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Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2009

For calendar year 2009, or tax year beginning							, 2009, and ending				ig	, 20				
GC	heck a	all that a	apply		Initial return		Init	tıal retu	irn of a forme	public	charity		Final return			
				П	Amended retu	ırn	- []	Addre	ess change		Name o	:hange	_			
Us	e the	IRS	Name of fou	ndatı	on							A Employer to	lentification number			
	label.		South S	t i	Joseph Pro	ressive A	BBOC	iatio	on			43-1475	002			
0	herwi	se, 📙				ber if mail is not de				Ro	oom/suite	B Telephone	number (see page 10 of ti	ne instructions)		
	print		D 0 De-	- 41	. 74					ļ		(816)36	4-7706			
	or type		P O Box		e, and ZIP code					!				shock hose		
	e Spec		•							C If exemption application is pending, check here						
	tructio				ph, MO 64!					D 1. Foreign organizations, check here						
H_{C}	Check type of organization X Section 501(c)(3) exempt										check he	re and attach computation	on			
	Section	on 494	7(a)(1) non	exen	npt charitable tr	ust		other ta	xable private	founda	tion	- 16				
I F	aır ma	rket val	ue of all as	sets	at	J Accounting	meth	od	X Cash	_ <u> </u>	Accrual	under section	undation status was tern on 507(b)(1)(A), check hei	re		
е	nd of y	year (fro	om Part II,	col ((c),	Other (s	pecify	y)				E 1645 - 644				
lı	ne 16)	▶ \$		2,	439,659	(Part I, column	(d) n	nust be	on cash bas	ıs)		under secti	dation is in a 60-month to on 507(b)(1)(B), check he	ere		
Pa	rt I	Ana	lysis of	Rev	enue and E	xpenses (Th	e total	of						(d) Disbursements		
L::	لسنستست		•		c), and (d) may not	•			(a) Revenue expenses p			investment	(c) Adjusted net	for charitable		
	the amounts in column (a) (see page 11 of the instructions)					books		ıı	ncome	income	purposes (cash basis only)					
_	1				, , <u>, , , , , , , , , , , , , , , , , </u>	ved (attach sch	odulo	1						 ''		
	_			_				, ,			 	····	· · · · · · · · · · · · · · · · · · ·	 		
	2	Check ▶ ☐ If the foundation is not required to attach Sch B								ļ						
	3		_	•		ish investments		_		754		754				
	4	Divide	nds and inf	teres	t from securities	s		· •	5	6,242		56,242				
	5a	Gross	rents		<i></i>											
R	ь	Net re	ntal income	or (loss)	_		[·····			
e	6a	Net gain or (loss) from sale of assets not on line 10											,			
٧	ь	Gross sales price for all assets on line 6a							•	•						
e n	7	Capita	l gain net ii	ncon	ne (from Part IV	, line 2)		[
ü	8	Net short-term capital gain						7	,							
ę	9	Income modifications						F					***********	 		
	10a				nd allowances	1		· ·			1			 		
								-						-		
	b										1		11			
	С		•		•	e)		- ⊢								
	11		•		•			-		2,475	+					
	12								5	9,471	-	56,996				
	13	Comp	ensation of	offic	ers, directors, t	rustees, etc	• •	• •			1					
A	14	Other	employee :	salar	ies and wages			• •			1					
d	15	Pensio	on plans, ei	mplo	yee benefits .			· · [
- i''	16€⊇	Legal	fees (attach	n sch	nedul <u>e)</u>		: min	:								
oi Oi	R	Accou	nting fees	atta	ch schedule	TOTAL FACE	SIR			1,350)					
рs	-	Other	profession	al fee	es (attach eche	EGEIVEC) ,	.] [
e t r r	17	Interes	st				7	۲۱ <u>۱</u>								
a a	18	Taxes	(attach sch	nedu	le) (see page 1	Yof the Institut	ansX ansX	1110		3,962	2					
t t i i	;₀€	Denre	ciation (atta	ach s	schedule) and o	lepletion	3.7				+					
nν	20	Occur	onev	2011 3	scribane, and s	cpiction			 -							
g e		Traval	Janey	• •	······································	DEN UT		.][·								
аE		liave	, conterent	:es, a	and meenings			Ŋ.				· · ·				
пX					ons		STM	ioʻs 🖡			 					
d P		•					• •	• •		3,272	2					
n s	24 0	ুTotal	operating	and	administrative	expenses.		1			1					
e	9,									8,584		. 0		0		
3	25	Contri	butions, gif	fts, g	rants paid			[10	7,773	3			107,773		
	26	Tota!	expenses	and	disbursement	s. Add lines 24 a	and 2	5	11	6,357	7	0		107,773		
	27		act line 26													
	a	Exces	s of rever	nue d	over expenses	and disbursen	nents		(!	6,88	6)					
	b Net investment income (if negative, enter -0-)						1	56,996								
	_ c				_	nter -0-)		۲	······					0		
For						t Notice, see p			e instruction	s.	•	EEA	1	Form 990-PF (2009)		

A s s e t s

	-PF (2009) South St Joseph Progressive Associated Schedules and amounts in the description column	Beginning of year	End of	/ear
art II	Balance Sheets should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	Cash - non-interest-bearing			
2	Savings and temporary cash investments	3,354	56,141	56,141
3	Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
4	Pledges receivable			
	Less allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
!	disqualified persons (attach schedule) (see page 16 of the			
1	instructions)			
7	Other notes and loans receivable (attach schedule)			
	Less allowance for doubtful accounts ▶		_	
8	Inventories for sale or use			
9	Prepaid expenses and deferred charges			
1 -	Investments - U S and state government obligations (attach schedule)			
	Investments - corporate stock (attach schedule) STM137	2,508,511	2,557,918	2,367,59
	Investments - corporate bonds (attach schedule) STM138	173,834	14,754	15,92
	Investments - land, buildings, and equipment basis ▶			
'''	Less accumulated depreciation (attach schedule)	1		
12	Investments - mortgage loans			
13	Investments - other (attach schedule)			
14	Land, buildings, and equipment basis			
'-	Less accumulated depreciation (attach schedule)		ĺ	
15	Other assets (describe >			
16	Total assets (to be completed by all filers - see the		-	
'6	Instructions Also, see page 1, item i)	2,685,699	2,628,813	2,439,65
47		2,003,033	2,020,023	27133703
17	Accounts payable and accrued expenses			
18	Grants payable			
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons	-		
21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe		0	
23	Total liabilities (add lines 17 through 22)			
	Foundations that follow SFAS 117, check here · · ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.			
24	Unrestricted			
25	Temporarily restricted			
26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here $\blacktriangleright X $			
3	and complete lines 27 through 31.			
27	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg, and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds	2,685,699	2,628,813	
30	Total net assets or fund balances (see page 17 of the		_ _	
5	instructions)	2,685,699	2,628,813	
31	Total liabilities and net assets/fund balances (see page 17			
	of the instructions)	2,685,699	2,628,813	
art II				
	net assets or fund balances at beginning of year - Part II, column (a), lir			
	of-year figure reported on prior year's return)		1	2,685,6
	r amount from Part I, line 27a			(56,

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with		
end-of-year figure reported on prior year's return)	1	2,685,699
2 Enter amount from Part I, line 27a	2	(56,886)
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	2,628,813
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b) line 30	6	2,628,813

	th St Joseph Progressive			43	3-1475002	Page 3		
Part IV Capital Gains	and Losses for Tax on inve	stment Income						
(a) List and descri 2-story brick wai	be the kind(s) of property sold (e.g., real esta rehouse, or common stock, 200 shs MLC Co	ite,)	(b) How acquired P-Purchase D-Donation	(c) Date acqu (yr, mo, da		ate sold no , day)		
1a								
b								
C								
d								
e								
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o plus expens		(h) Gain or (loss) (e) plus (f) minus (g)				
a						<u>.</u>		
b								
C								
<u>d</u>								
e			10/04/00					
Complete only for assets sho	owing gain in column (h) and owned l	by the foundation o	n 12/31/69		iains (Col (h) gain n			
(f) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69				but not less than - psses (from col. (h))			
<u>a</u>								
b		 			_			
<u> </u>								
<u>d</u>					-			
<u>e</u>	4 If your old	a antor in Port I lim	. 7		-			
2 Capital gain net income or (so enter in Part I, lir nter -0- in Part I, li		2				
3. Not short-term capital gain o	or (loss) as defined in sections 1222(5	•	116 7					
	ne 8, column (c) (see pages 13 and 1		s) s					
	ine 8		·	3				
	Inder Section 4940(e) for Re		Net Investm		<u> </u>	 		
· · · · · · · · · · · · · · · · · · ·	rivate foundations subject to the section							
(i of optional use by domestic pi	wate foundations subject to the section	511 4540(a) tax 511 11	et investment inc	, OTTIC /				
If section 4940(d)(2) applies, lea	ve this part blank							
Was the foundation liable for the	section 4942 tax on the distributable	amount of any yea	r in the base per	nod?	П у	es X No		
	qualify under section 4940(e) Do no		•	,ou	□	21 110		
	nt in each column for each year, see p			akıng any entr	ies			
(a)		Dage To Or the man		laking any cha	(d)			
Base period years Calendar year (or tax year beginnin	(b) Adjusted qualifying distribution	s Net value of n	(c) ioncharitable-use as	ssets	Distribution ra (col (b) divided by	tio cal (c))		
2008	76,7		2,235,		0.034			
2007	40,8		1,463,	_	0.027			
2006	5,2		547,		0.009			
2005								
2004					· ·			
				·				
2 Total of line 1, column (d).				2	0.071	772		
	the 5-year base period - divide the							
-	tion has been in existence if less than			3	0.023	924		
		,						
4 Enter the net value of nonch	naritable-use assets for 2009 from Pai	rt X. line 5		4	2.	123,939		
		,			<u></u> :			
5 Multiply line 4 by line 3				5		50,813		
• Manaphy line 4 by line 5 1 .								
6 Enter 1% of net investment	income (1% of Part I, line 27b)			6		570		
7 Add lines 5 and 6				7		51,383		
	s from Part XII, line 4 r than line 7, check the box in Part VI				ta Saa tha	107,773		
Part VI instructions on page		, mie ib, and comp	note triat part usi	nga 1/0 tax la	566 1116			

8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the

If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page

(or designate) of each state as required by General Instruction G? If "No," attach explanation

instructions) ► MO

9

8b

X

Form	990-PF(2009) South St Joseph Progressive Association Inc	002	P	age 5
	t VII-A Statements Regarding Activities (continued)			
11				
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		<u>X</u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ LINDA TANNER Telephone no ▶ 816-3	64-77	796	
	Located at ▶ 10712 S Lakeview Drive Rushville, MO ZIP+4 ▶ 644	84		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here			▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the year			
Pa	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			[
	termination of government service, if terminating within 90 days) Yes X No			
Ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b		•
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	IB	_	
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c	1	x
	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	10		1
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
_	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and			
a	6e, Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years			
.	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see page 20 of the instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
Ŭ	·			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
ь	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2009)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	ļ	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	1	X
	PFA	Form 9	On_DE	: (onna

					_					
	990-PF(2009) South St Joseph Pro	gressi	ve Associ	ation	Inc	D	43-1475	002	Page 6	
Pa	t VII-B Statements Regarding Activitie		_	n 4/20	мау ве	Requi	red (continued)	13	,	
5a	During the year did the foundation pay or incur any					_	n., 📾.,			
	(1) Carry on propaganda, or otherwise attempt to in					· · · [Yes X No			
	(2) Influence the outcome of any specific public elec-	ction (see	e section 4955), or to c	arry on,	_				
	directly or indirectly, any voter registration drive?						Yes X No			
	(3) Provide a grant to an individual for travel, study,	or other	sımılar purpos	es?		[Yes X No			
	(4) Provide a grant to an organization other than a c	charitable	e, etc , organiz	ation de	scribed in	_				
	section 509(a)(1), (2), or (3), or section 4940(d)(3	2)? (see	page 22 of the	instruct	ions)	[Yes X No			
	(5) Provide for any purpose other than religious, cha	arıtable,	scientific, litera	ry, or ed	lucational	_				
	purposes, or for the prevention of cruelty to child					[Yes X No			
ь	If any answer is "Yes" to 5a(1)-(5), did any of the tra			bed in						
-	Regulations section 53 4945 or in a current notice re							5ь		
	•									
_	Organizations relying on a current notice regarding disaster assistance check here									
C	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?									
	boodass it maintained superiorisminy for the grant									
	If "Yes," attach the statement required by Regulation									
6a	Did the foundation, during the year, receive any fund					r				
on a personal benefit contract?										
Ь	b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								X	
	If "Yes" to 6b, file Form 8870									
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . Yes X No										
ь	b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?									
Pa	t VIII Information About Officers, Dire	ectors,	Trustees,	Found	ation Ma	nagers	, Highly Paid	Emplo	yees,	
h	and Contractors		,			•		•	•	
1 1	ist all officers, directors, trustees, foundation man	agers a	nd their comp	ensatio	n (see page	22 of th	e instructions).	•		
	(a) Name and address		le, and average		mpensation		Contributions to	(e) Expe	nse account,	
Coo.	(a) Name and address	hours per week (If no devoted to position		46						
	990 0000			(IT DOI	paid, enter		yee benefit plans	other a	liowances	
	990 OFOV	devot	ed to position	,	-0-)		erred compensation	other a		
Lar	ry Stobbs	devot	ed to position MAN OF TH	,	-0-) 101		erred compensation	other a	llowances	
Lar 330	ry Stobbs 1 Latern Lane, MO 64506	CHAIR	ed to position MAN OF TH	E STMA	-0-) 101 0			other a		
Lar 330 Joh	ry Stobbs 1 Latern Lane, MO 64506 n Beoh	devot	ed to position MAN OF TH 2 DENT	,	0 0 0 0		erred compensation	other a	llowances 0	
330 Joh 621	ry Stobbs 1 Latern Lane, MO 64506 n Beoh 3 So Ninth St, MO 64504	CHAIR PRESI	ed to position MAN OF TH 2 DENT 1	E STMA	0 0 0 0 0		erred compensation	other a	llowances	
330 Joh 621	ry Stobbs 1 Latern Lane, MO 64506 n Beoh	CHAIR	ed to position MAN OF TH 2 DENT 1	E STMA	0 0 0 0 0 0 0 0 0		0	other a	0 0	
Joh 621 CAR	ry Stobbs 1 Latern Lane, MO 64506 n Beoh 3 So Ninth St, MO 64504	CHAIR PRESI	ed to position MAN OF TH 2 DENT 1	E STMA	0 0 0 0 0		erred compensation	other a	llowances 0	
Joh 621 CAR	ry Stobbs 1 Latern Lane, MO 64506 n Beoh 3 So Ninth St, MO 64504 OLYN SAMPSON	CHAIR PRESI	man of the desired control of the desired con	E STMA	0 0 0 0 0 0 0 0 0 0 0		0	other a	0 0	
120 LIN	ry Stobbs 1 Latern Lane, MO 64506 n Beoh 3 So Ninth St, MO 64504 OLYN SAMPSON ILLINOIS AVENUE, MO 64504	devot CHAIR PRESI	man of the desired control of the desired con	E STMA	0 0 0 0 0 0 0 0 0 0 0		0	other a	0 0	
107 Lar 330 Joh 621 CAR 120 LIN	ry Stobbs 1 Latern Lane, MO 64506 n Beoh 3 So Ninth St, MO 64504 OLYN SAMPSON ILLINOIS AVENUE, MO 64504 DA TANNER	devot CHAIR PRESI SECRE	MAN OF TH 2	E STMA STMA	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	and def	0 0 0		0 0	
120 LIN 200 100 120 107 200	ry Stobbs 1 Latern Lane, MO 64506 n Beoh 3 So Ninth St, MO 64504 OLYN SAMPSON ILLINOIS AVENUE, MO 64504 DA TANNER 12 S Lakeview Drive, MO 64484	devot CHAIR PRESI SECRE	MAN OF TH 2	E STMA STMA	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	and def	0 0 0		0 0	
120 LIN 200 100 120 107 200	ry Stobbs 1 Latern Lane, MO 64506 n Beoh 3 So Ninth St, MO 64504 OLYN SAMPSON ILLINOIS AVENUE, MO 64504 DA TANNER 12 S Lakeview Drive, MO 64484 Compensation of five highest-paid employees (other)	devot CHAIR PRESI SECRE	MAN OF TH 2 DENT 1 TARY 2 those include	STMA STMA STMA	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	and def	0 0 0 f the instructions).	0 0 0	
120 LIN 200 100 120 107 200	ry Stobbs 1 Latern Lane, MO 64506 n Beoh 3 So Ninth St, MO 64504 OLYN SAMPSON ILLINOIS AVENUE, MO 64504 DA TANNER 12 S Lakeview Drive, MO 64484 Compensation of five highest-paid employees (other)	CHAIR PRESI SECRE TREAS	MAN OF TH 2	STMA STMA STMA STMA	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	and def	0 0 0 f the instructions (d) Contributions to employee benefit). (e) Expe	0 0 0 0 nse account,	
120 LIN 200 100 120 107 200	ry Stobbs 1 Latern Lane, MO 64506 n Beoh 3 So Ninth St, MO 64504 OLYN SAMPSON ILLINOIS AVENUE, MO 64504 DA TANNER 12 S Lakeview Drive, MO 64484 Compensation of five highest-paid employees (oth	CHAIR PRESI SECRE TREAS	MAN OF TH 2 DENT 1 TARY 2 TURER 2 those include	STMA STMA STMA STMA average	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	and def	0 0 0 f the instructions). (e) Expe	0 0 0	
Lar 330 Joh 621 CAR 120 LIN 107 2 (ry Stobbs 1 Latern Lane, MO 64506 n Beoh 3 So Ninth St, MO 64504 OLYN SAMPSON ILLINOIS AVENUE, MO 64504 DA TANNER 12 S Lakeview Drive, MO 64484 Compensation of five highest-paid employees (oth f none, enter "NONE."	CHAIR PRESI SECRE TREAS	MAN OF TH 2 DENT 1 TARY 2 those include	STMA STMA STMA STMA average	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	and def	0 0 0 f the instructions to employee benefit plans and deferred). (e) Expe	0 0 0 0 nse account,	
120 LIN 107 2 (ry Stobbs 1 Latern Lane, MO 64506 n Beoh 3 So Ninth St, MO 64504 OLYN SAMPSON ILLINOIS AVENUE, MO 64504 DA TANNER 12 S Lakeview Drive, MO 64484 Compensation of five highest-paid employees (oth f none, enter "NONE."	CHAIR PRESI SECRE TREAS	MAN OF TH 2 DENT 1 TARY 2 those include	STMA STMA STMA STMA average	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	and def	0 0 0 f the instructions to employee benefit plans and deferred). (e) Expe	0 0 0 0 nse account,	
Lar 330 Joh 621 CAR 120 LIN 107 2 (ry Stobbs 1 Latern Lane, MO 64506 n Beoh 3 So Ninth St, MO 64504 OLYN SAMPSON ILLINOIS AVENUE, MO 64504 DA TANNER 12 S Lakeview Drive, MO 64484 Compensation of five highest-paid employees (oth f none, enter "NONE."	CHAIR PRESI SECRE TREAS	MAN OF TH 2 DENT 1 TARY 2 those include	STMA STMA STMA STMA average	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	and def	0 0 0 f the instructions to employee benefit plans and deferred). (e) Expe	0 0 0 0 nse account,	
Lar 330 Joh 621 CAR 120 LIN 107 2 (ry Stobbs 1 Latern Lane, MO 64506 n Beoh 3 So Ninth St, MO 64504 OLYN SAMPSON ILLINOIS AVENUE, MO 64504 DA TANNER 12 S Lakeview Drive, MO 64484 Compensation of five highest-paid employees (oth f none, enter "NONE."	CHAIR PRESI SECRE TREAS	MAN OF TH 2 DENT 1 TARY 2 those include	STMA STMA STMA STMA average	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	and def	0 0 0 f the instructions to employee benefit plans and deferred). (e) Expe	0 0 0 0 nse account,	
Lar 330 Joh 621 CAR 120 LIN 107 2 (ry Stobbs 1 Latern Lane, MO 64506 n Beoh 3 So Ninth St, MO 64504 OLYN SAMPSON ILLINOIS AVENUE, MO 64504 DA TANNER 12 S Lakeview Drive, MO 64484 Compensation of five highest-paid employees (oth f none, enter "NONE."	CHAIR PRESI SECRE TREAS	MAN OF TH 2 DENT 1 TARY 2 those include	STMA STMA STMA STMA average	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	and def	0 0 0 f the instructions to employee benefit plans and deferred). (e) Expe	0 0 0 0 nse account,	
Lar 330 Joh 621 CAR 120 LIN 107 2 (ry Stobbs 1 Latern Lane, MO 64506 n Beoh 3 So Ninth St, MO 64504 OLYN SAMPSON ILLINOIS AVENUE, MO 64504 DA TANNER 12 S Lakeview Drive, MO 64484 Compensation of five highest-paid employees (oth f none, enter "NONE."	CHAIR PRESI SECRE TREAS	MAN OF TH 2 DENT 1 TARY 2 those include	STMA STMA STMA STMA average	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	and def	0 0 0 f the instructions to employee benefit plans and deferred). (e) Expe	0 0 0 0 nse account,	
Lar 330 Joh 621 CAR 120 LIN 107 2 (ry Stobbs 1 Latern Lane, MO 64506 n Beoh 3 So Ninth St, MO 64504 OLYN SAMPSON ILLINOIS AVENUE, MO 64504 DA TANNER 12 S Lakeview Drive, MO 64484 Compensation of five highest-paid employees (oth f none, enter "NONE."	CHAIR PRESI SECRE TREAS	MAN OF TH 2 DENT 1 TARY 2 those include	STMA STMA STMA STMA average	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	and def	0 0 0 f the instructions to employee benefit plans and deferred). (e) Expe	0 0 0 0 nse account,	
Lar 330 Joh 621 CAR 120 LIN 107 2 (ry Stobbs 1 Latern Lane, MO 64506 n Beoh 3 So Ninth St, MO 64504 OLYN SAMPSON ILLINOIS AVENUE, MO 64504 DA TANNER 12 S Lakeview Drive, MO 64484 Compensation of five highest-paid employees (oth f none, enter "NONE."	CHAIR PRESI SECRE TREAS	MAN OF TH 2 DENT 1 TARY 2 those include	STMA STMA STMA STMA average	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	and def	0 0 0 f the instructions to employee benefit plans and deferred). (e) Expe	0 0 0 0 nse account,	
Lar 330 Joh 621 CAR 120 LIN 107 2 (ry Stobbs 1 Latern Lane, MO 64506 n Beoh 3 So Ninth St, MO 64504 OLYN SAMPSON ILLINOIS AVENUE, MO 64504 DA TANNER 12 S Lakeview Drive, MO 64484 Compensation of five highest-paid employees (oth f none, enter "NONE."	CHAIR PRESI SECRE TREAS	MAN OF TH 2 DENT 1 TARY 2 those include	STMA STMA STMA STMA average	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	and def	0 0 0 f the instructions to employee benefit plans and deferred). (e) Expe	0 0 0 0 nse account,	
Lar 330 Joh 621 CAR 120 LIN 107 2 (ry Stobbs 1 Latern Lane, MO 64506 n Beoh 3 So Ninth St, MO 64504 OLYN SAMPSON ILLINOIS AVENUE, MO 64504 DA TANNER 12 S Lakeview Drive, MO 64484 Compensation of five highest-paid employees (oth f none, enter "NONE."	CHAIR PRESI SECRE TREAS	MAN OF TH 2 DENT 1 TARY 2 those include	STMA STMA STMA STMA average	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	and def	0 0 0 f the instructions to employee benefit plans and deferred). (e) Expe	0 0 0 0 nse account,	
Lar 330 Joh 621 CAR 120 LIN 107 2 (ry Stobbs 1 Latern Lane, MO 64506 n Beoh 3 So Ninth St, MO 64504 OLYN SAMPSON ILLINOIS AVENUE, MO 64504 DA TANNER 12 S Lakeview Drive, MO 64484 Compensation of five highest-paid employees (oth f none, enter "NONE."	CHAIR PRESI SECRE TREAS	MAN OF TH 2 DENT 1 TARY 2 those include	STMA STMA STMA STMA average	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	and def	0 0 0 f the instructions to employee benefit plans and deferred). (e) Expe	0 0 0 0 nse account,	

	1 / 00 (4) 1 -1 -1 -1 17	"NONE "
3 Five highest-paid independent contractors for professional serv		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
Total number of others receiving over \$50,000 for professional services	·	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year Incorganizations and other beneficiaries served, conferences convened, research paper.		Expenses
1 City of St Joseph, Missouri		
Fisher Memorial Project		
St Joseph, Missouri		85,9
2 Food Kitchen Furnace Fo	or The Food	
Kitchen		
		5,0
ofsetphryp Microschhei Dieseth)3		
Moila Transportation Fund St Joseph, Missouri		5,0
4 Missouri Bike Race		
Score Board Project		
St Joseph, Missouri		2,5
Part IX-B Summary of Program-Related Investmen	its (see page 24 of the instructions)	,
Describe the two largest program-related investments made by the foundation dur		Amount
1		
2		
		-
All other program-related investments See page 24 of the instructions		

EÉA

Form **990-PF** (2009)

Form 990-PF (2009) Page 8 South St Joseph Progressive Association Inc Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, Part X see page 24 of the instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., nurnoses 1a 2,145,560 1b 10,723 1c 2,156,283 Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 1e | 2 2 3 2,156,283 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25 of 4 32,344 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4... 5 2,123,939 106,197 Distributable Amount (see page 25 of the instructions) (Section 4942(1)(3) and (1)(5) private operating Part XI foundations and certain foreign organizations check here

and do not complete this part) 1 106,197 Tax on investment income for 2009 from Part VI, line 5 2a 2b Income tax for 2009 (This does not include the tax from Part VI) 2c 570 c 3 105,627 3 4 5 105,627 5 6 ĥ 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, 7 105,627 Part XII Qualifying Distributions (see page 25 of the instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1a 107,773 1ь 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 Amounts set aside for specific charitable projects that satisfy the

3a

ь Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4. 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

3b 4 107,773 5 570 107,203

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

43-1475002 Page 9

1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7				105,627
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only			67,530	
b	Total for prior years,,				
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
b	From 2005				
С	From 2006				
d	From 2007				
e	From 2008				
f	Total of lines 3a through e				
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$107,773				
а	Applied to 2008, but not more than line 2a	1411 4 1		67,530	
b	Applied to undistributed income of prior years				
	(Election required - see page 26 of the instructions)				
C	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)	, , , , , , , , , , , , , , , , , , ,	,, <u> </u>		
ď	Applied to 2009 distributable amount				40,243
е	Remaining amount distributed out of corpus	· · · · · · · · · · · · · · · · · · ·			
5	Excess distributions carryover applied to 2009 .				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5.			······································	,
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see page 27 of the instructions				- 1-1
е	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount - see page				
	27 of the instructions			<u> </u>	
1	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1. This amount must be				4
-	distributed in 2010				65,384
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the				
۵	Instructions)				
9	Excess distributions carryover to 2010.				
10	Subtract lines 7 and 8 from line 6a				······································
	Analysis of line 9				
a b	Excess from 2005 Excess from 2006	-			
_	Excess from 2006	{			
c d	Excess from 2007	-		1	
	Excess from 2009	1			
	EVC639 HOH! 5003	I .	1	:	

			sive Associati		. 43-147500	2 Page 10
Part	XIV Private Operating Foun	dations (see page	27 of the instructions	and Part VII-A, questi	on 9)	
1a	If the foundation has received a ruling of	or determination letter	r that it is a private ope	erating		
	foundation, and the ruling is effective for	r 2009, enter the date	e of the ruling		<u> </u>	
b	Check box to indicate whether the foun	dation is a private op	perating foundation de	scribed in section	4942(j)(3) or 4	1942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		/\ -
	income from Part I or the minimum investment return from Part X for	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	each year listed					
ь	85% of line 2a		-			· - · · · · · · · · · · · · · · · · · ·
_	Ovelfue a distribution from Bost VII					
¢	Qualifying distributions from Part XII, line 4 for each year listed					:
d	Amounts included in line 2c not used directly for active conduct of exempt activities .					
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c			_		
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test - enter (1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j/(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part	XV Supplementary Informat	ion (Complete t	his part only if the	he foundation had	d \$5,000 or more	in assets at
	any time during the yea	r – see page 28	of the instruction	ons.)		
1 a	Information Regarding Foundation M List any managers of the foundation wh before the close of any tax year (but on	no have contributed r				
	None,					
b	List any managers of the foundation who ownership of a partnership or other ent				irge portion of the	
	None,					
2	Information Regarding Contribution,	Grant, Gift, Loan, S	cholarship, etc., Proc	ırams:		· · · · · · · · · · · · · · · · · · ·
	Check here ▶ ☐ if the foundation onliunsolicited requests for funds. If the foundations under other conditions, c	ındatıon makes gıfts,	grants, etc (see page			
	The name, address, and telephone nur			hould be addressed		
•	990APP	nber of the person to	Whom applications s	louid be addlessed		
b	The form in which applications should	pe submitted and info	ormation and materials	s they should include		
	Any submission deadlines		· · · · · · · · · · · · · · · · · · ·	 		
	·					
đ	Any restrictions or limitations on awards factors	s, such as by geogra _l	phical areas, charitabl	e fields, kinds of institut	tions, or other	

Form 990-PF (2009) South St Joseph Progressive Association Inc

Part XV | Supplementary Information (continued)

3 Grants and Contribution	ns Pai	a During the	Tear or Approve	d for Future F	ayment	
Recipient			If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or b	usiness)		or substantial contributor	recipient		
a Paid during the year						
City of St Joseph Mo I		.al				
Frederick and Jule St						
Saint Joseph	MO	64501	None	Paid	Memorial	85,962
mand with the						
Food Kitchen 911 WEST VALLEY						
Saint Joseph	MO	64503	None	Active	Purchase Furnace	5,000
Saint boseph	MO	04303	None	ACCIVE	ruichase ruinace	3,000
Deaf Camp					Camp for the Deaf	
CAMP MARVIN HILLYARD					camp for the bear	
Stewartsville	MO	64490	None	Active		5,000
						2,
Mark Reynolds Memoria	l Bike	Fd.				
3502 WOODLAND POINTE						
Saint Joseph	MO	64503	None	Active	Civic Promotion	2,500
Other Projects Under	2500					
Various						
Saint Joseph	MO	64503	None	Active	Civic Promotion	9,311
Tabel					2	100 000
Total	· · · · ·	· · · · · · · · · · · ·	T		> 3a	107,773
Approved for future payment						
Total					► 3h	

	dit ATT A Analysis of mounts of readening A	<u> </u>	<u> </u>			
	ter gross amounts unless otherwise indicated	(a) Business	(b) Amount	(c) Exclusion	(d) Amount	(e) Related or exempt function income (See page 28 of
1	Program service revenue	code	ļ	code		the Instructions)
	<u> </u>					
	b				_	
	·			-		<u> </u>
	d			-		
	e			-		_
	f			-		
	g Fees and contracts from government agencies					-
	Membership dues and assessments					
3	Interest on savings and temporary cash investments .					
4	Dividends and interest from securities			<u> </u>		
5	Net rental income or (loss) from real estate					
	a Debt-financed property					
	b Not debt-financed property	ļ				
	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory.					
9	Net income or (loss) from special events				•	
10	Gross profit or (loss) from sales of inventory					
	Other revenue a					
	b					
	с					-
	d					
	е				*****	,
12	Subtotal Add columns (b), (d), and (e)					
	Total. Add line 12, columns (b), (d), and (e)				13	·
	ee worksheet in line 13 instructions on page 28 to verify ca					
	art XVI-B Relationship of Activities to the		lishment of Exe	empt Purpos	ses	
۰	Explain below how each activity for which inc					to the
ı	accomplishment of the foundation's exempt					
	instructions)		/ /	J		J
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Form 990-PF (2009) South St Joseph Progressive Association Inc 43-1475002 P
Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	ın sect	ion 501(c) of the C		age in any of the folion tion 501(c)(3) organia	-						res	NO		
		zations?												
а				noncharitable exemp						4-(4)		v		
										1a(1) 1a(2)		X		
										1d(Z)				
b		transactions								46/41		v		
				t organization						1b(1) 1b(2)		X		
				e exempt organization						1b(2)		- A		
				ssets						1b(3)		X X X		
										1b(5)		v		
										1b(5)		X		
				or fundraising solicita						1c		X		
c				other assets, or paid										
đ				mplete the following										
				given by the reportin										
				ent, show in column										
a) L	ine no (b) Amount involved	(c) Name of non	charitable exempt organ	ization	(a) Descr	ription or trans	sfers, transacti	ons, and sna	ring arra	ngeme	nts		
			-		-									
	-							 -						
			-					· · · · · · · · · · · · · · · · · · ·						
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22	ls the	foundation directly	or indirectly affiliate	d with, or related to,	one or more	tay-eyemn	t organizati	ons						
	descri	bed in section 501	(c) of the Code (other	er than section 501(c						Ye	s X	No		
D	ii fes	complete the fol		(h) Turn of	f organization			(c) Descript	tion of relation	nshin				
		(a) Name of organ	nzation	(в) туре от	Organization			(c) Descript	ilon or relatio	потпр				
	-													
					-									
·	Under p	penalties of perjury, I out is true, correct, and	declare that I have exam complete Declaration of	ned this return, including preparer (other than tax	g accompanyin payer or fiduc	g schedules a ary) is based o	nd statements on all informat	s and to the be lion of which p	est of my kno reparer has a	wledge iny knov	and vledge			
S	1 Com 0 0 0 0 0 15-15						-10 i	Treasu	ırer					
	Signi	ature of officer or trus	stee	<u> </u>		Date		Title						
ň	, 0.910	1		\mathcal{O}	Date		<u> </u>		Preparer's	identify	ıng			
H	Paid Prepar er's	Preparer's	Rapa A		OA)		number (see Signature on page 30 of the instructions)							
r Be	Use	signature	Robert C Sang	er CPA	05-10	-2010								
	Only	Firm's name (or y self-employed),		t C Sanger PC				EIN ▶						
		and ZIP code	St Jo	верћ, МО 6450						ne no 816-279-4949				

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Schedule of Contributors

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2009

nternal Revenue Service			
Name of the organization		Employer	identification number
South St Joseph Proc	ressive Association Inc	43-1475	002
Organization type (check one		1 10 1111	
Filers of:	Section:		
riiers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	on	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
•	overed by the General Rule or a Special Rule . , (8), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule See	
General Rule			
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more contributor. Complete Parts I and II	e (ın money or	
Special Rules			
sections 509(a)(1) and	organization filing Form 990 or Form 990-EZ that met the 33 1/3% support tes 170(b)(1)(A)(vi), and received from any one contributor, during the year, a cor 1 of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Co	ntribution of the	greater
the year, aggregate co), (8), or (10) organization filing Form 990 or 990-EZ that received from any one intributions of more than \$1,000 for use exclusively for religious, charitable, scied or the prevention of cruelty to children or animals. Complete Parts I, II, and III	entific, literary, o	
the year, contributions aggregate to more tha year for an exclusively applies to this organiza), (8), or (10) organization filing Form 990 or 990-EZ that received from any one for use exclusively for religious, charitable, etc., purposes, but these contribution \$1,000 if this box is checked, enter here the total contributions that were received religious, charitable, etc., purpose. Do not complete any of the parts unless the ation because it received nonexclusively religious, charitable, etc., contributions	ons did not eived during the G eneral Rul e of \$5,000 or n	e e
990-EZ, or 990-PF), but it mu	is not covered by the General Rule and/or the Special Rules does not file Schest answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of F, to certify that it does not meet the filing requirements of Schedule B (Form 99	ıts Form 990-E	

Schadula		(Form 990.	990-F7	0.000 PE	'n	(200a)
Schedule	•	t F U I I II 33U.	. 330-E.Z.	or ggu-Pr	٠,	LEUUS

Name of organization

age 1 of 1 of Parti

Employer identification number

South St	Joseph Progressive Association Inc		43-1475002
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Julia Fisher Trust C/O Michael Harris Tree 507 Francis Street Saint Joseph, MO 64501	\$0	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person

Current Officers, Directors, Trustees, and Key Employees

(a) Name and address	(b) Title, and average hours per week devoted to position	ge (c) Comp (If not pa n -0	ensation id, enter -)	(d) Contributions to employee benefit plans deferred compensation	(e) Expense account, other allowances
KERRY AMES	1st Vice Pre				
P O BOX Saint Joseph, MO 64504	2		0	0	0
JIM GRAVES	2ND VICE PRE	SID STMA06			
1902 JACKSON Saint Joseph, MO 64503	2		0	0	0
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Federal	Supporting Stateme	ents	2009 PG 01		
Name(s) as shown on return		F	EIN		
South St Joseph Progressive	Association Inc	<u></u>	43-1475002		
Form 990PF Investments: C		Statement #137			
Category	BOY	Book Value	EOY FMV		
Common Stocks	75,555	75,55	5 96,704		
Mutual Funds	2,432,956	2,482,36	3 2,270,892		
Totals	2,508,511	2,557,91	8 2,367,596		
PG 01 Form 990PF, Part II, Line 10(c) Statement #138 Investments: Corporate Bond Schedule					
Category	BOY	Book Value	EOY FMV		
Money Market Certificates of Deposit	159,135 14,699	14,75	15,922		
Totals	173,834	14,75	15,922		

Larry Stobbs

Explanation NO COMPENSATION

ne(s) as shown on return	Federal Supporting Statements	2009 FEIN
hn Beoh		
<u>xplanation</u> COMPENSATION		
AROLYN SAMPSON		
planation		
COMPENSATION		
INDA TANNER		
cplanation COMPENSATION		

	Federal Supporting Statements	2009	
me(s) as shown on return	reucial Supporting Statements	FEIN	_
			_
ERRY AMES			
<u>xplanation</u>			
COMPENSATION			
IM GRAVES			
xplanation			
COMPENSATION			

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Federal Supporting Statements	2009 PG 01
Name(s) as shown on return	Your Social Security Number
South St Joseph Progressive Association Inc	43-1475002

Form 990PF, Part XV, Line 2 Application Submission Information

990APP

Grant Program

SSJPA Grant

Applicant Name

Linda Tanner

Address

P O Box 4174

St Joseph MO 64504

Telephone

816-364-7796

Form & Content

A copy of the application is attached. Various information concerning the project description, location and time line is required.

Submission Deadline

None

Restrictions on Award

The restrictions are based on a geographic area in that said project will benefit the image of South St. Joseph, Missouri.

South St. Joseph Progressive Association Grant Application

3/15/07

Mail or present applications to South St. Joseph Progressive Association, PO Box 4174 St. Joseph, MO. 64504, or hand deliver to president of SSJPA questions please call 816-364-4407

Section I - Procedures for review, acceptance, and distribution of funds

Section II - SSJPA description, Program description and Criteria

Section III Project Description, location and time line

Section IV Project Budget

I. Procedures for Review Acceptance and Distribution of Funds

- a. Submit completed application by mail or hand deliver to the SSJPA Board or Board Member
- b. SSJPA Board will forward application to the Foundation committee
 - 1. Foundation committee will review to make sure project meets the criteria of the trust, and meets the 501c3 guidelines for a private foundation
 - ii. Foundation committee will discuss and give the recommendation for approval or denial to the Board of directors of the SSJPA
 - iii. The foundation committee meets quarterly and will promptly give recommendations at the next regularly scheduled board meeting
- c. SSJPA board will meet and discuss then vote on the proposed application of funds
- d. Funds will be distributed according to the budget of the project, and or upon project completion.

II. SSJPA Description, Program Description and criteria

- a. SSJPA Description the South St. Joseph Progressive Association is a 501c3, Private Foundation. Our purpose is to Advance, Promote, Represent, and to Further the Positive Image of South St. Joseph.
- b Funds distributed must meet the Federal 501c3 private foundation guidelines and charitable in nature.
- c. Funds distributed must meet the Fisher trust provision, "3. All the rest, residue and remainder of my trust estate to the Southside Progressive Association, St. Joseph, Missouri for the financial support and promotion of the best interest, activities and needs of south St. Joseph as determined solely by its Board of Directors," quote directly from will of Julia Fisher.
- d. Project must be located in South St. Joseph and or benefit South St. Joseph Residents and be charitable.
- e. Organizations requesting funds directly paid to that organization must be classified as 501c3
- f. Individuals requesting funds must be of a charitable nature and benefit South St. Joseph Residents.
- g. Funds may be used to purchase items and materials so that they are charitable in nature.

South St. Joseph Progressive Association page H

III. Project description	on, location and time line
Date	
Name of PROJECT :	
Name of Organization:	
Address, city, state, zip:	
Telephone:	
Type of Project:	
Contact Name:	
Amount Requested:	\$
Matching funds: ?	
if yes how much and	from whom
Project time line (start and	finish date)
What is the specific loca	tion of the project?
-	describe the project and/or expenditure. You may attach typed sheet
with explanation and budget Pie	ase also attach and/or include sketches
<u> </u>	
How the project will be	completed, decembe the major estuation which make up the project
	${\sf completed}$ describe the major activities which make up the project for each. Example, please see under IV purchase and install banners
for along Hyde Park	to, each. Example, please see and. 1. parenase and metal. Calmer.
Who will complete the n	roject:
Who will complete the p	roject:
Who will complete the p	roject:

South St. Joseph Progressive Association Page III

IV.	Project Budget a. Total Amount Requested \$	
107	EXAMPLE	<u> </u>
£	Breakdown of cost, please explain and provide bids for each the project. Example:	item as it pertains to the entirety of
	Project. Install banners on light poles though out south St Jo	<u>seph</u>
	Banners 50 banners @ \$85 each St. Joseph Banner Co.	\$4250.00
	Installation of banners \$25 per pole St Joseph installer corp.	\$1250.00
	Take down after season and or replace other \$25 per Misc materials, brackets, screws maintenance St. Joseph installer corp.	\$1250.00 \$500.00
	Total Cost of Project	\$7250.00
	Completion date December 25, 2008	
	Attach your budget to the form or explain below	
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