | |
| | | | | _ | 8 | 17/20 | 217 | |
| Si | gn | | Signature of office | | Date | • | • | |
| He | re | | ALAN LIMING, TREASURER | | | | | |
| | | | Type or print name and title | - 15 | | | 57.11 | |
| ο. | | | TINITY PER PREPARET'S NAME TEVEN T LANGDON, EA TEVEN T LANGDON, EA | D. | ate Check | | PTIN | |
| Pa | | | | , <u>lo.</u> | | | 200045762 | |
| | pare e Only | _ | rm's name CBIZ MHM, LLC rm's address 3170 PRESIDENTIAL DRIVE | | Firm's EIN | 34 | 1-1513062 | |
| US | o omi | , [[] " | rm's address 3170 PRESIDENTIAL DRIVE FAIRBORN, OH 45324 | | 0 | 037 3 | 320.1717 | |
| NA: | w the | - IB6 | discuss this return with the preparer shown above? (see instructions) | | I knoue uo. | | | |
| IVI | וא ווול | 2 IUO (| organia retritt mitti the brebater Striown above; (see instructions) | | | | X Yes No | |

| | 990 (2016) XENIA COMMUNITY SCHOOLS FOUNDATION | <u>31-11452</u> 30 | Page 2 |
|-----|--|--------------------|--------------|
| Pai | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission TO RENDER ASSISTANCE IN ACHIEVING HIGHER STANDARDS OF EDU | UCATION. | |
| | | | |
| | Did the executation undertake any exercises there are conversed during the user which were not listed on the | · | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | Ye | s X No |
| 2 | | □ v _a | s X No |
| 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 r Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | | |
| | revenue, if any, for each program service reported | | 071 |
| 4a | (Code) (Expenses \$ 34,223. Including grants of \$ 29,545.) (Revenue TO PROVIDE GRANTS TO TEACHERS FOR TRAINING TO UPDATE | ue\$ | ,071. |
| | KNOWLEDGE AND TO PROVIDE EDUCATIONAL PROGRAMS FOR STUDENT | TS. | |
| | ACTION AND ADDRESS | | |
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| 4b | (Code) (Expenses \$) (Revenue) | ue\$ |) |
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| 4c | (Code) (Expenses \$) (Reven | ue \$ |) |
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| 4d | Other program services (Describe in Schedule O) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses ▶ 34,223. | | 000 |
| | | Form | 990 (2016) |

| Form | 990 (2016) XENIA COMMUNITY SCHOOLS FOUNDATION 31-114 | 5230 | Р | age 3 |
|------|--|----------------|--------------|--|
| Pai | t IV 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 | 1 | X | - |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | ├ |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | 1. | | х |
| | public office? If "Yes," complete Schedule C, Part I | 3 | ┼── | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | 4 | | х |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | - • | | |
| 5 | Is the organization a section 501 (c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | 5 | | x |
| _ | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 1-3- | \vdash | ^`` |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | _ | | X |
| 7 | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, | 6 | | 1 |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | <u> </u> | † · · · · | |
| 0 | Schedule D, Part III | 8 | | х |
| 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 | | X |
| 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 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X | ľ | | |
| | 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 | | X |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | ٦, |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | _V |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | + | X |
| 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 | | | x |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| _ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | 1 | |
| 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 | | x |
| 122 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | -''' | · | |
| 120 | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | 1 |
| _ | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | 1 | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | 1 | X |
| 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 | <u> </u> | X_ |
| 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 | 1 | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | 4,7 |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |

Form 990 (2016)

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Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

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.

1c and 8a? If "Yes," complete Schedule G, Part II ...

Page 4

| | | | Yes | No_ |
|-------------|---|------------|------|-----------------|
| 2 0a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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 | | _X_ |
| 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 | X | |
| 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 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K If "No", go to line 25a | 24a | | X |
| 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 | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | 1 |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| 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 | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II . | 26 | | X |
| 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 | 1 | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | ž. | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | A.J. | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | _ | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | ,, |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | _ | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29_ | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | ļ |
| | contributions? If "Yes," complete Schedule M | 30_ | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | . |
| | If "Yes," complete Schedule N, Part I | 31_ | | X |
| 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_ | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | х |
| | 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 | | 1 | ₩ |
| | Part V, line 1 . | 34_ | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | <u> </u> |
| D | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 054 | | |
| 20 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(a)(2) experience Did the examplation make any transfers to an examplation? | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 00 | | х |
| 27 | 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 | _~ | | х |
| 20 | 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? | 00 | х | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 Form | 990 | (2015) |
| | | - min | | . / : : I D |

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Form 990 (2016) XENIA COMMUNITY SCHOOLS FOUNDATION
Part V Statements Regarding Other IRS Fillings and Tax Compliance

| a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | Check if Schedule O contains a response or note to any line in this Part V | | | | | | | | |
|--|----|--|-----------|---------------|--|--|--|--|--|--|
| be Enter the number of Forms W263 included in line 1a. Enter 0-fi not applicable 10 10 10 10 10 10 10 1 | | | | Yes | No_ | | | | | |
| b. Enter the number of Forms W263 included in the 1a. Enter 0- if not applicable | 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1 | | | | | | | | |
| (gambling) winnings to prize winners? 2 | | 1 . I | | | | | | | | |
| (gambling) winnings to prize winners? 2 | С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | | | | | | |
| file leaf or the calendar year ending with or within the year covered by this return 2a 0 | | | 1c | Х | | | | | | |
| file leaf or the calendar year ending with or within the year covered by this return 2a 0 | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | . [| | | | | |
| Note, if the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see mistructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, * has if filed a Form 990°T for this year? If Yes, * to line 3b, provide an explanation in Schedule O 4 At any time during the calendary year, did the organization New or 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 accounts? 5b If Yes, * inter the name of the foreign country! ▶ 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization party to a prohibited tax whether transaction at any time during the tax year? 5c If Yes, * to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, * to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, * to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, * to line Sa or 5b, did the organization intelled with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization shelt may receive deductible contributions under section 170(c). 7d If Yes, * indicate the number of Forms 8882 filed during the year 7d If Yes, * did the organization notify the donor of the value of the goods or services provided? 7d If Yes, * indicate the number of Forms 8882 filed during the year 7d If Yes, * indicate the number of Forms 8882 filed during the year 7d If Yes, * indicate the number of Forms 8882 filed during the year 7d If Yes, * indicate the number of Forms 8882 filed during the year 7d If Yes, * indicate the number of Forms 8882 filed during the year 7d If Yes, * indicate the number of Forms 8882 filed during the year 7d If Yes, * ind | | 1 1 | | | لــــا | | | | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-the (see instructions) 3 | b | | 2b_ | | | | | | | |
| b If "Yes," has it filled a Form 950-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4 A tarry 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, securing and financial account)? 5 If "Yes," either the name of the foreign country. Implements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 If "Yes," on this 5a of 5b, did the organization file form 8886-T? 6 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 chantable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization norbity the donor of the value of the goods or services provided? 9 If "Yes," indicate the number of Forms 8282 filed during the year 10 If the organization received a contribution of or displace the goods or services provided? 11 Did the organization received a contribution of cars, boats, anglenaes, or other vehicles, did the organization flee Form 8899 as required? 12 If the organization received a contribution of cars, boats, anglenaes, or other vehicles, did the organization flee Form 8899 as required? 12 If the organization received an contribution of cars, boats, anglenaes, or other vehicles, did the organization flee Form 890, Part VIII, line 12 13 Gross income from methers or shareholders 14 Justice of the organization make a distribution or advised funds. 15 Did the organization received an contribution of cars, boats, anglenaes, or other vehicles, did the organization flee Form 890, Part VIII, line 12 | | | | | | | | | | |
| 4a At any time dump 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()? See instructions for filing requirements for FinCSN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCSN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a | За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | <u>X</u> | | | | | |
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| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand bid the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | | | | | | | | |
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| c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | b | | | | | | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 | | | 1 | | | | | | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | - | Like the amount of the training in the trainin | 140 | | T X | | | | | |
| b il 163, has it filed a form 720 to report these payments: If 140, browde are explanation in occledate of | | | | 1 | | | | | | |
| | d | II Tes, has it lieu a form 720 to report these payments? If No. provide an explanation in Scriedule O | | n 99 0 | (2016) | | | | | |

Form 990 (2016) XENIA COMMUNITY SCHOOLS FOUNDATION 31-1145230 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. | | • | | | | | | |
|------------|---|------------|-------------|---------------|--|--|--|--|--|
| _ | Check if Schedule O contains a response or note to any line in this Part VI | | | [X] | | | | | |
| Sec | tion 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 13 | | | | | | | | |
| - | If there are material differences in voting rights among members of the governing body, or if the governing | 1 | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | | | | |
| h | Enter the number of voting members included in line 1a, above, who are independent 1b 12 | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | 1 | | | | | | | |
| ~ | officer, director, trustee, or key employee? | | | | | | | | |
| • | | | | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | _ | | v | | | | | |
| _ | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X | | | | | |
| 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 | | <u> </u> | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | |
| | persons other than the governing body? | 7b | | <u> </u> | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | L | <i>\$</i> | | | | | | |
| ` a | The governing body? | 8a | X | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | X | | | | | |
| 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 | | X | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | |
| | | | Yes | No | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X | | | | | |
| b | 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 | X | | | | | | |
| b | | | | | | | | | |
| 12a | | | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12a 12b | | <u> </u> | | | | | |
| c | 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 | | X | | | | | |
| | Did the organization have a written document retention and destruction policy? | | х | -22 | | | | | |
| 14 | ··· | 14 | 21 () () | , M | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | is ."3"., | | | | | | | |
| _ | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 45 | | | | | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | | $\frac{x}{x}$ | | | | | |
| b | Other officers or key employees of the organization | 15b | | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | /* | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | ٧, | T | | | | | |
| | taxable entity during the year? | 16a | 4 | X | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | | | | |
| <u>Sec</u> | tion C. Disclosure | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶OH | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at | /aılable | • | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | |
| | Own website Another's website X 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 interest policy, and | financ | al | | | | | | |
| | statements available to the public during the tax year. | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | | | | | | |
| | ALAN LIMING - 937-372-3591 | | | | | | | | |
| | 334 WEST MARKET STREET, XENIA, OH 45385 | | | | | | | | |
| 632006 | 11.1.16 | Form | 990 | (2016) | | | | | |

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

Check if Schedule O contains a response or note to any line in this Part VII

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 | | orga | nıza | | | pen | sate | | | | | |
|--|-------------------|--------------------------------|-----------------------|-----------------|--|------------------------------|------------|----------------------|---------------------------|-----------------|------------|-----------|
| (A) | (B) | (C) | | | | | | (D) | (E) | (F) | | |
| Name and Title | Average | (do | (do not check | | Position to not check more than one | | | | วกอ | Reportable | Reportable | Estimated |
| | hours per week | box. offic | , unles cer an | ss per d a d | s person is both an l a director/trustee) | | an tee) | compensation from | compensation from related | amount of other | | |
| | (list any | ğ | | | |] | | the | organizations | compensation | | |
| | hours for | or dire | | | | ted | | organization | (W-2/1099-MISC) | from the | | |
| | related | stee (| ruste | | | pensa | | (W-2/1099-MISC) | | organization | | |
| | organizations | al tru | onal t | | ploye | Ee com | | | | and related | | |
| | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | rmer | | | organizations | | |
| (1) STEVE BRODSKY | 5.00 | = | 드 | Ö | * | 포함 | 2 | | | | | |
| PRESIDENT | 3.00 | x | | x | | | | 0. | 0. | 0. | | |
| (2) ALAN LIMING | 5.00 | - | | | | | | | | | | |
| V.P. | | x | ļ | X | | | i | 0. | 0. | 0. | | |
| (3) ALAN LIMING | 5.00 | | | | | | | | | | | |
| TREASURER | | Х | | X | | | L | 0. | 0. | 0. | | |
| (4) STEPHANIE JOHNSTON | 5.00 | | | | | | | | | | | |
| SECRETARY | | X | L | X | | | | 0. | 0. | 0. | | |
| (5) BARABRA STAFFORD | 20.00 | | | | | | | | | _ | | |
| EXECUTIVE DIRECTOR | | X | | X | | | | 12,000. | 0. | 0. | | |
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Form 990 (2016)

| Part VII Section A. Officers, Directors, Trus | tees, Key Emp | loye | es, | and | Hig | thes | t Co | ompensated Employee | s (continued) | |
|---|-------------------------|--------------------------------|-----------------------|----------|---------------|------------------------------|----------------|--|-------------------|--|
| (A) | (B) | | | (C | >) | | | (D) | (E) | (F) |
| Name and title | Average | Ide | | Posi | | than c | ne | Reportable | Reportable | Estimated |
| • | hours per | box. | , unles | ss per | son is | s both | an | compensation | compensation | amount of |
| | week | \vdash | cer an | dad | recto | r/trust | ee) | from | from related | other |
| • | (list any | Individual trustee or director | | | | | | the | organizations | compensation |
| | hours for | or der | بوا | | | 먎 | | organization | (W-2/1099-MISC) | from the |
| | related | stee | institutional trustee | | | Highest compensated employee | | (W-2/1099-MISC) | | organization |
| | lorganizations below | at tru | onal 1 | | Key employee | 5 8 | | ! | | and related |
| | line) | lividu | tituti | Officer | / emi | plest ploy | Рог тег | 1 | | organizations |
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| 1b Sub-total | <u> </u> | <u> </u> | L | L! | | | | 12,000. | 0 | . 0. |
| • • • • | l Castian A | | | | | | | 0. | 0 | |
| c Total from continuation sheets to Part VI | i, Section A | | | | | | | 12,000. | 0 | |
| d Total (add lines 1b and 1c) | | | | | | | | | | • |
| 2 Total number of individuals (including but n | ot limited to th | ose | liste | d ab | ove |) wn | o re | eceived more than \$100, | 000 of reportable | 0 |
| compensation from the organization | | | | | | | | | | |
| | | | | | | | | | | Yes No |
| 3 Did the organization list any former officer, | director, or tru | ustee | e, ke | y en | olqn | yee, | or I | highest compensated er | nployee on | |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | 3 X |
| 4 For any individual listed on line 1a, is the su | ım of reportabl | e co | mpe | ensa | tion | and | oth | er compensation from t | he organization | 5. M. 25. |
| and related organizations greater than \$150 | 0,000? If "Yes. | " co | mple | ete S | Sche | edule | Jf | or such individual | | 4 X |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | dual for services | 1 |
| rendered to the organization? If "Yes," con | | | | | | | | | | 5 X |
| Section B. Independent Contractors | ibiete Schedul | <i>- u 1</i> | UI SI | 1611 | JEIS | OII | | <u>-</u> | | 1 2 1 |
| | managated inc | lono | ndo | nt oc | | | re th | nat recoved more than \$ | 100 000 of comper | eation from |
| | | | | | | | | | | Sation nom |
| the organization Report compensation for | tne calendar ye | ear e | nair | ng w | itn c | or wi | tnın | | ear | |
| (A) | addraga | 37/ | ` \$77 | _ | | | | (B) Description of s | enuces | (C) Compensation |
| Name and business | address | N | INC | <u> </u> | | | | Description of s | Services | Compensation |
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| 2 Total number of independent contractors (i | ncluding but n | ot lır | nited | d to | thos | se lis | ted | above) who received me | ore than | * |
| \$100,000 of compensation from the organi | zation_ | | | | (|) | | | | |
| | | | | | | | | | <u> </u> | Form 990 (2016) |

| Form 990 (20 | | XENIA | |
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| Part VIII | Statement | t of Reven | ue |

| Total revenue Period Campaigns 1a Federated campaigns 1a Federated campaigns 1b Membership dues 1b 1b 1b 1b 1c 1c 1c 1c | | | Check if Schedule O contains a response | or note to any line | e in this Part VIII | | | |
|--|-----------|------|--|--|--|---------------------------------------|--------------------|---|
| by Membership dues c Putalisang events d Related organizations d Related organ | | | · | | (A) | Related or exempt function | Unrelated business | Revenuè excluded from tax under |
| by Membership dues c Putalisang events d Related organizations d Related organ | 9 9 | 1 a | Federated campaigns 1a | | | | | |
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| Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. | | 9 a | Gross income from gaming activities. See | | | | 3 🕸 | ļ |
| b Less direct expenses c Net income or (loss) from garning activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. b 32,460. 6,680. 6,035. 0. | | | Part IV, line 19 | ı [| | 1 | , , | |
| c Net income or (loss) from garning activities 10 a Gross sales of inventory, less returns and allowances ab Less, cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total, Add lines 11a-11d 12 Total revenue. See instructions. 32,460. 6,680. 6,035. 0. | | | • | |] | 1 | | |
| 10 a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 32,460 . 6,680 . 6,035 . 0 . | | | | • | | | | • |
| and allowances a b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 32,460. 6,680. 6,035. 0. | | | | | | | | |
| b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 32,460. 6,680. 6,035. 0. | | | and allamanan | | | | | |
| C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 32,460. 6,680. 6,035. 0. | | | • | | 1 | | | |
| Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 32,460. 6,680. 6,035. 0. | | | | | | | | |
| 11 a | | Ì | | Business Code | | | | |
| b | | 11 : | | | | | | |
| c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 32,460. 6,680. 6,035. 0. | | | | | | | | |
| d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 32,460. 6,680. 6,035. 0. | | | | | | | | |
| e Total. Add lines 11a-11d 12 Total revenue. See instructions. 32,460. 32,460. 6,680. 6,035. 0. | | | | | | | | |
| 12 Total revenue. See instructions. 32,460. 6,680. 6,035. 0. | | | | • | | | | |
| | | | • • • • | | 32,460. | 6,680. | 6,035. | |

| Sect | on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon- | | _ | nplete column (A). | |
|------|--|----------------|--------------------------|------------------------------------|-------------------------|
| Do | not include amounts reported on lines 6b, | (A) | (B) | (C) | (D) Fundraising |
| | 8b, 9b, and 10b of Part VIII | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | - | | |
| | individuals See Part IV, line 22 | 29,545. | 29,545. | | |
| 3 | Grants and other assistance to foreign | |] | | |
| | organizations, foreign governments, and foreign | | } | | |
| | individuals See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 12,000. | | | 12,000. |
| 6 | Compensation not included above, to disqualified | | 1 | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| _ | section 401(k) and 403(b) employer contributions) | ···· | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| a | · · · · | | | | |
| b | Legal | | | | |
| | Lobbying | | | | |
| e | | | | | |
| f | Investment management fees | | 79233 | | |
| g | | | | | |
| 9 | column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 1,616. | 1,616. | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy . | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | <u> </u> |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | - | | | |
| 22 | Depreciation, depletion, and amortization . | | | | |
| 23 | Insurance | 505. | 505. | | <u>-</u> |
| 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 0.) | • | | <u>:</u> | |
| 9 | BROKER SERVICE CHARGES | 2,545. | 2,545. | | |
| h | FOREIGN TAX PAID-SCHWAB | 12. | 12. | | |
| c | | | | | |
| d | | | | | |
| | All other expenses | | | | |
| 25_ | Total functional expenses Add lines 1 through 24e | 46,223. | 34,223. | 0. | 12,000. |
| 26 | Joint costs Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | l | | | |
| | Check here If 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 (A) End of year Beginning of year 1 Cash - non-interest-bearing 7,639. 20,104. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less: accumulated depreciation 314,887. 313,589 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 334,991. 321,228 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 334,991. 321,228 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 334,991. 33 Total net assets or fund balances 334,991. Total liabilities and net assets/fund balances Form 990 (2016)

632011 11-11-16

Form 990 (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service .

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 31_11/5230

| _ | | | | I SCHOOLS FOR | | | | 1-1147220 | | | | | |
|------|--|---|-------------------------|--|------------------|-----------------|---------------------------------------|----------------------------|--|--|--|--|--|
| Pa | rt I | Reason for Public C | Charity Status (A | All organizations must co | mplete thi | s part) Se | e instructions. | | | | | | |
| The | organi | zation is not a private found | ation because it is (F | or lines 1 through 12, cl | neck only o | 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 secti | | | | | | | | | | | |
| 3 | 戸 | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | | |
| 4 | $\overline{\Box}$ | A medical research organiza | , | | | | • | the hospital's name. | | | | | |
| • | | city, and state. | acron operates co. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | •(=)(•)(•)(). = | ,,, | | | | | |
| 5 | $ \Box $ | An organization operated for | or the benefit of a col | lege or university owned | or operate | ed by a go | vernmental unit describe | ed in | | | | | |
| • | | section 170(b)(1)(A)(iv). (C | | loge of aniversity office | ог орогии | ou by a go | Tommonia and accord | | | | | | |
| | Γ | | • | antal unit dagarbad in i | sastian 17 | O/LV4VAV | 6.4 | | | | | | |
| 6 | $\overline{\mathbf{x}}$ | A federal, state, or local gov | | | | | | vible decembed in | | | | | |
| ′ | L | | | | | | | | | | | | |
| _ | | section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | | |
| 8 | ⊨ | • | | | | | | | | | | | |
| 9 | L | An agricultural research org | | | | | | | | | | | |
| | | or university or a non-land-g | rant college of agricu | ulture (see instructions) | Enter the r | name, city, | , and state of the college | or | | | | | |
| | | university | | | | | | | | | | | |
| 10 | | An organization that normal | • | | | | | | | | | | |
| | | activities related to its exem | | | | | | | | | | | |
| | | income and unrelated busin | ess taxable income | (less section 511 tax) fro | m busines | ses acquii | red by the organization a | ifter June 30, 1975 | | | | | |
| | | See section 509(a)(2). (Cor | nplete Part III) | | | | | | | | | | |
| 11 | | An organization organized a | • | • | - | | | | | | | | |
| 12 | L | An organization organized a | | | | | | | | | | | |
| | | more publicly supported org | ganizations describe | d in section 509(a)(1) o | r section 5 | 509(a)(2). | See section 509(a)(3). (| Check the box in | | | | | |
| | | lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. | | | | | | | | | | | |
| а | | Type I. A supporting orga | ınızatıon operated, sı | upervised, or controlled | by its supp | orted orga | anization(s), typically by | giving | | | | | |
| | | the supported organization | n(s) the power to reg | gularly appoint or elect a | majority o | f the direc | tors or trustees of the su | pporting | | | | | |
| | | organization You must c | omplete Part IV, Se | ctions A and B. | | | | | | | | | |
| b | | Type II. A supporting orga | anızatıon supervised | or controlled in connect | ion with its | s supporte | d organization(s), by hav | ring | | | | | |
| | | control or management of | f the supporting orga | anization vested in the sa | ıme persor | ns that co | ntrol or manage the supp | oorted | | | | | |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | | | | | |
| c | | Type III functionally inte | grated. A supporting | g organization operated | n connect | ion with, a | and functionally integrate | ed with, | | | | | |
| | | its supported organization | | | | | | | | | | | |
| d | | Type III non-functionally | • • • | | | | | zation(s) | | | | | |
| | | that is not functionally int | - | | | | | | | | | | |
| | | requirement (see instructi | • | • | - | | | | | | | | |
| е | | Check this box if the orga | • | • | | | | | | | | | |
| | | functionally integrated, or | | | | | , , , , , , , , , , , , , , , , , , , | | | | | | |
| f | Ente | er the number of supported o | • • | , 5 | | | | | | | | | |
| q | | ride the following information | • | d organization(s) | | | • | | | | | | |
| | | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga | nization listed | (v) Amount of monetary | (vi) Amount of other | | | | | |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) | | | | | |
| | | | | above (ede men denome) | | | | | | | | | |
| | | | | | | | | | | | | | |
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| Tota | al | | | | 23 | *** | | - | | | | | |

Schedule A (Form 990 or 990-EZ) 2016 XENIA COMMUNITY SCHOOLS FOUNDATION

31-1145230 Page 2

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)

| Se | ction A. Public Support | | | | | | |
|------|---|-----------------------|----------------------|------------------------|---------------------|----------------------|--------------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | Gifts, grants, contributions, and | | 12/2313 | | (4)25.5 | (0,20.0 | 11) 1014. |
| | membership fees received. (Do not | } | | | | 1 | |
| | include any "unusual grants ") | 9,865. | 10,892. | 26,446. | 24,474. | 19,745. | 91,422. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | <u> </u> | |
| | the organization without charge | | | | JI | 1 | |
| 4 | Total. Add lines 1 through 3 | 9,865. | 10,892. | 26,446. | 24,474. | 19,745. | 91,422. |
| 5 | The portion of total contributions | | | | | | <u> </u> |
| | by each person (other than a | | | , | | | |
| | governmental unit or publicly | ł | | i | | - | |
| | supported organization) included | * | | | | | |
| | on line 1 that exceeds 2% of the | · . | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | <u> </u> | | , | |
| 6 | Public support. Subtract line 5 from line 4 | | | > · | | 3 | 91,422. |
| | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 | Amounts from line 4 | 9,865. | 10,892. | 26,446. | 24,474. | 19,745. | 91,422. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | 6,115. | 6,276. | 8,517. | 7,668. | 6,035. | 34,611. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | i | | | | | |
| 10 | Other income Do not include gain | | | | | | <u> </u> |
| | or loss from the sale of capital | Ì | | } | | } | |
| | assets (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | 4 2 2 7 1 7 1 | Z | . 22. | | 446 | 126,033. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | r the organization's | first, second, third | , fourth, or fifth tax | x year as a section | 501(c)(3) | |
| Sec | organization, check this box and stoction C. Computation of Publi | c Support Per | centage | | | | <u> </u> |
| 14 | Public support percentage for 2016 (I | ine 6, column (f) div | vided by line 11, co | olumn (f)) | | 14 | 72.54 % |
| | Public support percentage from 2015 | | | .,, | | 15 | 70.78 % |
| 16a | 33 1/3% support test - 2016. If the | organization did no | t check the box on | line 13, and line 1 | 4 is 33 1/3% or m | ore, check this box | |
| | stop here. The organization qualifies | | | _ | | · | $\triangleright X$ |
| b | 33 1/3% support test - 2015. If the | organization did no | t check a box on lir | ne 13 or 16a, and l | line 15 is 33 1/3% | or more, check thi | |
| | and stop here. The organization qual | | | | | , | ▶ □ |
| 17a | 10% -facts-and-circumstances test | - 2016. If the orga | anization did not ch | neck a box on line | 13, 16a, or 16b, a | ind line 14 is 10% o | or more. |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | | | | ▶□ |
| b | 10% -facts-and-circumstances test | | | | | 7a, and line 15 is 1 | 10% or |
| | more, and if the organization meets the | | | | | | |
| | organization meets the "facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization | | = | | - | | |
| | | | | | | dule A (Form 990 | |

SCHEDULE 1 (Form 990)

Department of the Treasury internal Revenue Service

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

▶ Attach to Form 990.

Open to Public

Inspection

OMB No 1545-0047

Information about Schedule I (Form 990) and its instructions is at www.ns.gov/form990.

| | | HIO HIGH | on about concount in | 1 01111 330/ ailu ita | HISTORICHOUS IS AL | WWW.IIS.GOV/IOTH330 | 9. | |
|-----------|--|-------------------------|---------------------------------|-------------------------------------|-----------------------------------|---|---------------------------------------|---|
| Name of t | Name of the organization XENIA COM | XENIA COMMUNITY SCHOOLS | Ē | OUNDATION | | | | Employer identification number 31-1145230 |
| Parti | General Information on Grants and Assistance | nd Assistance | | | | | | |
| 1 Doe | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | to substantiate the | amount of the grants | or assistance, the | grantees' eligibility | for the grants or assis | stance, and the selective | |
| crite | criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of | stance? | oring the use of grant t | of orant funds in the United States | States | | | X Yes No |
| ΙĘΙ | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any | Domestic Organiz | rations and Domestic | Governments. C | Complete if the orga | anization answered "Y | es" on Form 990, Part | IV, line 21, for any |
| | recipient that received more than \$5,000. Part II can be duplicated if additional space is needed | \$5,000 Part II can | be duplicated if addition | onal space is need | pə | | | |
| 1 (a) l | 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 noncash assistance | (h) Purpose of grant or assistance |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | nd government org | janizations listed in the | e line 1 table | | | | |
| LHA For | For Paperwork Reduction Act Notice, see the Instructions for Form | , see the Instructiv | ons for Form 990. | | | | | Schedule I (Form 990) (2016) |

25

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information ON BEHALF OF INDIVIDUAL STUDENTS DEEMED WORTHY AND DESERVING OF POST HIGH Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed CITY SCHOOLS AND SCHOLARSHIPS PAID TO VARIOUS COLLEGES AND UNIVERSITIES CASH PAID. (A) TYPE OF GRANT OR ASSISTANCE: EDUCATIONAL GRANTS PAID TO THE XENIA (d) Amount of non-cash assistance 。 (c) Amount of cash grant SCHOOL FINANCIAL ASSISTANCE TO ATTEND COLLEGE (b) Number of recipients EDUCATIONAL GRANTS PAID TO THE XENIA CITY SCHOOLS DEEMED WORTHY AND DESERVING OF POST HIGH SCHOOL AND SCHOLARSHIPS PAID TO VARIOUS COLLEGES AND UNIVERSITIES ON BEHALF OF INDIVIDUAL STUDENTS (a) Type of grant or assistance PART III, COLUMN (A): Schedule I (Form 990) (2016)

Page 2

31-1145230

XENIA COMMUNITY SCHOOLS FOUNDATION

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Schedule I (Form 990) (2016)

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

2016 Open to Public Inspection

► 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

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|---|
| EDUCATIONAL PROGRAMS FOR STUDENTS IN THE XENIA CITY SCHOOLS AND TO |
| ASSIST DESERVING STUDENTS WITH POST HIGH SCHOOL GRADUATION COLLEGE |
| LEVEL COSTS. |
| |
| FORM 990, PART VI, SECTION A, LINE 8B: |
| THE ORGANIZATION MEETS ONLY AS A WHOLE WITHOUT ANY COMMITTEE MEETINGS HELD |
| SEPARATELY. THEREFORE THERE ARE NO RECORDED MINUTES OF ANY COMMITTEE |
| MEETINGS OR DECISIONS. |
| |
| FORM 990, PART VI, SECTION B, LINE 11B: |
| THE ORGANIZATIONS FORM 990 WILL BE PRESENTED FOR THEIR REVIEW AT THEIR NEXT |
| MONTHLY MEETING ONCE THE FORM 990 IS COMPLETED. |
| |
| FORM 990, PART VI, SECTION C, LINE 18: |
| THE ORGANIZATION'S FORM 990 OR 990-EZ IS AVAILABLE FOR PUBLIC INSPECTION |
| DURING THE NORMAL BUSINESS HOURS OF THE XENIA, OHIO CHAMBER OF COMMERCE |
| OFFICES LOCATED AT 334 WEST MARKET STREET, XENIA, OHIO 45385. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: |
| THE ORGANIZATION'S FORM 990 OR 990-EZ AND ALL OTHER ORGANIZATIONAL |
| DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION DURING THE NORMAL BUSINESS |
| HOURS OF THE XENIA, OHIO CHAMBER OF COMMERCE OFFICES LOCATED AT 334 WEST |
| MARKET STREET, XENIA, OHIO 45385. |
| |
| |