Return of Organization Exempt From Income Tax
Organization Exempt From Income Tax
Organization Solic), 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

■ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Internal Revenue Service

Open to Public Inspection

A F	or the	2017 calendar year, or tax year beginning A	PR 1, 20	)17 and	ending 1	MAR 3	1, 2018		
Bca	heck if	C Name of organization			_	D Em	oloyer identific	ation number	
_	Addres	CHILLICOTHE EDUCATIONA	L FOUND	ATION					
	Name change	Doing business as				1	43-16	24183	
	Initial	Number and street (or P.O. box if mail is not de	ivered to street a	ddress)	Room/suite	E Tele	phone number		
	Final return/	P.O. BOX 620			<u> </u>		(660)	646-233	6
	termin- ated	City or town, state or province, country, and	ZIP or foreign	postal code		G Gross	s receipts \$	507,	183.
	Amend return	CHILLICOINE, MO 04001				H(a) Is	this a group ret		
	Applica	F Name and address of principal officer 1111C	HAEL F.	TURNER		fo	r subordinates?	Yes 🖸	X No
	pendin	P.O. BOX 620, CHILLICOT		<u>64601</u>		<b>H</b>	e all subordinates inc		No
		mpt status. X 501(c)(3) 501(c)( )	✓ (insert no.)	4947(a)(1)	or ( ) 527			st (see instructio	ns)
		e: ► N/A		1 011 -			roup exemption		
	orm of	organization: X Corporation Trust As Summary	sociation [	Other -	L Year	of format	ion: 1992  <b>M</b>	State of legal domi	cile: MO
-	1 1	Briefly describe the organization's mission or most	significant acti	vities EDUC	ATION				
Governance	١.								
rna	2 (	Check this box 🕨 🔲 if the organization disco	ntinued its ope	rations or dispo	osed of mor	e than 25	% of its net ass	ets.	
Š	3 1	Number of voting members of the governing body	(Part VI, line 1a	1)			3		10
<u>م</u>	4 1	Number of independent voting members of the go	verning body (F	Part VI, line 1b)			4		10
Activities &		Total number of individuals employed in calendar y	ear 2017 (Part	V, line 2a)			5		0
Σij	1	Cotal number of volunteers (estimate if necessary)					6	<del></del>	20
Act	1	Total unrelated business revenue from Part VIII, co			VF-5	7	7a		<u> </u>
	b	Net unrelated business taxable income from Form	990-T, line 34	RECE			7b		0.
		O - Make the control of the Alexander (Depth VIII has the	က				78,676.	Current Yea	
Revenue	1	Contributions and grants (Part VIII, line 1h)	1321	JUN 22	2018	<u>(၂)</u>	0.		0.
		Program service revenue (Part VIII, line 2g) n vestment income (Part VIII, column (A), lines 3, 4			• 🗀	至	2,060.	29	$\frac{0.}{173.}$
æ	10	The strient income (Fart VIII, column (A), lines 5, 40 € 5 € 6 € 7 € 7 € 7 € 7 € 7 € 7 € 7 € 7 € 7	90 100 and	110GDEN	JUT	1	2,000.	27,	0.
		Cotal revenue - add lines 8 through 11 (must equal			<u> </u>	3	80,736.	390,	
		Grants and similar amounts paid (Part IX, column (		111 (7 9, 11110 12)			19,692.	359,	
	ĺ	Benefits paid to or for members (Part IX, column (A		•	-	<del></del>	0.		0.
ဟ	1	Salaries, other compensation, employee benefits (		(A), lines 5-10)			0.		0.
nse		Professional fundraising fees (Part IX, column (A),					0.		0.
Expenses		Total fundraising expenses (Part IX, column (D), lin		3,8	37 <u>0.</u>		š /2		× ×
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)				3,495.	4,:	217.
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), I	ine 25)			23,187.	364,	
	19	Revenue less expenses. Subtract line 18 from line	12				42,451.	26,	<u> 277.</u>
Net Assets or Fund Balances					B		f Current Year	End of Year	
Sset	20	Total assets (Part X, line 16)		-	<b> </b>		01,476.	1,157,	
et	21	Total liabilities (Part X, line 26)	-				90,000.	220,	
픊	22	Net assets or fund balances. Subtract line 21 from Signature Block	line 20			9	11,476.	937,	<u>/53.</u>
	art II		including seesan	nanuna sahadul	loo and atatao		to the best of	leaveled as and hale	
	•	ities of perjury, I declare that I have examined this return t, and complete. Declaration of Frenarer (other than offic	_				•	knowledge and beil	ei, il is
uue	, correc	William Of The Hall	A A A	i iiiioi iiiatioii oi v	vilicii prepare	i iias aily i	L - 14	-18	
Sig	n	Signature of officer		·			Date		
He		MICHAEL F. TURNER, TRE	ASURER						
110		Type or print name and title							
		Print/Type preparer's name	Preparer's signa	ature		Date	Check	PTIN	
Pai	d		<u> </u>				af self-employed		
Pre	parer	Firm's name					Firm's EIN		
Use	Only	Firm's address		<u>_</u>					
_							Phone no.		<del></del>
		S discuss this return with the preparer shown about			<del></del>			Yes _	No_
7320	001 11-2	8-17 LHA For Paperwork Reduction Act Notice	ce, see the sep	parate instruct	ions.			Form <b>990</b>	(2017)

	990 (2017) CHILLICOTHE EDUCATIONAL FOUNDATION 43-1624	183	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		$\mathbf{X}$
1	Briefly describe the organization's mission:		
•	IN ORDER TO ENCOURAGE THE HIGHEST EDUCATIONAL STANDARDS IN THE		
		HOSE	
	SCHOOLS, THE CHILLICOTHE EDUCATIONAL FOUNDATION IS ESTABLISHED		
	PROVIDE FINANCIAL SUPPORT FOR ENRICHMENT OF PROGRAMS AND ACTIVI	TIES	<del>_</del>
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes [	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
3	If "Yes," describe these changes on Schedule O	165 [	INU
	· ·		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	•	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expection 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expection 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expection 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expection 501(c)(4) organizations are required to report the amount of grants and allocations to others, the second of the first term of the first	penses, ai	nd
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 30,500 • including grants of \$ 30,500 • ) (Revenue \$		)
	PROVIDE SCHOLARSHIPS FOR STUDENTS OF THE CHILLICOTHE R-II SCHOO	)L	
	DISTRICT.		
	545		
			<del></del>
4b	(Code) (Expenses \$ 310,774. including grants of \$ 310,774.) (Revenue \$		)
	PROVIDE RESOURCES FOR AN ATHLETIC STADIUM AND ELEMENTARY SCHOOL	FOR	THE
	CHILLICOTHE R-II SCHOOL DISTRICT.	·	
	CITEBLEOTHS IN THE DOMOGE PEDITION		
4c	(Code) (Expenses \$ 13,233. Including grants of \$ 13,233.) (Revenue \$		)
	PROVIDE EDUCATIONAL RESOURCES FOR STUDENTS OF THE CHILLICOTHE R	-II	
	SCHOOL DISTRICT.		<del></del>
	SCHOOL DIBIRIES.		
4d	Other program services (Describe in Schedule O.)	·	
TU	E 400	١	
		<del></del>	
<u>4e</u>	Total program service expenses ► 359,907.		0
		Form <b>99</b>	<b>U</b> (2017)

#### Form 990 (2017)

# Form 990 (2017) CHILLICOTHE EDUCATIONAL FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
-	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		<b>.</b>	
	If "Yes," complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			, v
	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			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		x
_	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5_		^
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			X
-	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	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	_0_		
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			]
	If "Yes," complete Schedule D, Part IV	9		x
	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	]
14	If the -organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	.6 (§) 2.		ž,`
11	as applicable	Server i		*; * 2,
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			44 ,
a	Part VI	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ĺ	x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ч	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Х
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		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		Х
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
		Form	990	(2017)

Form 990 (2017) CHILLICOTHE EDUCATIONAL FOUNDATION 43-1624183 Page 4
Part IV Checklist of Required Schedules (continued)

				110
20a	Did th e organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_
	domestic government on Part IX, column (A), line 19 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			Ì
	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			
	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		
	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		Х
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	i	х
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,"	]		l
	complete Schedule L, Part II	26	Х	
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			× <sub>×</sub>
	instructions for applicable filing thresholds, conditions, and exceptions):		,	10 12 12 13 13 13 13 13 13 13 13 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ľ	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
	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
-	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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			
	Part V, line 1	34		X
35a	The state of the s	35a		Х
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	X	l
		Form		(2017)

O17) CHILLICOTHE EDUCATIONAL FOUNDATION
Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
		-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		, ,	1.0
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0	İ		;
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning	1	1 \$	
•	(gambling) winnings to prize winners?	1c	х	, ,
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0		,	^ *
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	·	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		,	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	ĺ	X
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		
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 account)?	4a		х
ь	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	,	X
b	Did arry taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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		X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		L
7	Organizations that may receive deductible contributions under section 170(c).	, " , "	25/	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		L
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			1
	to file Form 8282?	7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year	(	3	1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del> </del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	3~ `	<del> </del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			135
_	spons oring organization have excess business holdings at any time during the year?	_8_	3	
9	Sponsoring organizations maintaining donor advised funds.	ı x		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
. b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		,
10	Section 501(c)(7) organizations. Enter.  Initiation fees and capital contributions included on Part VIII, line 12	* 1		200
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	\$		:
11	Section 501(c)(12) organizations. Enter:		,	
''a	Gross income from members or shareholders		` [	, •
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.)		,	
12a		12a	-	-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		l	;
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		[	,
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990 (	(2017)

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			
Sect	ion A. Governing Body and Management									
			1			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		10			,			
	If there are material differences in voting rights among members of the governing body, or if the governing	1	}			` .				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.						•			
b	Enter the number of voting members included in line 1a, above, who are independent	1b		10			4			
2	Did arry officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other	<b>-</b> ],			1			
	officer, director, trustee, or key employee?				2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	he dire	ct supervision	Γ						
	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 w	as filed?		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		Γ	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	appoint	one or	Γ						
	more members of the governing body?				7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or							
	persons other than the governing body?			1	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by t	ne following:		Side.	·				
а	The governing body?				8a	X				
b	Each committee with authority to act on behalf of the governing body?				8b	Х				
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			- }	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)							
						Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?				I0a		X			
b	if "Yes," did the organization have written policies and procedures governing the activities of such of	chapte	rs, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			[1	Ob					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the form	> [·	I1a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				*/		, ]			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			1	2a		X			
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	officts?	1	2b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes, " a	escribe							
	in Schedule O how this was done			] 1	2c					
13	Did the organization have a written whistleblower policy?				13		X			
14	Did the organization have a written document retention and destruction policy?		•		14		X			
15	Did the process for determining compensation of the following persons include a review and approx	al by a	ndependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	7			<u>, , , , , , , , , , , , , , , , , , , </u>		*			
а	The organization's CEO, Executive Director, or top management official			- 1	5a	^ 1	X			
-	Other officers or key employees of the organization	•			5b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		-		1	3)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a				s			
	taxable entity during the year?			- 1	6a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation							
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic		· ·			_				
	exempt status with respect to such arrangements?	_		1	6b	`				
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 (Sec	tion 501(c)(3)s on	ly) ava	allabl	e				
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain	n ın Sc	hedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		•	and fi	nano	cial				
-	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 a	nd records 🕨			_				
	MICHAEL F. TURNER - (660) 646-2336									
	515 WASHINGTON STREET, CHILLICOTHE, MO 64601									
73200	R 11.28.17				Form	990	(2017)			

# 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
-	hours per week	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	(list any				1		<u> </u>	from the	from related organizations	other compensation
	hours for	Individual trustee or director				ted		organization	(W-2/1099-MISC)	from the
	related	) stee	truste		ω.	bensa		(W-2/1099-MISC)		organization
	organizations below	ual tru	ional		ploye	t com	_			and related
	line)	Individ	Institutional trustee	Officer	Кеу еп	Highest compensated employee	Former			organizations
(1) EDWARD D. DOUGLAS	0.50									
PRESIDENT		X		X		<u> </u>	L.	0.	0.	0.
(2) JULIE A. MCCOY	0.50								_	
SECRETARY		X		Х	ļ			0.	0.	0.
(3) MICHAEL F. TURNER	0.50								_	
TREASURER	0.50	X		X	<u> </u>	<u> </u>		0.	0.	0.
(4) EDWARD P. MILBANK	0.50	x								•
DIRECTOR	0.50	Δ			-	-		0.	0.	0.
(5) MARY D. STATON	0.50	x					l	0.	0.	0
DIRECTOR (6) DR. ROGER A. BARNES	0.50	Δ				<del>                                     </del>		0.		0.
EX-OFFICIO DIRECTOR	0.50	х						0.	0.	0.
(7) DR. BRUCE L. BRODMERKLE	0.50								0.	
DIRECTOR	•	x						0.	0.	0.
(8) LINDY H. CHAPMAN	0.50									
DIRECTOR		X						0.	0.	0.
(9) TRENTIS E. MILLER	0.50									
DIRECTOR	_	X	L					0.	0.	0.
(10) INGER J. YOUNG	0.50									
DIRECTOR		X				_		0.	0.	0.
	ļ									
			_		<u> </u>	<u> </u>				
								:		
					<u> </u>					
					-	-				

Form 990 (2017)

Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	ane	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A) Name and title	(B) Average hours per		not c		ition more	than		(D) Reportable	(E) Reportable	(F) Estimated
	week (list any hours for related organizations		institutional trustee		irecto		tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	amount of other compensation from the organization and related
	below line)	individu	Institutio	Officer	Key employee	Highest (	Former			organizations
	-									
										_
dt. O.b. Andri							L	0.		0. 0.
1b Sub-total c Total from continuation sheets to Part V	II, Section A							0.	(	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but r	not limited to th	ose	liste	ed at	oove	e) wł	no re	0. eceived more than \$100		0.
compensation from the organization				-						Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		stee	e, ke	y en	nplo	yee,	or l	nighest compensated e	mployee on	3 X
4 For any individual listed on line 1a, is the si and related organizations greater than \$15			-					•	the organization	4 X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," com	accrue comper	nsati	ion f	rom	any	unr			dual for services	
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>	•	•							•	ensation from
(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	(C) Compensation
							1			···
										<del></del> _
							$\dashv$			
2 Total number of independent contractors (	including but n	ot lır	mite	d to	thos	se lis	sted	above) who received m	nore than	
\$100,000 of compensation from the organi					(	_				Form <b>990</b> (2017)

CHILLICOTHE EDUCATIONAL FOUNDATION Form 990 (2017) 43-1624183 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (B) Related or Total revenue Unrelated exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a Membership dues 1b 1c Fundraising events Related organizations Government grants (contributions) 1e All other contributions, gifts, grants, and 361,228 similar amounts not included above Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f Business Code Program Service Revenue All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 16,225 other similar amounts) 16,225. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal Gross rents 6 a Less rental expenses Rental income or (loss) Net rental income or (loss) (i) Securities Gross amount from sales of (ii) Other 129,730. assets other than inventory b Less: cost or other basis 116,782 and sales expenses 12,948 Gain or (loss) d Net gain or (loss) Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory

12 732009 11-28-17 390,401.

**Business Code** 

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

Total revenue. See instructions.

Sectio	on 501 (c)(3) and 501(c)(4) organizations must comp			emplete column (A).	
	Check if Schedule O contains a respon-	se or note to any line in	this Part IX(B)	(C)	(D)
Do no 7b, 8	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				, *******
	and do mestic governments. See Part IV, line 21	324,007.	324,007.		
2	Grants and other assistance to domestic				′, ^ `
	individuals. See Part IV, line 22	35,900.	35,900.		
3	Grants and other assistance to foreign				* *
	organizations, foreign governments, and foreign			* * * *	, , ,
	individuals. See Part IV, lines 15 and 16			, not	<u></u>
4	Benefits paid to or for members			4	P
	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	person's (as defined under section 4958(f)(1)) and				
	person's described in section 4958(c)(3)(B)				
7	Other salaries and wages				
	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		) <u>(</u>		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
ŭ	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	347.		347.	
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	3,870.			3,870.
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)		1	4*, 1	
	amount, list line 24e expenses on Schedule O.)			41/2	· · · · · · · · · · · · · · · · · · ·
а			·		
b					
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	364,124.	359,907.	347.	3,870.
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 If following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
	•		(A) Beginning of year		(B) End of year
—Т		Cash · non-interest-bearing		1	
Ì	1	Savings and temporary cash investments	1,201,476.	2	1,157,753.
	2	Pledges and grants receivable, net	1,201,470.	3	1,151,155
1	3	Accounts receivable, net		4	
	4	·			·
- {	5	Loans and other receivables from current and former officers, directors,	* . * . <		`,
- 1		trustees, key employees, and highest compensated employees. Complete	**	ł	
	_	Part II of Schedule L	_	_5	
	6	Loans and other receivables from other disqualified persons (as defined unde	* * * *	***************************************	
ļ		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	- * * *	i .	
Ì		employers and sponsoring organizations of section 501(c)(9) voluntary	· · · · · · · · · · · · · · · · · · ·	\	`
ats		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net .		7	
۷	8	Inventories for sale or use		_8_	
	9	Prepaid expenses and deferred charges	/X* / / AXX'	9	<u> </u>
	10a	Land, buildings, and equipment cost or other	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	pac,	
		basis. Complete Part VI of Schedule D 10a		2	
	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	
	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)	1,201,476.	_16	1,157,753
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		_18	
	19	Deferred revenue .		19	<u> </u>
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,	«×	3,	is a s
itie		key employees, highest compensated employees, and disqualified persons.		* S	
Liabilities		Complete Part II of Schedule L	290,000.		220,000
Ë	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		1	
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	290,000.	26	220,000
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
m		complete lines 27 through 29, and lines 33 and 34.			
ë	27	Unrestricted net assets	• • • • • • • •	27	
lar	28	Temporanly restricted net assets		28	
ĕ	29	Permanently restricted net assets		29	
ũ	29	Organizations that do not follow SFAS 117 (ASC 958), check here	]		
Net Assets or Fund Balances		and complete lines 30 through 34.	' ]	1	. : .
S	20	Capital stock or trust principal, or current funds	824,607.	30	850,884
set	30	Paid in or capital surplus, or land, building, or equipment fund	0.	31	030,004
As	31	Retained earnings, endowment, accumulated income, or other funds	86,869.	32	86,869
Š	32		911,476.		937,753
_	33	Total net assets or fund balances	1,201,476.		1,157,753
	34	Total liabilities and net assets/fund balances	<u> </u>	34_	<u> </u>

orm	990 (2	2017) CHILLICOTHE EDUCATIONAL FOUNDATION	43-	1624183	Page <b>12</b>
Par		Reconciliation of Net Assets			
		Check if Schedule O contains a response or note to any line in this Part XI	· <del></del>		
	•				
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		), <u>401</u> .
2	Total	expenses (must equal Part IX, column (A), line 25)	2		1,124.
3	Reve	nue less expenses Subtract line 2 from line 1	3		<u>5,277.</u>
4	Net a	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	911	L <u>,4</u> 76.
5	Net u	nrealized gains (losses) on investments	5		
6	Dona	ted services and use of facilities .	6	<del></del>	
7	Inves	tment expenses	7		
8	Prior	period adjustments	8		
9	Other	changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net a	ssets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	colun	nn (B))	10	937	7,753.
Par	t XII	Financial Statements and Reporting			
		Check if Schedule O contains a response or note to any line in this Part XII		·	
					Yes No
1	Acco	unting method used to prepare the Form 990: X Cash Accrual Other		'	8,7
	If the	organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		ľ
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Ye	es," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		* * *
	sepa	rate basis, consolidated basis, or both			\$ .
		Separate basis Both consolidated and separate basis		.	`
b	Were	the organization's financial statements audited by an independent accountant?		2b	X
	lf "Y∈	es," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,		
	cons	olidated basis, or both:			î
		Separate basis Consolidated basis Both consolidated and separate basis		'	18.
С	lf "Y∈	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		
	revie	w, 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 Sil	ngle Aud	nt     '	j
	Act a	nd OMB Circular A-133?		_3a	X
ь		es," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ıred audı	t	
	or au	dits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
				Form	<b>990</b> (2017)

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

				<u>UCATIONAL FO</u>				4	3-162 <u>4183</u>
Pa	rt I	Reason for Public	Charity Status (	All organizations must co	omplete th	ıs part.) S	ee instructions	i.	
The	organ	zation is not a private found							
1	$\Box$	A church, convention of ch			_			$   \sqrt{C} $	\
2	一	A school described in secti					-76 -767	U	1
3		A hospital or a cooperative		•			iii)		
<u>ح</u>		A medical research organiz					-	(iii) Enter	the beental's name
4		city, and state	anon operated in co	njanodon with a noopita	1 000011000	2 117 300010	)	(iii). Eritei	trie nospitars name,
_	Γ	An organization operated for	or the benefit of a co	llege or university owner	d or opera	tod by a d	lovernmental u	nıt deseril	
5	لـــا	section 170(b)(1)(A)(iv). (C		liege of difficulty owner	u or opera	ieu by a g	overnmentaru	ini descin	Jed in
_			•						
6	H	A federal, state, or local go							
7		An organization that norma		intial part of its support i	rom a gov	ernmenta	I unit or from ti	ne genera	public described in
	$\overline{}$	section 170(b)(1)(A)(vi). (C	•						
8	님	A community trust describe							
9		An agricultural research org			-	-		_	-
		or university or a non-land-o	grant college of agric	ulture (see instructions)	Enter the	name, city	y, and state of	the collec	je or
		university:							<del></del>
10	$\mathbf{X}$	An organization that norma	illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	hıp fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	ın 33 1/3% of	ts suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ured by the or	ganızatıon	after June 30, 1975
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized	and operated exclus	ively to test for public sa	ifety See:	section 50	09(a)(4).		
12		An organization organized	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to ca	rry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See section 5	09(a)(3). (	Check the box in
		_Ines 12a through 12d that	describes the type of	of supporting organization	n and com	nplete line:	s 12e, 12f, and	l 12g.	
а	· [	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), t	ypically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b	, $\square$	Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	aving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c	; [	Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functional	ly integrat	ed with,
		its supported organizatio	n(s) (see instructions	) You must complete I	Part IV, Se	ctions A.	D, and E.	, ,	
c	ı 🗀	Type III non-functionally	v integrated. A supp	orting organization oper	ated in co	nnection v	with its suppor	ted organ	zation(s)
		that is not functionally int	tegrated. The organia	zation generally must sat	tisfy a disti	nbution re	quirement and	an attent	iveness
		requirement (see instruct			-		•		
ε	,	Check this box if the orga	•	•	,			II. Type III	
		functionally integrated, or						, .,,,,,,	
1	F Ente	er the number of supported of	-	,	3 - 3				
,		ride the following information	•	ed organization(s)	•			•	
=		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
							<del></del>		<del></del>
Tot	a!		l .		l		1		I

	edule A (Form 990 or 990 EZ) 2017 C	CHILLICOTH	E EDUCAT	IONAL FOUN	<u>IDATION</u>	43-162	4183 Page 2/
Pa	rt II Support Schedule for	Organizations	Described in	n Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	i)
	(Complete only if you checke	ed the box on line 5	5, 7, or 8 of Part I	or if the organization	on failed to qualify	under Part III If the	organization
	fails to qualify under the test	s listed below, plea	ase complete Par	t III )			
Sec	tion A. Public Support	<del></del>	-			<del></del>	
	ndar year (or fiscal year beginning in)	(-) 2012	(I-) 0014	(.) 0045	1		<u>/</u>
		(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")				<u></u>		
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				1		-
	furnished by a governmental unit to						
	the organization without charge				/		
4	Total. Add lines 1 through 3	-			1		
5	The portion of total contributions	. ;	.tx	** *	1		
•	by each person (other than a		A	100	/ 5		
	governmental unit or publicly	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	× 24	1	1	4	
	• • •				* "		
	supported organization) included	] , Si	13		1		
	on line 1 that exceeds 2% of the		3 5			l . Kiji	
	amount shown on line 11,				1 , (2)		
	column (f)	in the	3 3	. 1	a de la companya de l		
	Public support. Subtract line 5 from line 4	\$ ' a		Marian	, x	,	
Sec	tion B. Total Support			<u>/</u>			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4			<i>‡</i>		(0) = 0	<u> </u>
8	Gross income from interest,						
_	dividends, payments received on		1				
	securities loans, rents, royalties,						
	and income from similar sources						
•	Net income from unrelated business		<del>/</del>				
9							
	activities, whether or not the		/				
	business is regularly carried on		-/				
10	Other income Do not include gain		1				
	or loss from the sale of capital	]	/				
	assets (Explain in Part VI)						
11	<b>Total support.</b> Add lines 7 through 10		, ş*	*.	4 .	ς δυ	
12	Gross receipts from related activities,	etc (see instruction	ons) .			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thi	rd, fourth, or fifth ta	x year as a section	n 501(c)(3)	<u> </u>
	organization, check this box and stor	,			•	` ' ' '	
Sec	tion C. Computation of Publ	ic Support Per	centage			<u> </u>	
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11,	column (f))		14	%
15	Public support percentage from 2016	Schegule A, Part I	II, line 14			15	%
16a	33 1/3% support test - 2017. If the c	organization did no	t check the box o	on line 13, and line 1	14 ıs 33 1/3% or m		
	stop here. The organization qualifies					ioro, oricon triio box	<b>.</b>
b	33 1/3% support test - 2016. If the c				line 15 is 33 1/3%	or more, check this	bov -
_	and stop here. The organization quali	ifies as a nublicity s	unnorted organiz	ration	IIIC 10 13 00 17070	or more, check this	<b>▶</b> [ ]
170					10 1010		
ıra	10% -facts-and-circumstances test	te and arranges to the	2011 AUG 1101 (100 1101) (100 1101 (100 1101 (100 1101 (100 1101 (100 1101 (100 1101 (100 1101 (100 1101 (100 1101 (100 1101 (100 1101 (100 1101 (100 1101 (100 1101 (100 1101 (100 1101 (100 1101 (100 1101 (100 1101 (	CHECK & DOX ON IINE	io, ioa, or 160, a	nu line 14 is 10% o	r more,
	and if the organization meets the "fac	is-and-circumstant	ces test, check t	nis box and stop h	ere. Explain in Pari	t VI how the organiz	ation
_	meets the "facts-and-circumstances"						▶∟
b	10% -facts-and-circumstances test	t - 2016. If the orga	anization did not o	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is 10	0% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
<u>18</u>	Private foundation. If the organization	n did not check a b	oox on line 13, 16	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	▶□
	/					dule A (Form 990 o	or 990-EZ) 2017
	/					,	•

### 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.)

Sec	ction A. Public Support	ciow, picase com	piete Fait ii j				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	328,284.					1,334,033.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organi≥ation'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 organ- ization'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 5	328,284.	248,243.	217,602.	278,676.	261,228.	1,334,033.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons	63,803.	77,732.	72 425	100 100	122 626	456 606
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	03,803.	11,132.	73,425.	108,100.	133,626.	456,686.
_	amount on line 13 for the year Add lin es 7a and 7b	63,803.	77,732.	73,425.	108,100.	122 626	0.
		4%	11,134.	13,443.	» (	133,626.	456,686.
	Public support. (Subtract line 7c from line 6) ction B. Total Support	" 3	** *	, 8	11,200 / 12,1		877,347.
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(-) 0017	(O Tatal
	Amounts from line 6	328,284.	248,243.	217,602.	278,676.	(e) 2017 261, 228.	(f) Total
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,121.	15,768.	15,299.	12,052.	16,225.	69,465.
b	Unrelated business taxable income	10,121.	13,700.	13,233.	12,002.	10,225.	09,403.
-	(less section 511 taxes) from businesses acquirect after June 30, 1975						
c	: Add lin es 10a and 10b	10,121.	15,768.	15,299.	12,052.	16,225.	69,465.
11	Net income from unrelated business activities not included in line 10b, 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.)	330 405	064 044				
	Total support. (Add lines 9, 10c, 11, and 12)			232,901.		277,453.	1,403,498.
14	First five years. If the Form 990 is for	tne organization's	tirst, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ation,
500	check this box and stop here ction C. Computation of Publi	c Support Per	reentage	<u> </u>	·	<del></del>	
	Public support percentage for 2017 (In			al (6)		4-1	62 E1 a
	Public support percentage from 2016		-	olumn (I))		15	62.51 % 68.31 %
	ction D. Computation of Inves			<u> </u>		16	68.31 %
	Investment income percentage for 20			e 13. column (fl)		17	4.95 %
18	Investment income percentage from 2			C 10, COIGHT (1))		18	4.41 %
	33 1/3% support tests - 2017. If the			on line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box ar						<b>▶ X</b>
b	33 1/3% support tests - 2016. If the	organization did ni	ot check a box on	line 14 or line 19a,	, and line 16 is mo	re than 33 1/3%, a	
	line 18 is not more than 33 1/3%, che						. ▶□
20	Private foundation. If the organization	n did not check a t	oox on line 14, 19a	i, or 19b, check thi	s box and see ins	tructions	

#### 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 Organizations

- 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?
- 6 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.)

	T	<del></del> -
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9b		
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_9c		
10a		-
		_
10b		

	dule A (Form 990 or 990-EZ) 2017 CHILLICOTHE EDUCATIONAL			3-1624183 Page 6
Pa				<del></del>
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI) <b>See instructions.</b> Al
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E	r
Sect	ion 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		<del></del>
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	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):	1	· ***	
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		<u></u>
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,	<u> </u>		
•	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		
	ion C - Distributable Amount		A Special Spec	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	3 * 3	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	<u> </u>		
•	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall		ated Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

b Excess from 2014c Excess from 2015d Excess from 2016e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017	CHILLICOT	HE EDUCA	TIONAL	FOUNDAT:	ION	43-162418	3_Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1, Part IV, Section D, Section D, lines 5, 6, and	mation. Provide the first of th	ne explanations a, 6, 9a, 9b, 9c, /, Section E, line	required by P 11a, 11b, and es 1c, 2a, 2b, 3	Part II, line 10; P I 11c, Part IV, S 3a, and 3b; Part	art II, line 17a or : ection B, lines 1 : t V, line 1; Part V,	17b, Part III, line 12 and 2; Part IV, Sect Section B, line 1e,	ion C.
	(See instructions)					<del></del>		
SCHEDU	LE A, LIST OF	UNUSUAL G	RANTS RE	CEIVED:	l			
DESCRI	PTION: GIFT F	OR NEW ELE	MENTARY	SCHOOL				
	12/19/17		50000.					
DESCRI	PTION: GIFT F	OR NEW ELE	MENTARY	SCHOOL			<del></del>	
DATE:	01/04/18	AMOUNT:	50000.					
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# SCHEDULE D

(Form 990)

Department of the Treasury 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	CHILLICOTHE EDUCAT	'IONAL FOUNDATION	43-1624183
Par	Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
_	Aggregate value of grants from (during year)		
_	Aggregate value at end of year	1	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fur	nds
-	are the organization's property, subject to the organization's	_	Yes No
_	Did the organization inform all grantees, donors, and donor a		• —
6	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	or donor advisor, or for any other purpose come	
Par		ganization answered "Ves" on Form 990. Part IV	Yes No
			, inte i
1	Purpose(s) of conservation easements held by the organizat	·	
	Preservation of land for public use (e.g., recreation or		
	Protection of natural habitat	Preservation of a certified h	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a c	
	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 easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	ļ .
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	eleased, extinguished, or terminated by the orga	nization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conservat	on easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation ea	asements during the year
	▶\$	- ·	•
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(l	B)(i)
•	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	· · ion easements in its revenue and expense state	
•	include, if applicable, the text of the footnote to the organiza	•	· · · · · · · · · · · · · · · · · · ·
	conservation easements		gamzation o accounting for
Pai	t III Organizations Maintaining Collections of	of Art. Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under SFAS 116 (A	<del></del>	nd halance sheet works of art
Id	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that described to the footnote to its financial statements.		public service, provide, in rait Alli,
			colonia shaat works of ort biotomosi.
Ь	If the organization elected, as permitted under SFAS 116 (At		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1	•	\$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> .\$
2	If the organization received or held works of art, historical tre	_	provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
<u>b</u>	Assets included in Form 990, Part X		<b>\$</b>
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

Eart IV			OTHE EDUCA				<u>43-16</u>			ge 2
check all that apply    a										
a Public exhibition d Loan or exchange programs b Schoolarly research e Cher Cher Cher Preservation for future generations e Cher Cher Preservation for future generation's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization and separation of the preservation of the similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, Ine 9, or reported an amount on Form 990, Part X, Ine 21  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21  Is 1 Step organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21  Is 1 Step organization and part, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21, Ine 921, Ine 92	3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant	use of its	collection	ıtems	i
b Scholarly research e Cheer Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be said to arise funds rather than to be maintained as part of the organization's collection?		` <del></del>								
Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, Inne 9, or reported an amount on Form 990, Part X, Inne 21 1 Is the organization an apert, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table  C Beginning balance  c Beginning balance  d Additions during the year e Distributions during the year and the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete of the explanation has been provided on Part XIII  Part V Endowment Funds. Complete of the explanation has been provided on Part XIII  Beginning of year balance  8 5, 859, 8 6, 859,	а	Public exhibition	d		hange programs					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical freasures, or other similar assets to be solid to raise furite than to be maintained as part of the organization answered. Yes' on Form 990, Part IV, Ine 9, or reported an amount on Form 990, Part X, Ine 21 1a Is the organization an agent, firstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X part X, Ine 21  of Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table  c Beginning balance  d Additions during the year  f Ending balance  2 Dotthe organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No  b If "Yes," explain the arrangement in Part XIII Check here if the explaination has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Pror year (c) Two years back (a) Three years back (e) Four years back  Grants or scholarships  c Not in vestiment earnings, gains, and losses  d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  8 8, 869, 8 8	b	Scholarly research	е	Other						
5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to ruse funds rather than to be minitaned as part of the organization is collection? Yes on Form 990, Part IV, Iline 9, or reported an amount on Form 990, Part IV, Iline 9, or reported an amount on Form 990, Part IV, Iline 9, or reported an amount on Form 990, Part IV, Iline 9, or reported an amount on Form 990, Part IV, Iline 9, or reported on a mount on Form 990, Part IV, Iline 9, or reported on Form 990, Part IV, Iline 9, or Form 990, Part IV, Iline 9, or Form 990, Part IV, Iline 11, and Iline 11, Iline	-									
to be sold to rase funds rather than to be maintained as part of the organization's collection?  Part IV Scrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21  1a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21  1b is the organization and agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21  1c		•					ose in Par	t XIII		
Eart IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21   1a is the organization an agent, finistee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes   X   No   If "Yes," explain the arrangement in Part XIII and complete the following table   Amount   1c   Amount   1d   Amoun	_					ar assets	,	-		
reported an amount on Form 990, Part X, line 21  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X>  b If "Yes," explain the arrangement in Part XIII and complete the following table  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Part V   Endowment Funds. Complete if the organization state if the explanation has been provided on Part XIII.    Part V   Endowment Funds. Complete if the organization has been provided on Part XIII.    Part V   Endowment Funds. Complete if the organization has been provided on Part XIII.    Part V   Endowment Funds. Complete if the organization has been provided on Part XIII.    Part V   Endowment Funds. Complete if the current year end balance (line 1g. column (a)) held as.    Part V   Endowment Funds. Complete if the organizations is listed as required on Schedule R?   Part V   Endowment Funds. Endowment Funds. Part X   Endowm	_								يـــــــــــــــــــــــــــــــــــــ	No_
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  □ If 'Yes, 'explan the arrangement in Part XIII and complete the following table  □ Beginning balance □ Additions during the year □ Distributions during the year of the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability? □ Yes □ No b   If 'Yes,' explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII □ Part V   Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. □ Distributions □ Distribution	Par			ete if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	lıne 9, or		
on Form 930, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table  C Beginning balance d Additions during the year e Distributions during the year e Distributions during the year 1 f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IIV, line 10.  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e)			<del></del>							
b   ff "Yes," explan the arrangement in Part XIII and complete the following table  c   Beginning balance     1d	1a		ian or other intermed	liary for contribution	is or other assets no	t included	_	-,		
d Additions during the year e Distributions during the year f Ending balance 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  If I and be a compared to the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds, Complete if the organization answered 'Yes' on Form 990, Part IX, line 10.    Part V Endowment Funds, Complete if the organization answered 'Yes' on Form 990, Part IX, line 10.    Beginning of year balance					•		L	」Yes	LX	No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    Yes	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table			Γ			
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V   Endowment Funds, Complete if the organization has been provided on Part XIII  Part V   Endowment Funds, Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (b) Four year balance								Amount		
e Distributions during the year f Ending balance 2 plot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?										
f Ending balance   2a Dut the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Yes   No   If Yes, explain the arrangement in Part XIII   Check here if the explanation has been provided on Part XIII   Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    1a Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Three years back   (e) Four years back   (e) Four years back   (e) Three years back   (e) Four years back   (e)	-	• •								
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е		•							
b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 980, Part IV, line 10.    1a   Beginning of year balance   (a) Current year   (b) Pinor year   (c) Two years back   (d) Three years back   (e) Four years back	f	•					<u> </u>	7		
Part V   Endowment Funds, Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Call Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years		•				-		J Yes	$\vdash$	No
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back be contributions (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back be contributions (b) Contributions (c) Net in vestment earnings, gains, and losses (d) Grants or scholarships (e) Other expenditures for facilities and p rograms (f) Administrative expenses (f) Administrative expenses (f) End of year balance (f) Ye	_									—–
1a Beginning of year balance 86,869,	Par	t v   Endowment Funds. Complete							—	<del></del>
b Contributions c Net in vestment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and p rograms f Administrative expenses g End of year balance 2 Provice the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \( \bar{\text{2}} \) _ 86, 869, 8						(d) Inree		(e) Four	<b></b>	
C Net in vestment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and p rograms f Admirinstrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ▶	1a		86,869.	86,869.	86,869.	ļ	<u>86,869.</u>		86,8	<u> 369.</u>
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 86,869, 85,869, 86,809, 86,809, 86,809, 86,809, 86,809, 86,809, 86,809, 86,809, 86,809, 86,809, 86,809, 86,809, 86,	ь			<u> </u>		<del> </del>				
e Other expenditures for facilities and p rograms  f Administrative expenses g End of year balance 2 Provice the estimated percentage of the current year end balance (line 1g, column (a)) held as.  a Board designated or quasi-endowment ▶	С	• • •				<del> </del>				
and p rograms  f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as.  Board designated or quasi-endowment ▶	d	·				<b> </b>				
g End of year balance g Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as.  a Board designated or quasi-endowment ▶	е	·								
g End of year balance  86,869, 86,86,86, 86,86,86, 86,86,86,86,86,86,86,86,86,86,86,86,86,8						<u> </u>				
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as.  a Board designated or quasi-endowment ▶	f	•				<u> </u>				
Board designated or quasi-endowment ►	g	· · · · · · · · · · · · · · · · · · ·				L	86,869.		86,8	<u> 369.</u>
b Permanent endowment ▶ 100.00 %  c Temp oranly restricted endowment ▶	2		rent year end balanc	e (line 1g, column (a	i)) held as.					
Temp orarily restricted endowment ►	а	<u> </u>		_%						
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrielated organizations  (ii) related organizations  b If "Ye's" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other)  (b) Cost or other depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrielated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (ives on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI:  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property (a) Cost or other basis (other) (b) Cost or other depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other	С									
by: (i) unrelated organizations (ii) related organizations (iii) x		· -	•							
(ii) unrelated organizations (iii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  basis (other)  1a Land  b Buildings  c Leasehold improvements  d Equipment e Other	3a		ession of the organization	ation that are held a	nd administered for	the organi	zation	F	т	
(ii) related organizations b If "Ye's" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements d Equipment e Other									Yes	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other		••	•							
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements d Equipment e Other	_	• •								<u>_x</u> _
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other	b	<del>_</del>	•					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other (b) Cost or other depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other	Do:			wment tunas		_				
Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings  c Leasehold improvements d Equipment e Other  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value	Pai			) Dent IV Ion 110 C	`a= Farma 000 Bark \	/ l 10				
basis (investment) basis (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other								(-N-C)		
1a Land b Buildings c Leasehold improvements d Equipment e Other		Description of property	1 ' '	1 7 7				(a) Book	value	
b Buildings . c Leasehold improvements d Equipment e Other			Dasis (illvestr	neiti) Dasis	(Other) Of	=preciation	<del>'</del>			
c Leasehold improvements d Equipment e Other						_	<del></del>			
d Equipment										—
e Other	-				<del></del>					—
			-							
Total, Add Jines 1a through 1e, (Column (d) must equal Form 990, Part X, column (B), Jine 10c.)			aual Form 000 Port	Y column (P) Inc. 1					_	0.

	t XI Reconciliation of Revenue per Audited Financial Stateme		43-1024183 Page 4
Par		into with nevenue bet i	neturij.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 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	10-1	\$ 100 miles
a	Net unrealized gains (losses) on investments	2a	
þ	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	-  * ;
d	Other (Describe in Part XIII.)	2d	ᅴ <u>`</u> - 레
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:	1 - 1	**************************************
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
b	Other (Describe in Part XIII.)	4b	
_C	Add lines 4a and 4b  Tatalan areas Add lines 2 and 4a (This region areas) Form 200. Part I line 13.)		4c   5
Day	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  † XII Reconciliation of Expenses per Audited Financial Statem	ents With Evnenses ne	<del></del>
Pai		cinto with Expenses pe	r netam.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		T.
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.  Donat ed services and use of facilities	1 20 1	00000 00000 00000
a	••	2a	<b>-1</b>
D	Prior year adjustments	2b	
C	Other losses	2c	
a	Other (Describe in Part XIII.)	2d	→     3
e	Add limes 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b> Amou nts included on Form 990, Part IX, line 25, but not on line 1.		3
4	Investment expenses not included on Form 990, Part VIII, line 7b	140	*226
a	Other (Describe in Part XIII.)	4a   4b	
D	Add lines 4a and 4b	40	7 4 4
, ,	•		4c   5
D <sub>a</sub>	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		
<u> </u>	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV lines 1h and 2h: Part V line	A: Part Y line 2 Part YI
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add		e 4, Fait A, III le 2, Fait Ai,
III ICS	20 and 40, and 1 art Air, lines 20 and 40 Also complete this part to provide any add	tional information	
		<del></del>	<del></del>
PAI	RT V, LINE 4:		
TH	E INCOME FROM THE ENDOWMENT FUND MAY BE US	ED FOR THE EXEM	PT PURPOSES OF
TH	E ORGANIZATION.		
			`
72206	4 10 00 47		Schedule D (Form 990) 2017

SCHEDULE I (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.

► Attach to Form 990.

orm990 for the latest information.
the latest
for the
s.gov/Form990
to www.irs.a
2

CHILLICOTHE EDUCATIONAL FOUNDATION

Part I General Information on Grants and Assistance

Employer identification number

Open to Public

Inspection

OMB No 1545-0047

43-1624183

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 criteria used to award the grants or assistance?  2 Describe in Part IV the proprietation's procedures for monitoring the use of grant funds in the United States	to substantiate the istance?	e amount of the grants	or assistance, the funds in the United	grantees' eligibilit) States	for the grants or ass	ıstance, and the selec	tton X Yes No
듄	Domestic Organi	izations and Domestic	c Governments. Co	omplete if the orga	Inization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000. Part il can be duplicated if additional space is needed  1 (a) Name and address of organization or government (b) EIN (if applicable) cash grant	\$5,000. Part II car (b) EIN	to duplicated if additi	(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 CHILLICOTHE WO 64601	44-6002151	501(C)(1)	324 007.	0			TO PROVIDE CLASSROOM MATERIALS AND RESOURCES FOR AN ATHLETIC STADIUM AND ELEMENTARY SCHOOL FOR
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table	and government or		isted in the line 1 table				
۱,	see the Instruct	ions for Form 990					Schedule I (Form 990) (2017)

732101 11-01-17

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) GRANTS TO THE CHILLICOTHE R-II SCHOOL DISTRICT ARE LIMITED TO REIMBURSEMENT Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. GRANTS TO SCHOOL DISTRICT PERSONNEL ARE NOT MONITORED BECAUSE THE AWARDS GRANTS TO STUDENTS IN THE FORM OF SCHOLARSHIPS MUST BE RETURNED TO THE (d) Amount of non-cash assistance ं Ö 30,500, 5,400 (c) Amount of cash grant FOUNDATION IF THE STUDENT DOES NOT ATTEND COLLEGE, OF EXPENSES INCURRED FOR FOUNDATION PURPOSES. (b) Number of recipients SCHOLARSHIPS FOR STUDENTS ATTENDING COLLEGE SCHOOL DISTRICT PERSONNEL EXCELLENCE AWARDS (a) Type of grant or assistance PART I, LINE 2:

Schedule I (Form 990) (2017)

31

ARE BASED ON PERFORMANCE.

732102 11-01-17

Page 2

43-1624183

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

CHILLICOTHE EDUCATIONAL FOUNDATION

Schedule I (Form 990) (2017)

Part Ⅲ

Schedule   (Form 990) CHILLICOTHE EDUCATIONAL FOUNDATION 43-1624183 Page 2  Part IV Supplemental Information
,
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.

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

#### **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number CHILLICOTHE EDUCATIONAL FOUNDATION 43-1624183

1 (a) Name of disqualified p	(b) f	Relationship betv			rfied	Nocomot:-	n of tra-	.aac+	_		(d)	Corre	cted?
(a) Name of disqualified p	erson	person and or	ganıza	ation	(С	) Description	on or tran	sactio	n 		Ye	s	No
											┷	-	
		<del></del>									<b>-</b>		
		<del>_</del>											
<ul><li>2 Enter the amount of tax is section 4958</li><li>3 Enter the amount of tax, is</li></ul>		_				ing the yea	r under		➤ \$ ➤ \$			1	
Part II Loans to and	Vor From Int	aracted Par	conc					-					
_ <del></del>					, Part V, line 38a or F	arm 000 F	ort IV Jun	- OC -	~~ . <b>f</b> +L				
reported an amor	-				, rant v, line soa or r	OIII 990, P	an iv, iii	le ∠o, (	וו נו	ie orga	nizatio	on	
(a) Name of	(b) Relationship			an to or	(e) Original	(f) Baland	re due	(g)	in .	<b>(h)</b> App	roved	(i) W	ritten
interested person	with organization			n the zation?	principal amount	(i) Dalari	JC 440	defa		by boa	ard or attee?	agree	ment
	i.	]		From				Yes	No	Yes	No	Yes	No
JOE & LENORE LA		ADVANCE	Х		400,000.	220,	000.		Х	Х		Х	
			ļ	<u> </u>						<u> </u>			<u> </u>
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	1									+-+			1
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Total					<b>&gt;</b> \$	220	000.	***************************************			, v		-2
Total Partilli Grants or As	sistance Be	nefiting Inter	reste	d Pei	▶ \$	220,	000.	× × × × × × × × × × × × × × × × × × ×	) Ba (		4 c c c c c c c c c c c c c c c c c c c		-\$ ×××
Total Part≟III Grants or As Complete if the c		_			rsons.	220,	000.	× × × × × × × × × × × × × × × × × × ×					
Part III Grants or As	organization ans	_	Form 9 betwe	990, Pa	rsons.		000.	of	) App		Purp		***
Part III Grants or As  Complete if the c	organization ans	wered "Yes" on (b) Relationship interested pers	Form 9 betwe	990, Pa	rsons. art IV, line 27 (c) Amount of		( <b>d)</b> Type	of	) App		Purp		***
Part III Grants or As  Complete if the c	organization ans	wered "Yes" on (b) Relationship interested pers	Form 9 betwe	990, Pa	rsons. art IV, line 27 (c) Amount of		( <b>d)</b> Type	of	A A A A A A A A A A A A A A A A A A A		Purp		***
Part III Grants or As  Complete if the c	organization ans	wered "Yes" on (b) Relationship interested pers	Form 9 betwe	990, Pa	rsons. art IV, line 27 (c) Amount of		( <b>d)</b> Type	of	à màp ,		Purp		***

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

Schedule L (Form 990 or 990-EZ) 2017

SEE PART V FOR CONTINUATIONS

732131 10-18-17

• (a) Name of interested person	omplete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c  (b) Relationship between interested (c) Amount of (d) Description of			(e) Sha	ring (
• (a) Name of interested person	person and the organization	(c) Amount of transaction	(d) Description of transaction	organization revenues	
				Yes	N
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			-	<u> </u>	
				ļ	
		 	<u> </u>	<u> </u>	
T V Supplemental Information	sponses to questions on Schedule L (see				
Provide additional information for re-	sponses to questions on schedule L (see	instructions)			
HEDULE L, PART II, LOAM	NS TO AND FROM INTERE	STED PERSO	NS:		
) NAME OF PERSON: JOE 8	LENORE LAMBERT FOUN	DATION			
O DESTRUCCIONES ANTI		DITTH GOLIGH	7110m T 031		
) PURPOSE OF LOAN: ADVA	ANCE FOR ATHLETIC STA	DIUM CONST	RUCTION		
		<del></del>			
				-	
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Schedule L (Form 990 or 990-EZ) 2017 CHILLICOTHE EDUCATIONAL FOUNDATION 43-1624183 Page 2

#### 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.

Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILLICOTHE EDUCATIONAL FOUNDATION

Employer identification number 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 INCENTIVE AWARDS FOR TEACHERS AND STAFF OF THE CHILLICOTHE R-II
SCHOOL DISTRICT.
EXPENSES \$ 5,400. INCLUDING GRANTS OF \$ 5,400. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:
A 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.