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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2016
Open to Public Inspection

▶ 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.

A F	or the 2	2016 calendar year, or tax year beginning AP	R 1, 2016 and	ending M	AR 31, 2017					
В	Check if applicable	C Name of organization			D Employer identif	ication number				
_	 □Address	CITAL T TOOMING EDITORAL	EOIDE AUTON							
\vdash	lchange lName	CHILLICOTHE EDUCATIONAL	FOUNDATION		42 1	604100				
-	Ichange	Doing business as		D / I		.624183				
\vdash	return TFinal	Number and street (or P.O. box if mail is not delive	red to street address)	Room/suite	E Telephone numbe					
L.	return/ termin-	P.O. BOX 620			(660					
	ated Amende	City or town, state or province, country, and ZII	P or foreign postal code		G Gross receipts \$	676,640.				
ļ	return Applica-	CHIDDICOINE, MO 04001			H(a) Is this a group r					
L_	I lition F Name and address of principal officer MICHAEL F. TORNER for subolidinates?									
	P.O. BOX 620, CHILLICOTHE, MO 64601 H(D) Are all subordinates included? Yes No									
	I Tax-exempt status X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list (see instructions)									
		· ► N/A			H(c) Group exemption					
		- garnization,	ciation Other	L Year	of formation: 1992	M State of legal domicile: MO				
P		Summary								
ø	1 B	riefly describe the organization's mission or most si	gnificant activities EDUC	ATION						
auc	_									
& Governance	2 0	theck this box 🕨 📖 if the organization disconti	nued its operations or dispo	sed-of more	e than 25% of its net a	ssets				
8	3 N	lumber of voting members of the governing body (P	art VI, line 1a)		. 3	11				
رن مح	4 N	lumber of independent voting members of the gove	rning body (Part VI, line 1,b)	\	4	11				
Se Se	5 ⊺	otal number of individuals employed in calendar yea	ar 2016 (Part V, line 2a)	2	5	0				
į	6 T	otal number of volunteers (estimate if necessary)	/ . ,		6	20				
Activities	7 a T	otal unrelated business revenue from Part VIII, colu	mn (C), line 12 / ' /	. ``	7 7a	0.				
⋖	ь	let unrelated business taxable income from Form 99	90-T, line 34 / /	S /2	/ 7b	0.				
			/ / ,	V / 5	/ Prior Year	Current Year				
•	8 0	Contributions and grants (Part VIII, line 1h)	/ /	٧٠ / <u>- </u>	417,602.					
J.	9 F	Program service revenue (Part VIII, line 2g)	/ . / . 5		0.					
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, a	ind 7d) / , / 🕉		43,069					
æ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9		/ _c	0.	0.				
		otal revenue - add lines 8 through 11 (must equal P		`	460,671.	· · · · · · · · · · · · · · · · · · ·				
_	_	Grants and similar amounts paid (Part IX, column (A)			71,133					
	1	Benefits paid to or for members (Part IX, column (A),	,		0.					
	1	Salaries, other compensation, employee benefits (Pa	·	-	0.	0.				
Expenses	15 5				0.					
ë	16a F	Professional fundraising fees (Part IX, column (A), line		67 H	Ų,	<u> </u>				
X	b l	otal_fundraising expenses (Part IX, column (D), line	***************************************	<u>67.</u>	10 026	2 405				
_	11/ (Other expenses (Part IX, column (A), lines 11a-11d, 1			12,036					
		otal expenses. Add lines 13-17 (must equal Part IX,	_		83,169					
	19 F	Revenue less expenses Subtract line 18 from line 12	2		377,502					
Net Assets or	2			Be	eginning of Current Year					
SSet	[20 기	otal assets (Part X, line 16)			1,328,927					
A A	21	Total liabilities (Part X, line 26)			375,000					
<u> Ž</u>	22 1	Net assets or fund balances Subtract line 21 from li	ne 20		<u>953,927</u>	<u>. 911,476.</u>				
⊃ 1—	art II	Signature Block								
	•	ties of perjury, I declare that I have examined this return, in			·	ny knowledge and belief, it is				
tru	e, correct	, and complete. Declaration of preparer (other than officer)	is based on all information of w	hich prepare						
=1		Munael J. Jun	سس		8-)	<i>-)</i> 7				
301	gn	Signature of officer			Date					
[⊄] He	ere	MICHAEL F. TURNER, TREA	SURER							
	l	Type or print name and title								
W		Print/Type preparer's name F	Preparer's signature		Date Check	PTIN				
Pa	id eparer		·		rt self-empli	pyed				
PH.	eparer	Firm's name		•	Firm's EIN					
(L)	e Only	Firm's address				<u>.</u> .				
₩Ź	' '				Phone no.					
M-	av the IP	S discuss this return with the preparer shown abov	e? (see instructions)		1	Yes No				
IVIC	49 1110 II	LUA For Denominary Poduction Act Nation				Form 990 (2016)				

	•		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			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	1		
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			i
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III-	5		X
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		X_
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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?			1
	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. VII, VIII, IX, or X	1		
	as applicable.			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			ĺ
	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			
	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			
	assets reported in Part X, line 169 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	1		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-	<u> </u>	
	Schedule D, Parts XI and XII	12a		X
þ	 Was the organization included in consolidated, independent audited financial statements for the tax year? 	l		1
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	<u> </u>	X
þ	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	1]	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		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	<u> </u>	X
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	17		X
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		X
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		X
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20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	1		
	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		X
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	1		
	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			
	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			
	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			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	ļ	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	ļ	X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l
	Part V, line 1	34		X
35a		35a		X
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-charitable related organization?		1	
	If "Yes," complete Schedule R, Part V, line 2	_36	ļ	X
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	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		1
	Note. All Form 990 filers are required to complete Schedule O	38	X	105:00
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14a

14b

Х

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

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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		
Sec1	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	1a	11					
	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	11					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other					
	officer, director, trustee, or key employee?			2		_X_		
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision					
	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 wa	s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X		
6	6 Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or					
	more members of the governing body?			7a		X		
b	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		X		
8								
а	The-governing body?			8a	Х			
b								
9								
	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 F	Revenue	e 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 of	hapter	s, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b				
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?	12b				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe					
	ın Schedule O how this was done		•	12c				
13	Did the organization have a-written whistleblower policy?			13		X		
14	Did the organization have a written document retention and destruction policy?			14		<u>X</u>		
15	Did the process for determining compensation of the following persons include a review and approve	al by ır	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	7						
а	The organization's CEO, Executive Director, or top management official			15a		_X_		
þ	Other officers or key employees of the organization			15b		X		
	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 arrange	ment v	vith a			*		
	taxable entity during the year?			16a		<u>X</u>		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatıo	n's					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s only) a	avaılab	le			
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X Upon request Other (explain		•					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, and	d finan	cıal			
	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 be	ooks ar	nd records 🕨					
	MICHAEL F. TURNER - (660) 646-2336							
	515 WASHINGTON STREET, CHILLICOTHE, MO 64601							

Form 990 (2016)

Part VII 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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) EDWARD D. DOUGLAS	0.50							0		•
PRESIDENT	0.50	X		X		-		0.	0.	0.
(2) JULIE A. MCCOY	0.50	x		x				0.	0.	0.
SECRETARY (3) MICHAEL F. TURNER	0.50	<u> </u>	<u> </u>	Δ		 		0.	0.	0.
TREASURER	0.30	x		х				0.	0.	0
(4) EDWARD P. MILBANK	0.50				<u> </u>	\vdash				
DIRECTOR		X	L.					0.	0.	0.
(5) MARY D. STATON	0.50									
DIRECTOR		X		L		ļ		0.	0.	0.
(6) DR. ROGER A. BARNES	0.50							_		_
EX-OFFICIO DIRECTOR	0.50	X	<u> </u>			-		0.	0.	0.
(7) DR. BRUCE L. BRODMERKLE	0.50	٠,						0		0
DIRECTOR	0.50	X	 			\vdash	-	0.	0.	0.
(8) LINDY H. CHAPMAN DIRECTOR	0.30	X		ļ_				0.	0.	0.
(9) TRENTIS E. MILLER	0.50									
DIRECTOR	1	x						0.	0.	0.
(10) INGER J. YOUNG	0.50									
DIRECTOR		X	<u> </u>			<u>L</u> .		0.	0.	0.
(11) ROBIN S. WESTPHAL	0.50	-	1							
EX-OFFICIO DIRECTOR		X	<u> </u>	<u> </u>		<u> </u>		0.	0.	0.
		-								
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Form **990** (2016)

Part VII Sect	ion A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
•	(A) Name and title	(B) Average hours per	(do	not c	(C Pos heck	C) Ition more		one	(D) Reportable compensation	(E) Reportable compensation		(F) Estimat amount	
·		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	recto	Highest compensated naty	lee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		other compensation from the organization and related organizations	
												-	
1b Sub-total	n continuation sheets to Part V	II, Section A						▶	0.		0.		0.
d Total (add	l lines 1b and 1c) ber of individuals (including but i		nose	liste	ed a	bov	e) wi	10 re	0. eceived more than \$100		0.		0.
compensa	tion from the organization											Yes	No
-	ganization list any <mark>former</mark> officer "Yes," complete Schedule J for s			e, ke	ey er	nplo	oyee	orl	highest compensated e	mployee on		3	х
4 For any inc	dividual listed on line 1a, is the s d organizations greater than \$15	um of reportab	le c							the organization		4	х
5 Did any pe	erson listed on line 1a receive or to the organization? If "Yes," con	accrue compe	nsat	tion	from	any	y uni			dual for services	Ī	5	x
Section B. Inde	ependent Contractors this table for your five highest co							ore t	hat received more than	\$100,000 of com	Anes		
	zation. Report compensation for								the organization's tax	-			
	(A) Name and business	address	N	ON	E				(B) Description of s	ervices	Co	(C) ompensati	on
							_						
											-		
						_							
	ber of independent contractors of compensation from the organ		not l	ımıte	d to		se li O	stec	d above) who received n	nore than			
											1	Form 990	(2016)

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12,052. Form 990 (2016)

0.

380,736.

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

Section	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
	Check if Schedule O contains a respon		his Part IX	(0)	(D)
	ot include amounts reported on lines 6b, 3b, 9b, 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	389,992.	389,992.		
2	Grants and other assistance to domestic				
	ındıvıduals -See Part IV, line 22	29,700.	29,700.		
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				
6	Compensation not included above, to disqualified				
	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			Ì	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)			ľ	
а	Management				
b	Legal .				
С	Accounting				
d	Lobbying		,		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			-	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	400		4.05	
13	Office expenses	105.		105.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,067.			3,067.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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.)				
а	REAL ESTATE EXPENSES	323.		323.	
b					
C					
d		-,	*		
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	423,187.	419,692.	428.	3,067.
26	Joint costs. Complete this line only if the organization				<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ff 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 Beginning of year End of year Cash · non-interest-bearing 1 1 961,315. 1,201,476. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 6 Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 367,612. b_ Less: accumulated depreciation 10b 10c 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 Intangible assets 14 14 15 Other assets See Part IV, line 11 15 1,328,927 1,201,476 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, -iabilities key employees, highest compensated employees, and disqualified persons. 375,000. Complete Part II of Schedule L 290,000. Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 375,000 290,000. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 867,058. 824,607. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 86,869. 86,869. Retained earnings, endowment, accumulated income, or other funds 32 32 953,927. 911,476. 33 Total net assets or fund balances

, 201 , 476 . Form **990** (2016)

Total liabilities and net assets/fund balances

328,927.

	990 (2016) CHILLICOTHE EDUCATIONAL FOUNDATION	43-162	4183	Page 12
Par	t 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		736.
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,187.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		451.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	953	<u>,927.</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior penod adjustments	8		
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,	ļ		
	column (B))	10	911	.,476.
Pa	rt 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 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			İ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	990 (2016

632012 11-11-16

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

Employer identification number Name of the organization 43-1624183 CHILLICOTHE EDUCATIONAL FOUNDATION Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization-operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).-An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university 10- X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions -subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. □ Type II. A supporting organization-supervised or controlled in connection with its supported organization(s), by having
 □ control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (iii) Type of organization (v) Amount of monetary (i) Name of supported (ii) EIN (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 CHILLICOTHE EDUCATIONAL FOUNDATION 43-1624183 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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not				1		
	include any "unusual grants ")])]	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to]	J]	
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge		j]	
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
·	by each person (other than a		Ì				
	governmental unit or publicly		})	
	supported organization) included						
	on line 1 that exceeds 2% of the		j]	
	amount shown on line 11,						
	column (f)])		!	
6	Public support. Subtract line 5 from line 4		-				
	etion B. Total Support			<u> </u>		<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	(4)2-5-1-	107=370	10,23	191-3-19	10/2010	17.014
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carned on						
10	Other income Do not include-gain	· · · · · · · · · · · · · · · · · · ·				 	
10	or loss from the sale of capital						
	assets (Explain in Part VI)				ļ		
44	Total support. Add lines 7 through 10			····································			
12		etc (see instruct	ions)	<u> </u>	·	12	
	First five years. If the Form 990 is for	•	•	rd fourth or fifth to	ay year as a sectio		
13	organization, check this box and stor	•	3 m3t, 3000ma, tm	ra, rourin, or man a	ax year as a seem)	
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2016 (column (fl)		14	%
15		• • •	•			15	%
	33 1/3% support test - 2016. If the			on line 13, and line	14 is 33 1/3% or i		
	stop here. The organization qualifies	•			, , , , , , , , , , , , , , , , , , , ,		▶ □
ŀ	33 1/3% support test - 2015. If the		-		l line 15 is 33 1/39	6 or more, check th	nis box
•	and stop here. The organization qual	-				5 5. more, 5.155.c.d	▶ □
17:	10% -facts-and-circumstances tes				e 13, 16a, or 16b.	and line 14 is 10%	or more
.,,	and if the organization meets the "fac		-				
	meets the "facts-and-circumstances"					uio oigai	
	10% -facts-and-circumstances tes	-	· ·		=	17a and line 15 is	10% or
	more, and if the organization meets the		=				
	organization meets the "facts-and-cire				•		·
10	Private foundation. If the organization		=	•			
10	THE OUTGOING THE OTGOTIZATION	an did not check a	LOOK OF THE TO, TO	<u>, , , , , , , , , , , , , , , , , , , </u>		edule A (Form 990	

(Complete only if you checked the box on line 10 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)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	İ					
	membership fees received (Do not						
	include any "unusual grants ")	358,613.	328,284.	248,243.	217,602.	278,676.	1,431,418.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied-for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	358,613.	328,284.	248,243.	217,602.	278,676.	1,431,418.
7a	Amounts included on lines 1, 2, and				·		
	3 received from disqualified persons	85,458.	63,803.	77,732.	73,425.	108,100.	408,518.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b	85,458.	63,803.	77,732.	73,425.	108,100.	408,518.
8	Public support. (Subtract line 7c from line 6)			_			1 022 900.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	358,613.	328,284.	248,243.	217,602.	278,676.	1,431,418.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,847.	10,121.	15,768⊸	15,299.	12,052.	66,087.
b	Unrelated business taxable income	•	•			•	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b	12,847.	10,121.	15,768.	15,299.	12,052.	66,087.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	371,460.	338,405.	264,011.	232,901.	290,728.	1,497,505.
	First five years. If the Form 990 is fo		first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						<u> </u>
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2016 (line 8, column (f) di	ivided by line 13, o	olumn (f))		15	68.31 <u>%</u>
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	<u>67.70 %</u>
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)16 (line 10c, colun	nn (f) divided by lit	ne 13, column (f))		17	4.41 %
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	3.81 %
198	a 33 1/3% support tests - 2016. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	
	more than 33 1/3%, check this box a	ind stop here. The	organization qual	rfies as a publicly s	supported organiz	ation	ightharpoons X
ŀ	b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
	line 18 is not more than 33 1/3%, che			•		•	▶□
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	▶□

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A

	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete							
	. Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)							
Sec	Section A. All Supporting Organizations							
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
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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
- c 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
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
 - 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
 - c 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)
- 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).
- 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?
- c 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ)
- 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.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b 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.)

		Yes	No
	1		
	'_		
	2	-	
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	3a		
	3b		
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	9c	-	
	10a		
	46.		
	10b		

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	dule A (Form 990 or 990-EZ) 2016 CHILLICOTHE EDUCATIONAL			43-1624183 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov 20, 1970 (explain	in Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion Å - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
<u>a</u>	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c	7.71.71	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3	1.72	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1		
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	. 7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 85% of line 1	2	*******	
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
_4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 CHILLICOTHE EDUCATIONAL FOUNDATION 43-1624183 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 9 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Amount for 2016 Section E - Distribution Allocations (see instructions) Pre-2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years-prior to 2016 (reason-2 able cause required- explain in Part VI). See instructions Excess distributions carryover, if any, to 2016: 3 а þ c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2016 from Section D, a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7. 8 b Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

Schedule /	A (Form 990	0 or 990-EZ) 2010	CHILLICO	THE EDUCA	ATIONAL	FOUNDATION	43-1624183 Page 8
Part VI	Supple Part IV, S line 1, Pa	emental Information A, lines 1 art IV, Section D,	mation. Provid , 2, 3b, 3c, 4b, 4c lines 2 and 3, Par	e the explanations c, 5a, 6, 9a, 9b, 9c rt IV, Section E, lin	s required by f , 11a, 11b, an les 1c, 2a, 2b,	Part II, line 10, Part II, line 1 d 11c, Part IV, Section B, I	I7a or 17b, Part III, line 12, ines 1 and 2, Part IV, Section C, Part V, Section B, line 1e, Part V,
		tructions)		CHOIT E, III C3 E, O,			
SCHED	ULE A,	LIST OF	UNUSUAL	GRANTS RI	ECEIVED	:	
DESCR	IPTION	1: GIFT F	OR NEW EI	LEMENTARY	SCHOOL		
DATE:	01/09	7/17	AMOUNT:	100000.			
							
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	·				····	7.07.1	
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SCHEDULE D

(Form 990)

Department of the Trèasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

ame	CHILLICOTHE EDUCATION	NAL FOUNDATION	43-1624183
Par			
_	organization answered "Yes" on Form 990, Part IV, line 6		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	***************************************	
5	Did the organization inform all donors and donor advisors in wrr	ting that the assets held in donor a	advised funds
•	are the organization's property, subject to the organization's exi	•	Yes No
6	Did the organization inform all grantees, donors, and donor advi	_	
•	for charitable purposes and not for the benefit of the donor or d	• •	•
	impermissible private benefit?		Yes No
Par		zation answered "Yes" on Form 9	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or edu	`	historically important land area
	Protection of natural habitat	, L	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the	form of a conservation easement on the last
-	day of the tax year		Held at the End of the Tax Year
2	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic struct	ture included in (a)	2c
٦	Number of conservation easements included in (c) acquired after	• •	
u	listed in the National Register	si o/ 17700, and not on a matoric si	2d
3	Number of conservation easements modified, transferred, relea	sed extinguished or terminated h	— -
3	year	sea, extinguished, or terminated b	y the organization during the tax
4	Number of states where property subject to conservation easer	ment is located	
5	Does the organization have a written policy regarding the period		—
,	violations, and enforcement of the conservation easements it he	<u>.</u>	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
٠		and my or violationage and ornoroning	consolvation outsiments during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing cons	servation easements during the year
•	S	g or violations, and omoroting cont	or validit duscritering and your
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	170/b)(4)(R)(i)
Ť	and section 170(h)(4)(B)(ii)?	samery and requirements or escale.	Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and exc	
J	include, if applicable, the text of the footnote to the organization	· ·	·
	conservation easements	To manda diatomono mai addo	ibos trio organization s abbounting for
Pa	rt III Organizations Maintaining Collections of A	Art. Historical Treasures.	or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	•	
1a	If the organization elected, as permitted under SFAS 116 (ASC		tatement and balance sheet works of art
	historical treasures, or other similar assets held for public exhib		
	the text of the footnote to its financial statements that describe		included of public service, provide, in Fart XIII,
h	If the organization elected, as permitted under SFAS 116 (ASC		ment and halance sheet works of art, historical
J	treasures, or other similar assets held for public exhibition, edu-		•
	relating to these items	sation, or research in furtherance (or public service, provide the following afflounts
	-		C
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X	uran or other amiles essets for for	
2	If the organization received or held works of art, historical treas		anciai gain, provide
	the following amounts required to be reported under SFAS 116	(MOC 900) relating to these items	.
a	Revenue included on Form 990, Part VIII, line 1		S
	Assets included in Form 990, Part X		\$
∟пА	For Paperwork Reduction Act Notice, see the Instructions for	or Form 994U.	Schedule D (Form 990) 2016

		OTHE EDUCA'				<u>43-16</u>			<u>e 2</u>
Par									
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a s	significant	use of its	collection	ı tems	
	(check all that apply)								
а	Public exhibition	d		hange programs					
b	Scholarly research	е	Other						
C	Preservation for future generations								
	Provide a description of the organization's co	•	•	-		ose in Part	XIII		
	During the year, did the organization solicit or			•	ır assets	_	٦		
	to be sold to raise funds rather than to be ma						Yes		<u>No</u>
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the organization	n answered "Yes" or	n Form 990), Part IV, I	line 9, or		
									—
та	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets no	t included		٦.,	\mathbf{x}	
	on Form 990, Part X?					L	Yes	التما	No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table						
	D. Connected				-		Amount		
	Beginning balance				1c				
-	Additions during the year				1d				
e	Distributions during the year				1e				
t	Ending balance	000 D V l	04 5		<u>_1f</u> _		7.,		
	Did the organization include an amount on Fo				-		Yes		No
Par	If "Yes," explain the arrangement in Part XIII The transfer of the transfer o								—
Fai	Lindowillett i dinds. Complete ii		11						
_	D	(a) Current year	(b) Prior year	(c) Two years back	(d) Three		(e) Four		
1a	Beginning of year balance	86,869.	86,869,	86,869.		86,869.		86,8	<u>69.</u>
b	Contributions				-				—
С	Net investment earnings, gains, and losses		***						
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses		·						
g	End of year balance	86,869.	86,869.	86,869.		86,869.		86,8	<u>69.</u>
2	Provide the estimated percentage of the curr	rent year end baland	, 5,	a)) held as [.]					
	Board designated or quasi-endowment		_%						
	Permanent endowment ► 100.00	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse	ssion of the organization	ation that are held a	nd administered for	the organi	zation	Г		
	by								No_
	(i) unrelated organizations						3a(i)		<u>X</u>
	(ii) related organizations						3a(ii)		<u>X_</u>
b	If "Yes" on line 3a(ii), are the related organization	•					3b		
4	Describe in Part XIII the intended uses of the		wment funds			-			—
Par			. D D						
	Complete if the organization answere								
	Description of property	(a) Cost or o		',	Accumulate		(d) Book	(value	
		basis (investr	nerit) Dasis	(other) de	epreciation				
	Land						<u>-</u>		
-	Buildings								
_	Leasehold improvements					- - -			
	Equipment								
	Other	15 222 5	· · · · · · · · · · · · · · · · · · ·			_ -			
Total	∟Add lines 1a through 1e. (Column (d) must e	musi Form UUN Part	* COULIMP (R) line 1	LIC 1					

Schedule D (Form 990) 2016

CHILLICOTHE EDUCATIONAL FOUNDATION

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

43-1624183 Page 3

Sche	dule D (Form 990) 2016 CHILLICOTHE EDUCATIONAL		43-1624183 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		9
_	investment expenses not included on Form 990, Part VIII, line 7b	1 45 1	
a	Other (Describe in Part XIII)	4a 4b	
D	,	40	
c	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XII Reconciliation of Expenses per Audited Financial Sta		5 Son por Poturp
Pa		•	es per neturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
-3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3)	5
Pa	rt XIII Supplemental Information.		
Prov	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	i; Part IV, lines 1b and 2b, Par	t V, line 4, Part X, line 2; Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional information	
PA	RT V, LINE 4:		
TH	E INCOME FROM THE ENDOWMENT FUND MAY BE	USED FOR THE E	EXEMPT PURPOSES OF
TH	E ORGANIZATION.		
			
		.	

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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Open to Public Inspection 2 _

Employer identification number 43-1624183 X Yes 1 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 CHILLICOTHE EDUCATIONAL FOUNDATION Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

Part II 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		(g) Description of (h) Purpose of grant
nization answered "Yes) Method of
omplete if the orga	per	(d) Amount of (e) Amount of (f
c Governments. C	ional space is need	(d) Amount of
zations and Domesti	be duplicated if addit	(c) IRC section
Domestic Organi	\$5,000 Part II car	NIH (4)
Grants and Other Assistance to	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	1 (1) Name and address of organization
Part II		10) 1

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

recipient that received more than \$5 000. Part II can be duplicated	\$5,000 Part II car	be duplicated if additive	if additional space is needed	pe			
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
CHILLICOTHE R-II SCHOOL DISTRICT 1020 W OLD HIGHWAY 36	0000		380 000	c			TO PROVIDE CLASSROOM MATERIALS AND RESOURCES FOR AN ATHLETIC STADIUM AND ELEMENTARY SCHOOL FOR
CHILLICOTHE, MO 64601	TOT9000-88	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -					
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government organiza	ganizations listed in th	le líne 1 table				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2016)

632101 11-01-16

43-1624183 CHILLICOTHE EDUCATIONAL FOUNDATION Schedule I (Form 990) (2016)

Part III Grants and Other

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BOSTION OWITHWENTER DEPORTED STEEDS			c		
SCHOOL DISTRICT PERSONNEL EXCELLENCE AWARDS	0	5 400	0		
NEW TEACHER RECRUITMENT BONUSES	0	2 500	o		
Part IV Supplemental Information. Provide the information required in PART I , LINE 2:		e 2; Part III, column	Part ا، انne 2; Part III, column (b); and any other additional information	Iditional information	
GRANTS TO THE CHILLICOTHE R-II SCHOOL		RICT ARE L	IMITED TO	DISTRICT ARE LIMITED TO REIMBURSEMENT	
OF EXPENSES INCURRED FOR FOUNDATION PURPOSES.	N PURPOSI	3S.			

GRANTS TO STUDENTS IN THE FORM OF SCHOLARSHIPS MUST BE RETURNED TO THE

FOUNDATION IF THE STUDENT DOES NOT ATTEND COLLEGE.

GRANTS TO SCHOOL DISTRICT PERSONNEL ARE NOT MONITORED BECAUSE THE AWARDS

ARE BASED ON PERFORMANCE.

Part IV Supplemental Information 43-1624183 Page
PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: CHILLICOTHE R-II SCHOOL DISTRICT
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE CLASSROOM MATERIALS AND
RESOURCES FOR AN ATHLETIC STADIUM AND ELEMENTARY SCHOOL FOR CHILLICOTHE
SCHOOLS.
SCHOOLS.

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Open To Public

Name of the organization **Employer identification number** CHILLICOTHE EDUCATIONAL FOUNDATION 43-1624183 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (d) Corrected? (b) Relationship between disqualified (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (h) Approved (d) Loan to or (a) Name of (b) Relationship (c) Purpose (e) Original (i) Written (f) Balance due (g) In by board or interested person with organization of loan principal amount default? agreement? organization? committee? From Yes То No Yes No Yes No JOE & LENORE LA ADVANCE 400,000 290,000 X X X 290,000 Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (c) Amount of (b) Relationship between (d) Type of (e) Purpose of assistance assistance assistance interested person and the organization

SEE PART V FOR CONTINUATIONS

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

Schedule L (Form 990 or 990-EZ) 2016

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number CHILLICOTHE EDUCATIONAL FOUNDATION 43-1624183 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WHERE A NEED IS DETERMINED. THE PURPOSE OF THIS FOUNDATION SHALL BE TO RECEIVE AND ADMINISTER GIFTS AND BEQUESTS WHICH SHALL BENEFIT EDUCATION IN THE CHILLICOTHE R-II PUBLIC SCHOOLS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PROVIDE NEW TEACHER RECRUITMENT BONUSES AND INCENTIVE AWARDS FOR TEACHERS AND STAFF OF THE CHILLICOTHE R-II SCHOOL DISTRICT. EXPENSES \$ 7,900. INCLUDING GRANTS OF \$ 7,900. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: COPY OF THE FORM 990 IS PROVIDED TO THE GOVERNING BODY FOR REVIEW BEFORE FILING. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS OF THE CHILLICOTHE EDUCATIONAL FOUNDATION ARE AVAILABLE TO THE PUBLIC UPON REQUEST.