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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public

Dep Inte	artment of t	he Treasury e Service	<i>i</i>	irs.gov/Form9					=	. C/L [/	Inspec	
Ā			endar year, or tax year begin		une 1		7, and en			ÿ 31	, 20 18	
В	Check if a	pplicable	C Name of organization Cente		D Employer identification number							
	Address c		Doing business as								75-3036264	
	Name cha	ınge	Number and street (or P O bo		E Telephone number							
	Initial retui		819 W Waldo Ave			816-252-3819						
	Final return	/terminated	City or town, state or province									
	Amended	return	Independence, MO 64050							G Gross re	eceipts \$	145,234
	Applicatio	n pending	F Name and address of principa	l officer					H(a) Is this a gi	roup return for	subordinates? Yes	☑ No
			John L Mundy, 1551 N Cou	urtney Rd, Indej	penden	ce, MO 64050			7 (b) Are all :	subordinate	s included? 🗌 Yes	☐ No
	Tax-exem	pt status	☑ 501(c)(3) ☐ 50	01(c)() ◀ (ınsert no.) 🗌 4947(a)(1) o	or 🔟 527		If "N	o," attach a	list (see instruction	ns)
J	Website:	► ww	w.cp-ef org						H(c) Group	exemption	number >	
		ganization	Corporation Trust A	ssociation 🔲 Othe	er ⊳ \	L	Year of for	mation	2002	M State	of legal domicile	МО
Р	art I	Summ				\						
	1	-	escribe the organization's		-		es: pro	vide fu	ındıng for	current o	perations and	
Governance	1 1	ong-term	financial needs of Center	Place Restoration	on Scho	ool						
Į.	_											
ě	1		is box ▶ 🔲 if the organiza			-	r dispose	ed of n	nore than	25% of	its net assets.	
			of voting members of the							3		6
مخ د			of independent voting mei					1b) .		4		6
iţie			nber of individuals employ		-	017 (Part V, I	lıne 2a)			5		0
Activities &	6 7	「otal nun	nber of volunteers (estima	te if necessary	·) [DECE	VED			6		6
ď	7a 1	Total unre	elated business revenue f	rom Part VIII, c	olumn	会が同じた	VEU	-:		7a		-0-
	b N	<u>Net unrel</u>	lated business taxable inc	ome from Forr	n 990-1	, line 34 .		ြပ္တ		7b		-0-
					띩	APR 19	2019	잃	Prior Ye		Current Ye	
re			tions and grants (Part VIII,		. 파			SE SE		20,552		2,500
Revenue			service revenue (Part VIII,			OCHE	N II	Ī—ˈ	ļ	-0-		-0-
Æ	L		nt income (Part VIII, colun			<u> </u>		-	<u> </u>	67,912		36,648
	1		venue (Part VIII, column (A)					-		-0-		1,003
_			enue—add lines 8 through				, line 12)			88,464		40,151
	1		nd similar amounts paid (F			-				26,750	<u> </u>	20,000
			paid to or for members (Pa			-				-0-		-0-
ses	1		other compensation, emplo				· · ·	-		-0- -0-		-0-
Expenses	ł .		onal fundraising fees (Part draising expenses (Part IX			•				-0-		-0-
Ä	1		penses (Part IX, column (A				•			3,362		2 252
			penses. Add lines 13–17 (n				25)			30,112		3,353 23,353
			less expenses. Subtract l						•	58,352		16,798
- S		TOVOITAGE	icos experises. Cubitact il	ine to nomina	<i>3</i> 12 .	- · · · · ·	· · ·	Begi	nning of Cu		End of Ye	
Net Assets or Fund Balances	20 T	otal ass	ets (Part X, line 16)							688,597		680,680
Ass Bal	21 T									20,000		21,750
F Set	22 1		ts or fund balances. Subtr		n line 2	0			•	668,597		658,930
	art II		ture Block					1		444/411		
			ry, I declare that I have examined	this return, includ	ing acco	mpanving schedi	ules and st	atemen	ts. and to th	ne best of n	ny knowledge, and	belief it is
			ete Declaration of preparer (othe								,	
		-	Timothy D	J.hmer						04-1	15.2019	
Sig	ın	Signa	ature of officer						Dat			
He	re		Tim Try D Ohme	cpe	FT	easu~ev	•					
		Туре	or print name and title									
Pa	id	Print/Typ	pe preparer's name	Preparer's s	ignature			Date	<u>-</u>	Check [T If PTIN	
	eparer									self-emp		
	e Only	Firm's na	ame ►		-	•			Firm	's EIN ▶		 -
_			ddress ▶							ne no		
Ма	y the IRS	discuss	this return with the prepa	arer shown abo	ove? (se	ee instruction	ns)				· · 🗌 Yes	No
For	Paperwo	rk Reduc	ction Act Notice, see the se	parate instructi	ions.		Ca	t No 1	1282Y		Form 9	90 (2017)

rary	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	provide financial support for the ongoing operations of Center Place Restoration School
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 20,000 including grants of \$ 20,000) (Revenue \$ 37,651)
	grants totaling \$20,000 were disbursed to Center Place Restoration School on July 5, 2017 to assist with the ongoing operating expenses of the school for the 2017-2018 school year
41-	(Code) (Figure 20,000 molecular and 10
4b	(Code.) (Expenses \$ 20,000 including grants of \$ 0) (Revenue \$ 37,651) The CPEF Board approved a grant of \$20,000 to Center Place Restoration School in May, 2018 to be disbursed during the 2018-2019
	fiscal year of the school. This amount is recognized and included on the balance sheet on line 18 as Grants Payable
4c	(Code:) (Expenses \$ 1,750 including grants of \$ 0) (Revenue \$ 37,651) The CPEF Board approved two scholarships in May, 2018 totaling \$1,750 for the benefit of two 2018 CPRS graduates to help with
	college expenses in the 2018-2019 academic year. The amount of these scholarships is recognized and included on the balance
	sheet on line 18 as Grants Payable
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 20,000
70	lotal program service expenses ► 20,000

ADI

Partָ,	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		~
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		` \
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		•
14 a	5	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		·
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		

Part IV	С	hecklist	of	Required	Schedul	es (continued	Ī
_								_

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b	V	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		-
20	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		/
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		•
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u> </u>
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		v_
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		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		V
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		
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? <i>If "Yes," complete Schedule R</i> ,		-	
	Part VI	37		•
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	,	
		Form	990	(2017)

Form **990** (2017)

Part	V Statements Regarding Other IRS Filings and Tax Compliance		···	- ago t
	Check if Schedule O contains a response or note to any line in this Part V			. \square
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		İ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
20	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a -0- If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		_
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
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		<u> </u>
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		•
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	oa		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
θ	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
-	sponsoring organization have excess business holdings at any time during the year?	8		~
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
l1 -	Section 501(c)(12) organizations. Enter:			j
a b	Gross income from members or shareholders			
_	against amounts due or received from them.)			- 1
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	·4a		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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	1	1	
	the organization is licensed to issue qualified health plans	l	1	
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Form 9	990 (2017)			Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI			. 2
Sect	ion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		Yes	No
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	V	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		v
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		7 7 7
ь 8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		>
a b 9	the year by the following. The governing body?	8a 8b	<u>v</u>	
Secti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. ion B. Policies (This Section B requests information about policies not required by the Internal Reven	9	000	
Ject	ion b. Foncies (This Section B requests information about policies not required by the internal never	ue C	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		<u> </u>
11a b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	11a 12a 12b	V	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14 15	Did the organization have a written whistleblower policy?	13		7
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b		<u> </u>
b	with a taxable entity during the year?	16a 16b		
	on C. Disclosure			
17 18 19	List the states with which a copy of this Form 990 is required to be filed ► Missouri Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interesting the state of the s	·		
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and recurrently D Ohmer, 12106 Mar Bec Trail, Independence, MO 64052 816-252-3819	ords:	>	

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OHH	990	(2017)	

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☑ Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	ensa	ated any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations	box, office	unles er an	Pos neck ss pe	rson	e than o is both or/trus	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)		Institutional trustee		ployee	Highest compensated employee		,		and related organizations
(1) John Mundy - Board President	4	v		"				0	o	0
(2) Brian Mundy - Board Member	05	,						0	0	0
(3) Barbara Allinder - Secretary	1	v		~				0	0	0
(4) Tim Ohmer - Treasurer	25	,		,				0	0	0
(5) John Howen - Board Member	0.5	,						0	0	0
(6) Marc Wilborn - Board Member	2	,						0	0	0
(7)										
(8)										
(9)		-								
(10)										
(11)										<u> </u>
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees			lighe	st C	ompensated E	mployees	continue	ed)		
		(C) Position												
	(B)			neck	more	e than o		(D)	(E)			(F)		
	Name and title	, •	Average box, unless person is be hours per officer and a director/tr						Reportable compensation	Reportable compensation from				
		week (list any	—		1	1		. ´	from	related	ı		ther	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizati (W-2/1099-N			ensatio m the	n
		organizations	ecto	호	14		st c	P 4	(W-2/1099-MISC)		···-/	orgai	nization	1
		below dotted line)	٦ <u>.</u>	la t		oye	om p	ł					related ization:	s
			stee	uste		"	ensa	ł				- 3-		
				ď			i ed	1						
(15)					<u> </u>			T						
		 												
(16)														
(17)														
					l			<u> </u>						
(18)		ļ						j						
(19)											-			
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(20)		ļ												
		-						ļ						
(21)		ļ												
			-				<u> </u>							
(22)		} -												
(00)		 		\vdash	ļ		ļ	-	<u> </u>					
(23)		}							1					
(0.4)					_	-	-	-	-					
(24)														
(25)				\vdash										
123)														
1b	Sub-total				·—			▶	0		0			0
C	Total from continuation sheets to Part	VII. Sectio	n A					•						
d	Total (add lines 1b and 1c)							▶	0		0			0
2	Total number of individuals (including but				list	ed	above	e) w	ho received m	ore than \$1	00,000	of		
	reportable compensation from the organi													
													Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compe	nsated			
	employee on line 1a? If "Yes," complete s	Schedule J	for s	ıch	indi	ividi	ıal					3		~
4	For any individual listed on line 1a, is the													
	organization and related organizations	greater that	an \$1	150,	000)? <i>l</i> i	f "Ye	s,"	complete Sch	edule J fo	r such			
	indıvidual			٠.			•					4		~
5	Did any person listed on line 1a receive of										Isubivit			
	for services rendered to the organization	r if "Yes," c	ompi	ete	Scr	ieal	ile J 1	or s	sucn person	· · ·	<u> </u>	5		<u> </u>
	on B. Independent Contractors										0400	000 - (
1	Complete this table for your five highest compensation from the organization. Rep													
	year.	on compe	risauc	א ווכ	וו זכ	ie c	alenu	ar y	rear ending wit	ii Or Within	trie orga	amzauc	л 5 tc	1.0
	·		•						(P)			(0)		
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) Compens	ation	
									• • • •					
				-				-	·					_
											· · · ·		-	
								_						
								 						
2	Total number of independent contractor	rs (includir	ng bu	it n	ot I	ımıt	ed to	th	ose listed abo	ove) who				
	received more than \$100,000 of compens								-0-					

Par	VIII	Statement of Revenue					
		Check if Schedule O contains a response	onse or note to	any line in this	Part VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contr bulions, Giffs, Grants and Cther Similar Amounts	1a b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions)				-	
ontrbutions of Other Sir	1	All other contributions, girts, grants. and similar amounts not included above 11 Noncash contributions included in lines 1a-1f \$	2,500				,
<u>5 8</u>	h	Total. Add lines 1a-1f	· · · •	2,500			
Program Service Revenue	2a b c d		Business Code				
gra	f	All other program service revenue .			_		
Po	g	Total. Add lines 2a–2f	•				
	3	Investment income (including dividen and other similar amounts)	ids, interest,	28,699	28,699		
	5	Royalties	▶ (II) Personal				
	6ส b c	Cross rents Less: rental expenses					
	_d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of assets other than inventury 113,032 Less cost or other basis	(ii) Other				
	c b	and sales expenses 105,083 Gain or (loss) . 7,949					
	d	Net gain or (loss)	▶	7,949	7,949		
Revenue	8a	Gross income from fundraising events (not including \$,	
Other Re	_	of contributions reported on line 1c) See Part IV, line 18					,
ಗ		Less: direct expenses b					
		Net income or (loss) from fundraising every Gross income from gaming activities. See Part IV, line 19	vents . ►				
	b	Less: direct expenses . , . b					
	С	Net income or (loss) from gaming activit	ies ▶				
	10a	Gross sales of inventory, less returns and allowances a					
		Less: cost of goods sold b					
	С	Net incume or (loss) from sales of invent		•			
[Miscellaneous Revenue	Business Code				
	11a		522110	786	786		
	b		523120	217	217		
	C					·	
	d	All other revenue					
			🕨	1,003			
	12	Total revenue. See instructions	▶ [40 151	27 451		

Part IX	Statement	of Functional	Expenses
---------	-----------	---------------	----------

Section	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se or note to any li	ne in this Part IX		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	20,000	20,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	-0-	-0-		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals. See Part IV, lines 15 and 16	-0-			
4	Benefits paid to or for members	-0-			
5	Compensation of current officers, directors,				
	trustees, and key employees	-0-			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	-0-			
7	Other salaries and wages	-0-	<u> </u>		
8	Pension plan accruals and contributions (include			[-
_	section 401(k) and 403(b) employer contributions)	-0-			
9	Other employee benefits	-0-			
10	Payroll taxes	-0-			
11	Fees for services (non-employees):				
a	Management	-0- -0-			
b	Legal	-0-			
c d	Accounting	-0-			
e	Professional fundraising services. See Part IV, line 17	-0-		<u> </u>	
f	Investment management fees	3,192		3,192	
g	Other. (If line 11g amount exceeds 10% of line 25, column	0,172		3,172	
•	(A) amount, list line 11g expenses on Schedule O.)	-0-			
12	Advertising and promotion	-0-			
13	Office expenses	161		161	
14	Information technology	-0-			
15	Royalties	-0-			
16	Occupancy	-0-		· -	
17	Travel	-0-			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	-0-			
19	Conferences, conventions, and meetings .	-0-			
20	Interest	-0-			
21	Payments to affiliates	-0-			
22	Depreciation, depletion, and amortization .	-0-			
23	Insurance	-0-			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column	in the Black of Art and High I was the grant of the the African on the But was a second	e and a major of the constitution of the const	Statements and the same of the	* - 1/m (1/24) 11.7 12
	(A) amount, list line 24e expenses on Schedule O.)				
а		-0-			
b					
C					
d					
	All other expenses			 	
25	I otal functional expenses. Add lines 1 through 24e	23,353	20,000	3,353	
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)				

Part X Balance Sheet

_	ų.	Check if Schedule O contains a response or note to any line in this F	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	6,818	1	9,253
	2	Savings and temporary cash investments	47,490	2	52,994
	3	Pledges and grants receivable, net	-0-	3	-0-
	4	Accounts receivable, net	-0-	4	-0-
	5	Loans and other receivables from current and former officers, directors,	,		
		trustees, key employees, and highest compensated employees.	·		
		Complete Part II of Schedule L	-0-	5	-0-
"	G	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	1	6	-0-
ě	7	Notes and loans receivable, net	59,269	+ - +	56,895
Assets	8	Inventories for sale or use	-0-	+ - +	-0-
	9		-0-	+ - +	-0-
	10a	Prepaid expenses and deferred charges	-0-	9	-0-
	100	other basis. Complete Part VI of Schedule D			
	Ь	Less: accumulated depreciation 10b	-0-	10c	-0-
	11	Investments—publicly traded securities	552,421		537,261
	12	Investments—other securities. See Part IV, line 11	-0-	-	-0-
	13	Investments—program-related. See Part IV, line 11	-0-		-0-
	14	Intangible assets	-0-	 +	-0-
	15	Other assets. See Part IV, line 11	22,599		24,277
	16	Total assets. Add lines 1 through 15 (must equal line 34)	688,597		680,680
	17	Accounts payable and accrued expenses	-0-		-0-
	18	Grants payable	20,000		21,750
	19	Deferred revenue	-0-	19	-0-
	20	Tax-exempt bond liabilities	-0-	20	-0-
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	-0-	21	-0-
Ś	22	Loans and other payables to current and former officers, directors,			-
iţie		trustees, key employees, highest compensated employees, and			·
Liabilities		disqualified persons. Complete Part II of Schedule L	-0-	22	-0-
Ë	23	Secured mortgages and notes payable to unrelated third parties	-0-	23	-0-
	24	Unsecured notes and loans payable to unrelated third parties	-0-	24	-0-
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	-0-	25	-0-
	26	Total liabilities. Add lines 17 through 25	20,000	26	21,750
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ an complete lines 27 through 29, and lines 33 and 34.	d		
S C	27	Unrestricted net assets		27	<u>.</u>
ale	28	Temporarily restricted net assets		28	-
<u>Б</u>	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.	1		
S	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	· · · · · · · · · · · · · · · · · · ·
As	32	Retained earnings, endowment, accumulated income, or other funds.	668,597		658,930
et	33	Total net assets or fund balances	668,597	-	658,930
_	34	Total liabilities and net assets/fund balances	688,597		680,680

_	4	•
Page	-1	1

Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			4	0,151
2	Total expenses (must equal Part IX, column (A), line 25)	2			2	3,353
3	Revenue less expenses. Subtract line 2 from line 1	3			1	6,798
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			66	8,597
5	Net unrealized gains (losses) on investments	5			(16	5,669)
6	Donated services and use of facilities	6				-0-
7	Investment expenses	7				3,192
8	Prior period adjustments	8			(12	2,988)
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			65	8,930
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u> </u>		
			г		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_ i			
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piain	in			<u> </u>
•			-			لب
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both.	olled (^{3r}			- 1
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?		-	2b		<u> </u>
D	If "Yes," check a box below to indicate whether the financial statements for the year were auditionally and the statements are the statements and the statements are the statements are the statements are the statements are the statements and the statements are the	d on		20		-
	separate basis, consolidated basis, or both:	,u 011	"			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	/ersial	_{ht} -	<u> </u>	_	
•	of the audit, review, or compilation of its financial statements and selection of an independent account		_	2c	i	
	If the organization changed either its oversight process or selection process during the tax year, ex					1
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın 📑			
	the Single Audit Act and OMB Circular A-133?			3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	rgo th	ne			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.		3b		
				Form	990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
Center Place Education Foundation

Employer identification number 75-3036264

						, , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Pa	t I Reason for Public Cha	arity Status (All	organizations must	comple	ete this p	oart.) See instruct	ions.
he	organization is not a private found	ation because it	is: (For lines 1 through	n 12, che	ck only o	ne box.)	
1	☐ A church, convention of church	ches, or associat	ion of churches descr	ibed in s	ection 17	70(b)(1)(A)(i).	()
2	☐ A school described in section	n 170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	(Z).)	1
3	A hospital or a cooperative ho	ospital service org	ganization described i	n sectio i	n 170(b)([.]	1)(A)(iii).	1
4	A medical research organization hospital's name, city, and sta	•	onjunction with a hos	pital desc	cribed in s	section 170(b)(1)(A	A)(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Con		college or university	owned o	or operate	ed by a governmer	ntal unit described i
6	☐ A federal, state, or local gove	rnment or govern	mental unit described	ın secti	on 170(b))(1)(A)(v).	
7	An organization that normally described in section 170(b)(1	receives a subs	stantial part of its sup				m the general publi
8	☐ A community trust described	ın section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ				erated in	conjunction with a	land-grant college
	or university or a non-land-grauniversity:	ant college of agr	riculture (see instruction	ons). Ente	er the nar	me, city, and state of	of the college or
10	An organization that normally	receives: (1) mor	e than 331/3% of its si	upport fro	om contri	butions, membersh	nip fees, and gross
	receipts from activities related support from gross investmen	to its exempt tunt income and un	related business taxa	ertain ex ble incon	ceptions, ne (less s	and (2) no more th ection 511 tax) fron	an 331/3% of its n businesses
	acquired by the organization	after June 30, 19	75. See section 509(a	a)(2). (Co	mplete Pa	art III.)	
11	An organization organized and	d operated exclu	sively to test for public	c safety.	See sect	ion 509(a)(4).	
12	An organization organized and						
	of one or more publicly supp						
	Check the box in lines 12a thr	-	• • • • • • • • • • • • • • • • • • • •		•	•	
а	Type I. A supporting orga						
	the supported organizatio					the directors or trus	stees of the
	supporting organization.	-					
b	☐ Type II. A supporting orga	•				• • •	
	control or management of				e persons	that control or ma	nage the supported
	organization(s). You must						
С	Type III functionally integrates its supported organization	(s) (see instruction	ons). You must comp	lete Part	IV, Secti	ions A, D, and E.	
d	☐ Type III non-functionally						
	that is not functionally inte						nd an attentiveness
	requirement (see instruction	•	•		-		
e	Check this box if the orgal functionally integrated, or	Type III non-fund	tionally integrated sur	oporting	organızat		oe II, Type III
f	Enter the number of supported						
g	Provide the following information	-	, , ,	T		1	T
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetan support (see	y (vi) Amount of other support (see
			above (see instructions))		ment?	instructions)	instructions)
				Yes	No	1	
С	enter Place Restoration School	 			 		-
4) ~	onter ridge residuation seriodi	43-1583076	501 (c) (3) school	,		1 20,000	
		10 1000070	001 (0) (0) 3011001			20,000	`
3)							
C)							
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Ξ)							
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Par	II Support Schedule for Organiza	ations Desci	ibed in Sect	ions 170(b)(1	I)(A)(iv) and 1	170(b)(1)(A)(v	i)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")					,	/
_						/	
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
·	furnished by a governmental unit to the				/		
	organization without charge				/		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly			_			
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
•	shown on line 11, column (f)			/			
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support		<u></u>	/			<u> </u>
	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	(4) 2010	(6) 2014	(0) 2013	(u) 2010	(6) 2011	(i) Total
8	Gross income from interest, dividends,			- ·			
	payments received on securities loans,						
	rents, royalties, and income from						
	sımılar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
40	is regularly carried on	/					
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10	/					
12	Gross receipts from related activities, etc.	, (see instruction	ons)			12	
13	First five years. If the Form 990 is for th	•	•	d, third, fourth	, or fifth tax ye		n 501(c)(3)
	organization, check this box and stop he	-					* * : *
Secti	on C. Computation of Public Suppor	t Percentag	е				
14	Public support percentage for 2017 (line 6					14	%
15	Public support percentage from 2016 Sch					15	%
16a	331/3% support test—2017. If the organi						
ь	box and stop here. The organization qual 331/3% support test—20,16. If the organization						_
b	this box and stop here. The organization						
17a	10%-facts-and-circumstances test – 20	•		Ū			
114	10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization . \int						▶ □
b	10%-facts-and-circumstances test—20	016. If the ora:	anization did n	ot check a bo	x on line 13, 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization n	neets the "fact			•	on qualifies as	a publicly
	supported organization						▶ 🗆
18	Private foundation. If the organization di						
	instructions						🕨 🗸

Part							1/2
	(Complete only if you checked to						inger Part II.
Sact	If the organization fails to qualify ion A. Public Support	dinder the tes	sis listed bei	ow, please co	omplete Part	11.)	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2014	(a) 2015	(4) 2016	(0) 2017	(6 Tetal
Caler 1	Gifts, grants, contributions, and membership fees	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise					/	
_	sold or services performed, or facilities	1			/	/	
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an			·	/-	_	1
•	unrelated trade or business under section 513						
4	Tax revenues levied for the				 /		···
•	organization's benefit and either paid to				/		
	or expended on its behalf						
5	The value of services or facilities				1		
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						1
	Amounts included on lines 1, 2, and 3			/			
	received from disqualified persons			/			
ь	Amounts included on lines 2 and 3			<i>'</i>			
	received from other than disqualified		/		İ		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year]					
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		/				
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013 /	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,		*				
	payments received on securities loans, rents,	/					
	royalties, and income from similar sources.	<i>[</i>					
b	Unrelated business taxable income (less	/					
	section 511 taxes) from businesses	/					
	acquired after June 30, 1975						
C	Add lines 10a and 10b	[
11	Net income from unrelated business						
	activities not included in line 10b, whether						Ì
	or not the business is regularly carried on						
12	Other income. Do not include gain or						i
	loss from the sale of capital assets						1
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)		1- 6 1	1 11 1 6 11			501()(0)
14	First five years. If the Form 990 is for the organization, check this box and stop he	_			_		
C4:				· · · · ·	<u> </u>	• • • •	<u>▶ </u>
	on C. Computation of Public Suppor			0(0)		Tae T	
15 16	Public support percentage for 2017 (line 8					15	<u>%</u>
16 Secti	Public support percentage from 2016 Scl			<u>· · · · · · · · · · · · · · · · · · · </u>	· · · · ·	16	<u>%</u>
17	Investment income percentage for 2017 (v line 13 colur	mn /fl\	17	%
18	Investment income percentage for 2017 (18	
19a	33 ¹ / ₃ % support tests—2017. If the organ						
.Ja	17 is not more than 33½%, check this box						
b	33 ¹ / ₃ % support tests—2016. If the organiz		-		• • •	_	
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	•	•	·		• •	=

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	A. All	Supporting	Organizations
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Secu	ion A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	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	<u> </u>		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За		<u> </u>		
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
С	organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3b		
C	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		~
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		\
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .			
-		6		~
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			
0	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7_		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
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 .	9a		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9b		
10-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		<u> </u>
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.	10-		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
	determine whether the organization had excess business holdings.)	 10b		

Part,	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	144		
h	A family member of a person described in (a) above?	11a 11b		V V
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	_	1
	on B. Type I Supporting Organizations	10	1	
-			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			:
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		•	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported	Ė		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Secti	on C. Type II Supporting Organizations		1	
4	Management of the conservation of the conserva		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		l
Secti	on D. All Type III Supporting Organizations		•	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		<u> </u>	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
			. 45	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
a b	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	the supported organization(s) to which the organization was responsive? If the second responsive to the supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2	-	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			i 1
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

SCHEDULE 1 (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.

Open to Public Inspection

OMB No 1545-0047

► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

Employer identification number

Center Place Education Foundation							75-3036264
Part I General Information on Grants and Assistance	n on Grants and	Assistance				-	
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?	tain records to subsolution	stantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility for	the grants or assistance	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	inization's procedur	es for monitoring	the use of grant fur	ds in the United			
Part II Grants and Other A 990, Part IV, line 21,	Assistance to Do for any recipient	mestic Organiz that received m	ations and Domore than \$5,000.	estic Governm Part II can be d	ents. Complete If uplicated if additio	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ered "Yes" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Center Place Restoration Schoc 819 W Waldo Ave, Indep, MO 64050	43-1583076	501 (c) (3)	20,000				support school operations
(2)							
(6)							
(4)							
(5)	•						
(9)	•						
(2)	-						
(8)							
(6)					•		
(10)	-						
(11)	-						
(12)	•						
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	on 501(c)(3) and gov	vernment organizat	tions listed in the li	ne 1 table			- c

Schedule I (Form 990) (2017)

Cat No 50055P

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

Schedule I (F	Schedule I (Form 990) (2017)	o pinipul o	وطه عز مهمات م		000	Page 1
	Part III can be duplicated if additional space is needed.	space is needed.	ils. complete ir the	e organization answ	ered "Yes" on Form 99U,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
7						
က						
4		i				
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	he information re	quired in Part I, lin	ne 2; Part III, columr	(b); and any other additi	onal information.
The CPEF	The CPEF Board reviews the financial reports of Center Place Restoration School, participates in meetings with the school administrator and the CPRS School Board to discuss and	lace Restoration Sch	hool, participates ın r	neetings with the scho	ol administrator and the CPR	S School Board to discuss and
review the	review the usage of the funds provided to the school by CPEF	ЭЕF				
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,		: 1				
						Schedule I (Form 990) (2017

SCHEDULE () (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Employer identification number Name of the organization **Center Place Education Foundation** 75-3036264 990 Part 6 Question 2 - CPEF Board President John Mundy is the father of Board member Brian Mundy 990 Part 6 Question 11b - The CPEF Board does not have a written policy providing for review of the Form 990 prior to its submission. A copy of the completed form is provided to each board member 990 Part 6 Question 19 - The completed 990 form and supporting documentation are available upon request to the CPEF Board