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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

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

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

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

<u> </u>	For the	2016 cale	ndar year, or tax year beginning 1 JULY , 2016, and ending	<u>30 J</u>	UNE	, 20 17	
В	Check if a	applicable	C Name of organization LEAVENWORTH PUBLIC SCHOOLS EDUCATION FOUNDA	ATION	D Emplo	oyer identification nu	mber
	Address	change	Doing business as			48-1192843	_
	Name cha	-	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Teleph	none number	
$\bar{\Box}$	Initial retu	•	200 N 4TH STREET			913-684-1400	
$\overline{\Box}$		n/terminated	City or town, state or province, country, and ZIP or foreign postal code			0.000.1.00	
H	Amended				G Gross	receipts \$	E10 E00
H	• • • • • • • • • • • • • • • • • • • •		LEAVENWORTH, KANSAS 66048	<u> </u>			510,509
ш	Application	on pending				for subordinates? Yes	_
						ites included? L. Yes h a list (see instruction	
<u> </u>		npt status	✓ 501(c)(3)				15)
<u>J</u>	Website:				 _	on number ►	
			✓ Corporation Trust Association Other ► L Year of formation	2002	M Sta	ite of legal domicile	<u>KS</u>
Р	art I	Summ					
	1	Briefly de	escribe the organization's mission or most significant activities: The found	ation was	formed	d as a way of supp	orting
9	1 9	education	al efforts in the Leavenworth community that might not otherwise become a re	ality. It i	s suppo	orted by individua	ls,
펼		organizat	ions, and local business persons who seek to expand learning opportunities wi	ithin the	commu	nity.	
Jen 1	2	Check th	is box $lacktriangle$ if the organization discontinued its operations or disposed of m	ore than	25% c	of its net assets.	
ő	3	Number o	of voting members of the governing body (Part VI, line 1a)		3		31
æ	4		of independent voting members of the governing body (Part VI, line 1b)		4		31
ies	5		nber of individuals employed in calendar year 2016 (Part V, line 2a)		5		18
₹	6		nber of volunteers (estimate if necessary)		6		75
₹	7a		elated business revenue from Part VIII, column (C), line 12		7a		<u>75</u>
\bigcirc	b 1		ated business taxable income from Form 990-T, line 34		7b		0
<u> </u>	 	Net unite	ated business taxable income norm of office 34	Prior Ye		Current Ye	
2	١.,	Cantribud	Viene and greate (Dort VIII June 1h)			- 	
Revenue WWW Activities & Governance	8		tions and grants (Part VIII, line 1h)		181,07	 	231,053
	9 1		service revenue (Part VIII, line 2g)		275,07		266,408
§ (10		nt income (Part VIII, column (A), lines 3, 4, and 📆 🗓 🏌 况 🤼 🔭 🗀		12,55	7	13,048
_	י וון		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		468,70	3	510,509
	13	Grants ar	nd similar amounts paid (Part IX, column:(A), lines_1-3)		198,31	<u>o</u>	166,731
	14	Benefits	paid to or for members (Part IX, column (A), line 4)				
ø	15	Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5-10)		202,20	8	211,718
Expenses	16a	Professio	onal fundraising fees (Part IX, column (A), line 11e)				
ē	1			100	and M		i. %
ă	1		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		46.24		44,306
			penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		446,76		422,755
	1	•	less expenses. Subtract line 18 from line 12		21,93		87,754
		rieveriue		nning of Cu			
ts o	20 21 22	Total aa-					
SSe	20		ets (Part X, line 16)		992,99		,080,752
걸	21		Ilities (Part X, line 26)			0	0
<u> </u>	22		ts or fund balances. Subtract line 21 from line 20		992,99	8 1	,080,752
	art II		ture Block				
			ry, I declare that I have examined this retum, including accompanying schedules and statement ete Declaration of preparer (other than officer) is based on all information of which preparer has			f my knowledge and	belief, it is
Sig	ın İ	Sign	ature of officer	Da	te		
	re	, ,				2-17	
110		Type	Michael Des M. Des Meest		10 1	<u> </u>	
			or print name and title			E PTIN	
Pa	iid		pe preparer's pame Preparer's signature Date	<i>T201</i> 7	Check	к [] 	
	eparer	r	VIN E. Gullett Lemone 120	1751	self-er	mployed	
	e Only		ame	Firm	's ElN ▶	48-603401	16
			ddress ► 200 N 4th Street, Leavenworth Kansas 66048	Pho	ne no	913-684-140	00
Ма	v the IR	Sidiscuss	s this return with the preparer shown above? (see instructions)			. ✓ Yes	No

For Paperwork Reduction Act Notice, see the separate instructions.

9-29

Cat No 11282Y

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Form **990** (2016)

Part I	V Checklist of Required Schedules			
4	In the exponentian density of in matter E01/a/(2) or 4047/a/(1) /athou then a project foundation/2 if "Vec."		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
	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		✓
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		✓
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
	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		1
	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		✓
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
	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		✓
	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		√
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
	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		√
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓	
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		√ _
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		→
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>√</u>
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		✓
	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		1

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Part	Checklist of Required Schedules (continued)			
-00	Delthe and before and		Yes	No
20 a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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	20b	1	
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	21	<u> </u>	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		▼
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√ √
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 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	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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		1
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	 	1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			√
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	32		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		√
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		1
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
Ji	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		[2]
	Check is defiedule of contains a response of note to any line in this Fait V	Yes	s No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1.50	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	\$ 1 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	الآذاذ
_	reportable gaming (gambling) winnings to prize winners?	1c	G . 85% I
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	2b	لكنات
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	n 30.4
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	7
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1.
	account)?	4a	1
b	If "Yes," enter the name of the foreign country: ▶		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	+*
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or		[
-	gifts were not tax deductible?	6b	
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		
_	and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		T
	required to file Form 8282?	7c	/
d	If "Yes," indicate the number of Forms 8282 filed during the year		ا گذار.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g	 -
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		2 (2
	sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	- E 1.3 3
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		
a b	Initiation fees and capital contributions included on Part VIII, line 12		
11	Section 501(c)(12) organizations. Enter:		4
а	Gross income from members or shareholders		HZ1
b	Gross income from other sources (Do not net amounts due or paid to other sources		
	against amounts due or received from them.)		النساب
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	, 14
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit fleatiff insurance issuers.	M 24" 5.A.	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	J 170, 54
ь	Enter the amount of reserves the organization is required to maintain by the states in which		1.51
-	the organization is licensed to issue qualified health plans		
С	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	
		Form 99	(2016)

Part	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									
Section	n A. Governing Body and Management	 :	•	· <u>\</u>						
	nra doverning Dody and management		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	31	\$.	£ 1.5						
	If there are material differences in voting rights among members of the governing body, or									
	of 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	31								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship any other officer, director, trustee, or key employee?	2		1						
3	Did the organization delegate control over management duties customarily performed by or under the supervision of officers, directors, or trustees, or key employees to a management company or other person?	. 3		1						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed		<u> </u>	/						
5	Did the organization become aware during the year of a significant diversion of the organization's assets		 	<u> </u>						
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 all one or more members of the governing body?		1							
b	Are any governance decisions of the organization reserved to (or subject to approval by) men	,	+	 						
	stockholders, or persons other than the governing body?			1						
8	Did the organization contemporaneously document the meetings held or written actions undertaken of	40" 940								
	the year by the following:	during		l						
а	The governing body?	8a	1							
b	Each committee with authority to act on behalf of the governing body?		/							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach		1							
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		1							
Section	n B. Policies (This Section B requests information about policies not required by the Internal	neveriue C	Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.00	1						
	If "Yes," did the organization have written policies and procedures governing the activities of such cha		 	 						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purpos									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f	form? 11a	✓							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	·		12.15						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12a								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to con		1							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If describe in Schedule O how this was done	. 12c	1							
13	Did the organization have a written whistleblower policy?	. 13	1	<u> </u>						
14	Did the organization have a written document retention and destruction policy?		\							
15	Did the process for determining compensation of the following persons include a review and appro- independent persons, comparability data, and contemporaneous substantiation of the deliberation and decis									
_	· · · · · · · · · · · · · · · · · · ·	1-2-36	***							
a b	The organization's CEO, Executive Director, or top management official		}	 						
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	·	. *	F 137 44						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement		131						
	with a taxable entity during the year?	· · 16a		1						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate									
	participation in joint venture arrangements under applicable federal tax law, and take steps to safegua	rd the 👢 🍇								
	organization's exempt status with respect to such arrangements?	· · 16b	<u> </u>	L						
	n C. Disclosure									
17 19	List the states with which a copy of this Form 990 is required to be filed KANSAS Section 6104 requires an ergopyration to make the Forms 1023 (or 1024 if applicable), 900, and 900 T.	Section FO1	(0)(3)-	onka						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T available for public inspection. Indicate how you made these available. Check all that apply.	Section 501	(U)(J)S	only)						
	✓ Own website									
19	☑ Own website ☐ Another's website ☐ Opon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, confli	ct of interest	policy	, and						
	financial statements available to the public during the tax year.		رداادم	,,						
20	State the name, address, and telephone number of the person who possesses the organization's books	and records	s: >							
	Catey Edwards, Leavenworth Public Schools Education Foundation, 200 N 4th Street, Leavenworth, KS 66048			-1400						

Form 990 (2016)

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

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

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

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

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

Check this box if neither the organization no	or any relate	d org	anız	atic	on c	ompe	nsa	ated any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	unles er an	Pos neck ss pe d a d	rson	e than o	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individua or directo	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) Mike Reilly, President	3									
Reilly and Sons, Inc.		✓	1	✓	L			0	0	0
(2) Chris Norris, Vice President	3						İ			
Family Eye Care Center	<u> </u>	✓	✓	✓	L		L	0	0	<u>o</u>
(3) Holly Shehorn-Pittman, Secretary Community Member	3	1	1	1				 o	0	0
(4) Tracey Sommeria, Treasurer	3			Γ						
Armed Forces Insurance		_ ✓ _	✓	✓				0	0	0
(5) Dinah Zeck, Member at Large Zeck Ford	3	1	1	1				0	0	0
(6) Mark Denney, Member at Large	3									
JF Denney Plumbing and Heating		✓	✓	1				0	0	0
(7) Bill Geiger, Past President	3			Г						
Geiger Ready-Mix		1	✓	✓				o	0	0
(8)						-				
(9)										
(10)	-									
(11)										
(12)			-		_					
(13)							-			
(14)		-								

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(C)												
	(A) Position (D) (E)								(E)	ł	(F)	
	Name and title Average box, unless person is both an Reportable Report									Reportab		Estimated
		hours per week (list any	office	er and	dad	irect	or/trust	<u> </u>	compensation from	compensation related	from	amount of other
		hours for	악교	Inst	Officer	<u>@</u>	em _j	Former	the	organizatio		compensation
		related	Individual trustee or director	重	cer	Key employee	hes	mer	organization	(W-2/1099-N	IISC)	from the
		organizations below dotted	oral	2		탕	88	`	(W-2/1099-MISC)	}		organization and related
		line)	trus	1 2		yee	mpe mpe		})	}	organizations
			8	Institutional trustee	l		Highest compensated employee		ł	ł		
				0	l	1	ted		}	}		
(15)												
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(16)		i		_				_				
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		L		<u>. </u>	L	<u>L_</u>		Ļ				
1b	Sub-total		٠.	٠	•		•	>	0		0	
C	Total from continuation sheets to Part	=		•	•		٠	•	0		0	
d								<u> </u>	0		0	
2	Total number of individuals (including but		l to th	ose	list	ed a	above					O of
	reportable compensation from the organi	zation >						_N	ONE - VOLUNT	EERS ONLY		
_									1			Yes No
3	Did the organization list any former of							emp	oloyee, or nigr	est compe	nsate	
	employee on line 1a? If "Yes," complete 3										•	3 🗸
4	For any individual listed on line 1a, is the											e
	organization and related organizations	greater that	an \$1	50,	000)? <i>I</i> 1	"Ye	s, "	complete Sch	edule J fo	r suci	
	individual			•	•	• •	•				• •	4 /
5	Did any person listed on line 1a receive of											u 33 34 36
	for services rendered to the organization	? If "Yes," c	ompi	ete	Scr	nedL	ile J f	or s	uch person		<u>· · · </u>	5 🗸
Section	n B. Independent Contractors											
1	Complete this table for your five highest of											
	compensation from the organization. Rep	ort compe	nsatio	on fo	or th	ne c	alend	ar y	ear ending wit	h or within	the or	ganızatıon's tax
	year.											
	(A)								(B)			(C)
	Name and business add	ress						L_	Description of s	ervices		Compensation
THERE	ARE NO INDEPENDENT CONTRACTORS.											
								Щ.				
							ل <u>ب د.</u>	L			y 2.3 4	
2	Total number of independent contracto							th		ove) wno		
	received more than \$100,000 of compens	ation from t	ne or	gan	ızat	ion i	_		NONE	ļ	, - jir 187	

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Part	VIII			P t. M. t.	. D. 1.VIII		-
555	- ·	Check if Schedule O contains a resp	ponse or note to				· · · · · L
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ts, (С	Fundraising events 1c					
Sift	d	Related organizations 1d					
ıs, imi	е	Government grants (contributions) 1e					
tior r S	f	All other contributions, gifts, grants,					
ibu		and similar amounts not included above 1f	231,053	£			
dC	g	Noncash contributions included in lines 1a-1f. \$					
	h	Total. Add lines 1a-1f	<u></u> ▶	231,053			
ane			Business Code				
eve	2a	Horizon Kids Before & After School		266,408	266,408		
e Ze	b	(Program for KG through 5th Grade)					
Ş	С						
Sel	d						<u> </u>
am	е						
Program Service Revenue	f	All other program service revenue.			2 *** * ***	L	
	3	Total. Add lines 2a-2f	>	266,408			
	٥	Investment income (including divide and other similar amounts)		10.040			
	4	Income from investment of tax-exempt be		13,048			
	5	•					
	,	Royalties	(ii) Personal	4		98 98 S	
	6a	Gross rents	(1)				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)				Dan de de la company	
	7a	Gross amount from sales of (i) Securities	(II) Other	: '11 ₀ , '11 ₀ ,	May Mai vid	K W Y.	
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	•				
en	8a	Gross income from fundraising					
en (events (not including \$					
æ		of contributions reported on line 1c).					
ē		See Part IV, line 18 a		7.5			
Other Reve	b	Less: direct expenses b					
	С	Net income or (loss) from fundraising	events . 🕨				
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming active	vities ▶	2004 / 800		300 X 5000°	7200 0742
	10a	Gross sales of inventory, less					
		returns and allowances a					
i	b	Less: cost of goods sold b	anton.	<u> </u>			
	С	Net income or (loss) from sales of inve	Business Code	140 s 200 s			La Service Confession 1
	11a		Duaniesa Code				
	b					-	· · · · · · · · · · · · · · · · · · ·
	C						
	d	All other revenue				-	
	e	Total. Add lines 11a-11d				8x8+48+++++	有利益等等的
	12	Total revenue. See instructions.		510 509	266 408		- 8.4/5

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must cor								
Check if Schedule O contains a response or note to any line in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	166,731	166,731						
2	Grants and other assistance to domestic individuals. See Part IV, line 22								
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)	1	}						
7	Other salaries and wages	189,745	189,745						
8	Pension plan accruals and contributions (include	1,00/2 10	100// 10						
	section 401(k) and 403(b) employer contributions)			·					
9	Other employee benefits								
10	Payroll taxes	21,973	21,973						
11	Fees for services (non-employees):								
а	Management		ļ		· · · · · · · · · · · · · · · · · · ·				
b	Legal								
C	Accounting		 						
d e	Lobbying								
f	Investment management fees		<u> </u>	7,000 _ 3,00					
g	Other. (If line 11g amount exceeds 10% of line 25, column								
Ŭ	(A) amount, list line 11g expenses on Schedule O)								
12	Advertising and promotion								
13	Office expenses	11,722		11,722					
14	Information technology								
15	Royalties								
16	Occupancy				<u> </u>				
17 18	Travel	647	647						
10	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .								
23	Insurance	2 VIVA VV .7828:	* 12 W						
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
а	Student Supplies and Materials	10,981	10,981	****	(184 8 v.c. 1840.) (\$33)				
b	Snacks	8,929	8,929						
C	Student Field Trips	5,056	5,056						
d	Refunds and Other Fees	6,971	6,971						
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	422,755	411,033	11,722					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	;							
	from a combined educational campaign and								
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)								
_		L	L		L				

۲	art X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X	<u> </u>	<u> </u>
			(A) Beginning of year	i	(B) End of year
,	1	Cash—non-interest-bearing	154,394	1	167,801
	2	Savings and temporary cash investments	80,658	2	62,106
	3	Pledges and grants receivable, net		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	
S	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	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	757,946	13	850,845
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	992,998	16	1,080,752
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		19	
	19	Deferred revenue		20	
	20 21	Tax-exempt bond liabilities		21	
'	ł	Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors,	* * * * * * * * * * * * * * * * * * *	. "	
Liabilities	22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
<u>E</u> .	23	Secured mortgages and notes payable to unrelated third parties		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	
	26	Total liabilities. Add lines 17 through 25	0	26	0
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
Juc.	27	Unrestricted net assets		27	1 ·
als	28	Temporarily restricted net assets		28	
dВ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Į,	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	992,998	33	1,080,752
	34	Total liabilities and net assets/fund balances	992,998	34	1,080,752
					Form 990 (2016)

Form 99	90 (2016)	Pa	ge 12
Part	XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	51	0,509
2	Total expenses (must equal Part IX, column (A), line 25)	42	2,755
3	Revenue less expenses. Subtract line 2 from line 1	8	7,754
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	99	2,998
5	Net unrealized gains (losses) on investments	_	
6	Donated services and use of facilities		
7	Investment expenses		
8	Prior period adjustments		
9	Other changes in net assets or fund balances (explain in Schedule O)		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	1,08	0,752
Part	XII Financial Statements and Reporting		_
	Check if Schedule O contains a response or note to any line in this Part XII		
		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
_			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	2a ✓	388
	reviewed on a separate basis, consolidated basis, or both:		
			22.
ь	Separate basis	2b	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	7	<u>v</u>
	separate basis, consolidated basis, or both:		* , .
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	الأعظمية المستقا	ئے۔ بیمکمنن
•	of the 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	20 V	», · Se-
	Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		الأدسي بسيد
-	the Single Audit Act and OMB Circular A-133?	3a	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

Name of the organization

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

LEAVENWORTH PUBLIC SCHOOLS EDUCATION FOUNDATION 48-1192843 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 An organization that normally receives: (1) more than 331/3% 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 331/3% 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). 12 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) d 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (a) EIN (described on lines 1-10 listed in your governing support (see other support (see document? instructions) above (see instructions)) instructions) Yes Nο (A) (B) (C) (D) (E) Totai

Schedule A (Form 990 or 990-EZ) 2016 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (d) 2015 (f) Total (a) 2012 **(b)** 2013 (c) 2014 (e) 2016 Gifts. grants, contributions. membership fees received. (Do not include any "unusual grants.") . . . 1,178,103 172,923 133,366 459,685 181.076 231.053 revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 1,178,103 181,076 459,685 231,053 The portion of total contributions by (other each person governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 1,178,103 Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 Amounts from line 4 172,923 133,366 459,685 181,076 231,053 1,178,103 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 71,562 32,202 7,589 12,557 13,048 136,958 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) * 1 T Total support. Add lines 7 through 10 1,315,061 11 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f) 14 89.6 % 14 Public support percentage from 2015 Schedule A, Part II, line 14 15 89.3 % 15 331/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

	in the organization lans to quality	diluci tile te	SIS IISIEG DEI	OW, piease ci	ompicie i air	111.7	
	on A. Public Support		,				T
	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016_	(f) Total
1	Gifts, grants, contributions, and membership fees		1			1	
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise		ļ		<u></u>	_	
~	sold or services performed, or facilities						
	furnished in any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the		 	-	1		
~	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities				1		
-	furnished by a governmental unit to the						
	organization without charge				1	1	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified	1			1	1	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			-	<u> </u>		
-	Add lines 7a and 7b) . 8.) 3.9°	8 20 21 7	-	35. 20.00 25.00 25.20		
8	Public support. (Subtract line 7c from			≪ .s.3.3			
20.54	Ine 6.)	I * * * * * * * * * * * * * * * * * * *	T	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<u> </u>
	on B. Total Support	(0) 0010	(6) 0010	(a) 2014	(4) 0015	(a) 2016	(f) Total
	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(i) Total
9 10a	Amounts from line 6			 	 	 	
ıva	payments received on securities loans, rents,	1				1	
	royalties and income from similar sources .						
b	Unrelated business taxable income (less			1			
~	section 511 taxes) from businesses						
	acquired after June 30, 1975		1				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						-
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets	1				1	
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	•	n's first, secon	ıd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he				<u> </u>		> 🗀
Secti	on C. Computation of Public Suppo				<u> </u>		
15	Public support percentage for 2016 (line	• •	-				%_
16	Public support percentage from 2015 Sc			<u> </u>		16	%
	on D. Computation of Investment In				(0)	47	
17	Investment income percentage for 2016	•		-			<u>%</u>
18	Investment income percentage from 201						% and line
19a	331/3% support tests—2016. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests – 2015. If the organization 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						
20	rrivate iounication. Il the organization d	iu noi check a	DUX UIT RITE 14	, ıba, UI 18D, I	CHECK HIIS DOX	and see mon	iuliulia 🚩 🔲

Vac Na

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.)

Section A. All Supporting Organization:	Section	on A.	All :	Suppor	rting (Drgan	izations
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- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 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) purposes.
- 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.)

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Schedu	ule A (Form 990 or 990-EZ) 2016	Page 5
Part	Supporting Organizations (continued)	
11	Has the organization accepted a gift or contribution from any of the following persons?	Yes No
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
Secti	on B. Type I Supporting Organizations	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	Yes No
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 1
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes No
Secti	on D. All Type III Supporting Organizations	
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3
Secti	on E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstructions).
a b	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.	
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

trustees of each of the supported organizations? Provide details in Part VI.

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See					
instructions. All other Type III non-functionally integrated supporting organ					
Section A - 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				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e 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				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 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				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	7a, 69 7a, 25 9			
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	y in	tegrated Type III supportin	g organization (see		
instructions).					

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nızations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
•	(provide details in Part VI). See instructions.	3	•	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Ellio o dillociti dividod o, Ellio o dillociti		(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable
	,	Excess Distributions	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	·* · · · · · · · · · · · · · · · · · ·		
			1 //2 / 2/2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
•	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See			
2	instructions.			
3	Excess distributions carryover, if any, to 2016:			A
	Excess distributions carryover, if any, to 2010.			
<u>a</u>				
<u>b</u>				
<u>c</u>	From 2013			
<u>d</u>	From 2014			3
<u>e</u>	From 2015	, AMM/ 5° 4, 8; *		
f_	Total of lines 3a through e	,		
<u>g</u>	Applied to underdistributions of prior years			[3] (A) [4] (A) [4] (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)
<u>h</u>	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	2/ 8888 &		
4	Distributions for 2016 from			
	Section D, line 7: \$, 5,5,1	****	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
a	Applied to underdistributions of prior years	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* 3**:	
<u> </u>	Applied to 2016 distributable amount) Y W W () () () () () () () () ()
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.	. 100 at 10 at 10 at 10 at 10 at 10 at 10 at 10 at 10 at 10 at 10 at 10 at 10 at 10 at 10 at 10 at 10 at 10 at		
5	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.	* * * * * * * * * * * * * * * * * * * *	N/N 8/ / A 8 W 1 A /	
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.			200 - 2006 - 5
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а		Part Control		
b	Excess from 2013	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Page	8

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

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

Employer identification number

	NWORTH PUBLIC SCHOOLS EDUCATION FOUNDATION	48-1192843	
Par			ds or Accounts.
	Complete if the 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 writing that the assets hi	eld in donor advised
•	funds are the organization's property, subject to th		
6	Did the organization inform all grantees, donors, a	_	— —
U	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		
Day			· · · · · · · L Yes L No
Par		Was 2 Cama 000 Dart W Kas 7	
	Complete if the organization answered '		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recreated)		
	☐ Protection of natural habitat	☐ Preservation of	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
С	Number of conservation easements on a certified h		
d	Number of conservation easements included in		
_			
3	Number of conservation easements modified, trans		
·	tax year ►	romea, romacoa, examganomea, er term	a.ca 2) the organization daring the
4	Number of states where property subject to conse	vation easement is located >	
5	Does the organization have a written policy reg		nection handling of
9	violations, and enforcement of the conservation ea		
	Staff and volunteer hours devoted to monitoring, inspect		
6	Stan and volunteer nours devoted to monitoring, inspect	ing, nandling of violations, and emorcing t	conservation easements during the year
-	Annual of annual manual in manual man	- handling of walstings and anfarance	conceniation cocoments during the year
7	Amount of expenses incurred in monitoring, inspecting	g, nandling of violations, and enforcing	conservation easements during the year
_	> \$		anation 170/h)/4)/P)/i)
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(ıı)?		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of	-	ancial statements that describes the
	organization's accounting for conservation easeme		
Part			Other Similar Assets.
	Complete if the organization answered '		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the fe	potnote to its financial statements that	t describes these items.
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide the following amounts relati		
	(i) Revenue included on Form 990, Part VIII, line 1	-	> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art,		
-	following amounts required to be reported under S		
_	•		
a	Revenue included on Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		🖊 🐧

Par	III Organizations Maintaining	Collections of	Art, His	torical	Freasures	, or Ot	her Similar As	sets (conti	inued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	rds, chec	k any of th	ne follov	ving that are a s	ignificant us	se of its
а	☐ Public exhibition		d	□ Loan	or exchang	ge progi	rams		
b	☐ Scholarly research		е	☐ Othe	r				
С	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.	ion's collections a	and expla	ain how t	hey further	the org	anization's exer	npt purpose	ın Part
5	During the year, did the organization								
•	assets to be sold to raise funds rather		ined as	part of th	e organizat	ion's co	llection?	☐ Yes	☐ No
Par	IV Escrow and Custodial Arra		_						
	Complete if the organization 990, Part X, line 21.	answered "Yes'	on For	m 990, I	Part IV, line	e 9, or	reported an an	nount on Fo	orm
	Is the organization an agent, trustee,	custodian or oth	er intern	andiani fi	or contribut	tions or	other accets no	<u></u> _	
Ia	included on Form 990, Part X?							∏ Yes	□ No
b	If "Yes," explain the arrangement in Pa					•		☐ 163	□ 140
	ii ros, explain the arrangement iii r	iit Xiii and comple	ste the ic	moving t	abic.		T A	mount	
С	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amoun							? Tyes	□No
	If "Yes," explain the arrangement in Pa								
	t V Endowment Funds.					<u> </u>			_
	Complete if the organization	answered "Yes'	on For	m 990, l	Part IV, line	e 10.			
		(a) Current year		or year	(c) Two yea		(d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance					_			
b	Contributions								
C	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								
2	Provide the estimated percentage of the	ne current year en	d balanc	e (line 1g	, column (a	a)) held a	as:		-
а	Board designated or quasi-endowmen	it 🕨	%						
b	Permanent endowment ▶	%							
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2	c should equal 10	00%.						
3a	Are there endowment funds not in the	possession of th	e organi	zation th	at are held	and ad	ministered for th		
	organization by:							Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related or							3b	
4	Describe in Part XIII the intended uses		n's endo	wment f	unds.				
Part			_						
	Complete if the organization								
	Description of property	(a) Cost or oth	-		or other basis in their)		Accumulated epreciation	(d) Book va	alue
	Land			-		<i>3</i> ; 1		-	
b	Buildings					·# "	« » · , , , , , , , , , , , , , , , , , ,		
C	Leasehold improvements	<u> </u>				-			
d	Equipment	<u> </u>							
u e	Other								
	Add lines 1a through 1e (Column (d) m	ust equal Form 90	O Part	Column	(R) line 10)c l			

Part VII	Complete if the organization and		rm 990, Part IV, lin	e 11b. See Form	n 990, Part X, line 12.
	(a) Description of security or categor (including name of security)		(b) Book value	(c) Me	thod of valuation
(1) Financia	I derivatives			 	
• •	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)			<u> </u>		
(G)	***************************************				
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>		
Part VIII	Investments-Program Relate				
	Complete if the organization ans	wered "Yes" on For	rm 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		thod of valuation I-of-year market value
(1) Greater	Kansas City Community Foundation		504,106	End-of-Year Marke	et Value - June 30, 2017
	Kansas City Community Foundation		346,739	End-of-Year Marke	et Value - June 30, 2017
_(3)	(John A. Rauch Memorial E	ndowment Fund)			
_(4)	· -				
_(5)			<u> </u>		
(6)			ļ. 	ļ <u> - </u>	
_(7)			ļ		
_(8)					
(9)	b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets.	 _	L		
Failix	Complete if the organization ans	wared "Ves" on Fo	rm 990 Part IV lin	e 11d See Form	990 Part Y line 15
		(a) Description	111 950, Fait IV, III	e i iu. See i oili	(b) Book value
(1)	`	ay becompaign			(5) 2001 (4.12)
<u>(1)</u> <u>(2)</u>					
(3)					
(4)					
(5)					
(6)		 _			
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)			
Part X	Other Liabilities.				'
	Complete if the organization ans line 25.	wered "Yes" on For	m 990, Part IV, lin	e 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N & 12 1 3 1	
(1) Federal in		 			
(2)		 			
(3)		 			
(4)					
(5)		 			
(6)		 			
(7)		 			
(8)		<u> </u>			
(9)	 	 			
	b) must equal Form 990, Part X, col (B) line 25)	 			
	uncertain tax positions. In Part XIII, prov	ide the text of the footn	ote to the organization	n's financial stateme	ents that reports the
	s liability for uncertain tax positions unde				

Page 4	ŀ
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Par				Return.
	Complete if the organization answered "Yes" on Form 990, I			
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:	1 . 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		· 歌舞
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 VIII, line 12, but not on line 1:			
а		4a		
b	·	4b		2.48.46.
С	Add lines 4a and 4b			4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5
Part				er Return.
	Complete if the organization answered "Yes" on Form 990, I			
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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		· ***
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		المُنْدُدُ اللَّهُ مِن اللَّهُ مِن اللَّهُ مِن اللَّهُ مِن اللَّهُ مِن اللَّهُ مِن اللَّهُ مِن اللَّهِ
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, lin	e 18.) .		5
Part	XIII Supplemental Information.			
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Par	t IV, lines 1b and 2b	; Part V, line 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provi	de any additional in	formation.
				

Schedule D (For	m 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
·····		
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

2016

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

Open to Public Inspection OMB No. 1545-0047

Employer identification number 48-1192843

NWOR	OUCATION FOUND						48-1192843
General Information on Grants and Assistan	on Grants and	Assistance		74	1		T 1
1 Does the organization maintain records to substantiate th	in records to subs	stantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility for	le amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
the selection criteria used to award the grants or assistance?	award the grants	or assistance?					· · □ Yes □ No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedur	es for monitoring	the use of grant fur	nds in the United	States.		
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	sistance to Do	mestic Organiz	ations and Dom	estic Governm	ents. Complete if	the organization answ	ered "Yes" on Form
	or any recipient	that received m	ore than \$5,000.	Part II can be d	uplicated if additio	nal space is needed.	
1 (a) Name and address of organization or government	(p) 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
(1) Leavenworth Unif Sch Dist 453							
200 N 4th St, Leavenworth, KS 6648	48-6034016		166,731				Education mission support.
(2)							
(3)							
(4)							
				,			
(2)							
(9)							
(2)							
(8)							
(6)	:						
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1 501(c)(3) and gov	l vernment organiza	tions listed in the I	ine 1 table	- . . .		-
3 Enter total number of other organizations listed in the line 1 table	rganizations listed	in the line 1 table					0
For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instruction	is for Form 990.		Ö	Cat. No. 50055P		Schedule I (Form 990) (2016)

Schedule I (Fc	Schedule I (Form 990) (2016)					Page 2
Part III	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.	nestic Individua space is needed.	ils. Complete if the	organization answ	ered "Yes" on Form 990,	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
8						
ო						
4						
5						
ဖ						
7						
Part IV Leavenwort	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Leavenworth Unified School District 453 provides monthly accounting of expenditures and a summary of the grant programs accomplishments at the completion of the funded programs.	he information re	equired in Part I, line	e 2; Part III, columnary of the grant progra	(b); and any other additic	onal information.
The accour	The accounting records along with program summaries are reviewed monthly by the Foundation Board of Directors.	e reviewed monthly	by the Foundation Bo	oard of Directors.		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
						Schedule I (Form 990) (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.

OMB No 1545-0047 2016

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

LEAVENWORTH PUBLIC SCHOOLS EDUCATION FOUNDATION	48-1192843
Part VI:	
Section B, Policies, 11b. The Form 990 was prepared by the Chief Financial Officer of the Leavenworth	Unified School District 453 using
accounting records provided by the Director of the Leavenworth Public Schools Education Foundation	. The final Form 990 was reviewed
by the Foundation Director and Executive Board and subsequently reviewed at the regular Foundation	monthly business meeting before
filing the Form 990.	
Section B, Policies, 12c No member shall participate in any discussion or vote on any matter in which	he or she or a member of his or her
immediate family has potential conflict of interest due to having material economic involvement regard	ling the matter being discussed. When
such a situation presents itself, the director/member must announce his or her potential conflict, disquared as the conflict of the director of the conflict of the director of the conflict o	ualify himself or herself, and be
excused from the meeting until discussion is over on the matter involved. The President is expected to	o make inquiry if such conflict
appears to exist and the member has not made it known.	
Section C, Disclosure, 19. Copies of this Form 990 are available for public inspection at the Foundation	n website: http://lpsef.usd453.org/.
Paper copies of the Form 990, governing documents, conflict of interest policy, and financial records a	re available upon request to
Catey Edwards, Director, Leavenworth Public Schools Education Foundation, 200 N 4th Street, Leaven	worth, KS 66048 or by phone at
913-684-1400. Office hourse are 7:30 AM to 4:30 PM, Central Time.	
Part IX, Statement of Functional Expenses, Lines 7 and 10 Leavenworth Unified School District 453 pr	ovides payroll support for
Leavenworth Schools Education Foundation employees working in the Horizon Before and After School	ol Education Programs. The hours
are reported and then processed in the school district's payroll and accounting system. All federal/sta	te payroll and benefits reporting
requirements are processed by the school district. The Leavenworth Public Schools Education Found	ation reimburses the district for
actual expenses (e.g., gross pay, FICA employer related taxes, unemployment, workers compensation,	and, if applicable, employer
contribution to health insurance). No indirect costs, or processing fees, are charged by the school dis	trict.