

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

OMB No. 1545-0047
2017
 Open to Public Inspection

A For the 2017 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **MVTHS DISTRICT 201 FOUNDATION**

Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address): **11101 N WELLS BYPASS PO BOX 672**
 Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: **MT. VERNON IL 62864**

D Employer identification number: **35-2179332**

E Telephone number: **618-244-1485**

G Gross receipts \$: **280,182**

F Name and address of principal officer:
ANGEL GROTHOFF
15444 NORTH LOOP LANE
MT VERNON IL 62864

H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.MVTHSFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2002** **M** State of legal domicile: **IL**

H(c) Group exemption number ▶ _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ORGANIZATION'S MISSION IS TO ASSIST, ENHANCE AND FURTHER THE EDUCATIONAL PROGRAMS AND ENDEAVORS OF MT. VERNON TOWNSHIP HIGH SCHOOL DISTRICT 201, JEFFERSON COUNTY, ILLINOIS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	408,556	214,538
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,295	16,514
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,577	13,812
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	431,428	244,864
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,193,612	241,135
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,036	12,314
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,203,648	253,449
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-772,220	-8,585
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	336,720	347,674
	22 Net assets or fund balances. Subtract line 21 from line 20	0	0
		336,720	347,674

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Brian Klein* Date: **3/27/18**
 Type or print name and title: **BRIAN KLEIN PRESIDENT**

Paid Preparer Use Only
 Print/Type preparer's name: **Donald L. Hoffman** Preparer's signature: **Donald L. Hoffman** Date: **03/27/18** Check if self-employed PTIN: **P00050864**
 Firm's name: **Emling and Hoffman, CPAs** Firm's EIN: **37-1167540**
 Firm's address: **PO Box 269 Du Quoin, IL 62832-0269** Phone no.: **618-542-4747**