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. 990-PF

Return of Private Foundation or Section 4947/a\(1) Nonexempt Charitable Trust

OMB No 1545-0052

| - | | (1)-7- | J. | | d as a Private | | | | • | 2010 |
|---------------|------------|-------------------------------|--|---------------------|--|-----------|--|-------------------------|-------------------------------------|---|
| Interna | al Reve | f the Treasury nue Service | | | to use a copy of this r | | | | requirements | |
| For c | alend | ar year 2010, or t | ax year beginning | | and ending | | | | | |
| G C | heck a | ll that apply | Initial return | Initial ret | turn of a former publ | lic ch | anty | Į | Final return | |
| | | | Amended return | Add | ress change | | Name | change | | _ ·· · · _ ·· |
| Nan | ne of fo | undation | | | | | | | oyer identification num -6425549 | ber |
| | | | Y FOUNDATION | | | | | 4 . | hone number (see page 1 | of the instructions) |
| | | | number if mail is not delivered | d to street address | s) | Roo | m/suite | 66 | <u>0-826-1750</u> | |
| <u>P</u> | <u>.o.</u> | BOX 434 | 903 S. OHIO | | | | | C If exe | mption application is pend | ıng, check here 🕨 🕨 |
| | | n, state, and ZIP cod | | | | | | D 1. Fo | reign organizations, check | here 🕨 |
| | EDAI | | MO_ | 65301 | | | . <u> </u> | 1 | reign organizations meetir | - [|
| _ | | - | n. X Section 501(c)(3) | _ | | | | | % test, check here and at | |
| | | | xempt charitable trust | | e private foundation | | | 1 | ate foundation status was | L 1 |
| | | ket value of all ass | 1 — | inting method. | X Cash | Accru | ıal | | on 507(b)(1)(A), check here | • |
| | • | ear (from Part II, c | | ther (specify) | | | | 1 | foundation is in a 60-mont | |
| ., | e 16) I | | 521,476 (Part I, co | | | | | unde | section 507(b)(1)(B), che | _ |
| Pa | rt I | • | venue and Expenses (Th | | (a) Revenue and expenses per | | (b) Net in | vestment | (c) Adjusted net | (d) Disbursements for charitable |
| | | | ns (b), (c), and (d) may not nedulumn (a) (see page 11 of the in | | books | | inco | | income | purposes |
| | _ | | | | 170 7 | 36 | | | | (cash basis only) |
| | 1 | | , grants, etc , received (attach | | 178,7 | 30 | | | | 44,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | 2 | _ | the foundation is not required | | 22,7 | 10 | | 22,719 | | |
| | 3 | | igs and temporary cash inv | estments | 19,8 | _ | | <u>22,719</u> 19,893 | | |
| | 4 | _ | iterest from securities | | 19,6 | 93 | | 19,093 | | |
| | 5a | Gross rents | (1) | | | | | | | ., |
| ue | b | Net rental incom | ` | TMT 1 | 165,7 | 61 | ······ | | | |
| en | 6ạ | • • • | | 545,778 | 105,7 | - | | | | |
| Revenue | b | Gross sales price for al | | | | | | 106 | | |
| Œ | 7 8 | Net short-term c | income (from Part IV, line | 2) | | | | | 0 | |
| | 9 | Income modifica | | - | ļ | - | | | | |
| | 10a | | | | ······································ | _ | (, | | | ч |
| | b | Less: Cost of go | | <u> </u> | ······································ | 十 | | | | |
| | c | | oss) (attach schedule) | ő] | | | ······································ | | | *************************************** |
| | 11 | Other income (a | ttachischedule) | (v) | | 十 | | | | |
| | 12 | Total. Additines | | E. | 387,1 | 12 | | 42,718 | 0 | |
| | 13 | | officers, directors, trustee | es. etc | 33.72 | 0 | | , | | |
| es | 14 | | salanes and wages | <u> </u> | | Ť | | | | |
| ns | 15 | | employee benefits | | | \exists | | | | |
| Expense | 16a | Legal fees (attac | · · | | | _ | | | | |
| _ | ь | - | | TMT 2 | 6,3 | 59 | | 6,359 | | |
| <u>×</u> | C | • | fees (attach schedule) | • | , | T | | • | | |
| ati | 17 | Interest | , , , , | | | | | | | |
| <u>st</u> | 18 | | e) (see page 14 of the instructions) | STMT 3 | 1 | 86 | | 186 | | |
| ministrative | 19 | | ch schedule) and depletion | | | | | | | |
| Ē | 20 | Occupancy | • • | | | | | | | |
| Ā | 21 | | ces, and meetings | | | \Box | | | | |
| Ĭ | 22 | Printing and pub | - | • • | | | | | | |
| ating and Adn | 23 | Other expenses (att. so | _ | TMT 4 | 5 | 36 | | | | 53 |
| Ęį, | 24 | | and administrative expe | enses. | | T | | | | |
| a. | | Add lines 13 thro | | _ | 7,0 | | | 6,545 | 0 | |
| Operat | 25 | Contributions, gi | • | • | 466,8 | | | | | 466,85 |
| <u> </u> | 26 | Total expenses a | and disbursements. Add line | s 24 and 25 | 473,9 | 31 | | 6,545 | 0 | 467,38 |
| | 27 | Subtract line 26 | from line 12: | |] | - "[" | | | | |

-86,819

36,173

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

o

| | Part I | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | End o | fyear |
|---------------|--------|--|-------------------|-----------------|-----------------------|
| _ | rail E | should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash—non-interest-bearing | 330,912 | 255,17 <u>5</u> | 255,175 |
| | 2 | Savings and temporary cash investments | | | · |
| | 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 15 of the | | | |
| | | instructions) | | -A | |
| | 7 | Other notes and loans receivable (att schedule) | | | |
| | | Less. allowance for doubtful accounts ▶ 0 | | | |
| ţ | 8 | Inventories for sale or use | | | ., |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| ق | 10a | Investments—U S and state government obligations (attach schedule) STMT 5 | 384,802 | 371,936 | |
| | b | Investments—corporate stock (attach schedule) SEE STMT 6 | 568,331 | 550,936 | |
| | C | Investments—corporate bonds (attach schedule) SEE STMT 7 | 53,128 | 74,842 | 80,180 |
| - | 11 | Investments—land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation (attach sch.) | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | | | · 1000 - 1000 |
| | 14 | Land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation (attach sch.) | | | |
| i | 15 | Other assets (describe ▶) | | | |
| i | 16 | Total assets (to be completed by all filers—see the | | | |
| _ | | instructions Also, see page 1, item I) | 1,337,173 | 1,252,889 | 1,521,476 |
| | 17 | Accounts payable and accrued expenses | | | |
| ű | 18 | Grants payable | | | |
| ij | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| Lia | 21 | Mortgages and other notes payable (attach schedule) | | | |
| _ | 22 | Other liabilities (describe ▶) | | | |
| _ | 23 | Total liabilities (add lines 17 through 22) | 0 | 0 | |
| | | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. | | | |
| ces | | - | 1,337,173 | 1,252,889 | |
| | 24 | Unrestricted | 1,337,173 | 1,252,869 | |
| 3al | 25 | Temporarily restricted | | | |
| P | 26 | Permanently restricted | | | |
| n | | Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31. | | | |
| or Fund Balan | 27 | Capital stock, trust principal, or current funds | [| | |
| | | Paid-in or capital surplus, or land, bldg , and equipment fund | | | |
| ets | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| SS | 30 | Total net assets or fund balances (see page 17 of the | | | İ |
| Net Assets | | instructions) | 1,337,173 | 1,252,889 | |
| ž | 31 | Total liabilities and net assets/fund balances (see page 17 | / / | , , | |
| | •• | of the instructions) | 1,337,173 | 1,252,889 | |
| | Part I | | <u> </u> | | |
| | | net assets or fund balances at beginning of year—Part II, column (a), line 30 (must a | agree with | | |
| | | of-year figure reported on onor year's return) | - | 1 | 1,337,173 |
| 2 | | r amount from Part I, line 27a | ••• | 2 | -86,819 |
| | | r increases not included in line 2 (itemize) SEE STATEMENT 8 | | 3 | 2,535 |
| | | lines 1, 2, and 3 | •• | 4 | 1,252,889 |
| | | eases not included in line 2 (itemize) ▶ | • | 5 | |
| | | net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), | line 30 . | . 6 | 1,252,889 |
| _ | | | - | | F 990-PF (2010) |

| Part IV Capital Gains a | nd Losses for Tax on Investme | ent Income | | | | | |
|---|--|--|---|--|--|--|--|
| (a) List and describ | be the kind(s) of property sold (e.g., real estate, ehouse; or common stock, 200 shs MLC Co.) | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) | | |
| 1a LONG TERM CAP G | AIN DIST. | | | | | | |
| b | | | | | | | |
| С | | | | | | | |
| d | | | | | | | |
| e | | <u> </u> | l | | | | |
| (e) Gross sales pnce (f) Depreciation allowed (g) Cost or other but or allowable) plus expense of s | | | | | Gain or (loss) is (f) minus (g) | | |
| _a 106 | | | | | 106 | | |
| <u>b</u> | | | | | | | |
| <u> </u> | | | | | | | |
| _d | | | | | | | |
| Complete only for appete chayens | gain in column (b) and award by the four | ndation on 12/21/60 | | ļ- - | | | |
| Complete only for assets snowing | gain in column (h) and owned by the fou | T | | | Col (h) gain minus not less than -0-) or | | |
| (i) F M V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | ss of col (i) (j), if any | | (from col (h)) | | |
| <u>a</u> | | | | | 106 | | |
| b | | | | | | | |
| С | | | | | | | |
| | | | - · · · · · · · · · · · · · · · · · | | | | |
| _ e | | <u> </u> | | | | | |
| 2 Capital gain net income or (net ca | pital loss) If gain, also enter in If (loss), enter -0- in | | | 2 | 2 106 | | |
| 3 Net short-term capital gain or (los | s) as defined in sections 1222(5) and (6) | | | | | | |
| If gain, also enter in Part I, line 8, | column (c) (see pages 13 and 17 of the i | nstructions). | | | | | |
| If (loss), enter -0- in Part I, line 8 | | | | 3 | | | |
| | <u>nder Section 4940(e) for Reduc</u> | | | me | | | |
| (For optional use by domestic private | foundations subject to the section 4940(a | i) tax on net investme | ent income) | | | | |
| If section 4940(d)(2) applies, leave this | s part blank | | | | | | |
| Was the foundation liable for the secti | on 4942 tax on the distributable amount o | of any year in the basi | e penod? | | X Yes No | | |
| | fy under section 4940(e) Do not complete | | | | | | |
| | ach column for each year, see page 18 o | . | ore making any entre | <u> </u> | | | |
| (a) | (b) | | (c) | | (d) | | |
| Base period years Calendar year (or tax year beginning | Administration of the district of the second | ns Net value | of noncharitable-use as: | | Distribution ratio b) divided by col. (c)) | | |
| 2009 | | | | | <u> </u> | | |
| 2008 | | | | | | | |
| 2007 | | | | | | | |
| 2006 | | | | | | | |
| 2005 | | | | | <u> </u> | | |
| | | | | | | | |
| 2 Total of line 1, column (d) | · | | | 2 | | | |
| 3 Average distribution ratio for the 5 | s-year base penod—divide the total on lin | e 2 by 5, or by the | | | | | |
| number of years the foundation ha | as been in existence if less than 5 years | | • | 3 | | | |
| | | _ | | | | | |
| 4 Enter the net value of nonchantat | ele-use assets for 2010 from Part X, line s | 5 | | 4 | | | |
| | | | | 1 - 1 | | | |
| 5 Multiply line 4 by line 3 | | • | | 5 | | | |
| 6 Fate 400 of each a set and a set | - (40) - (D- + 1 07) | | | | | | |
| 6 Enter 1% of net investment incom | ie (1% of Part I, line 2/b) | • | • | . 6 | | | |
| 7 Add lines 5 and 6 | | | | 7 | | | |
| | •• | | | | | | |
| 8 Enter qualifying distributions from | Part XII, line 4 | | | 8 | | | |
| · | line 7, check the box in Part VI, line 1b, | and complete that par | rt using a 1% tax rate | . See the | | | |
| Part VI instructions on page 18 | | | | | | | |

| Form | 990-PF (2010) HECKART FAMILY FOUNDATION 43-6425549 | | | P | age 4 |
|---|---|------------|----|-----|------------|
| Pa | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst | tructions) | | | |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 | | | | |
| | Date of ruling or determination letter. (attach copy of letter if necessary—see instructions) | | | | |
| þ | Domestic foundations that meet the section 4940(e) requirements in Part V, check | 1 | | | <u>723</u> |
| here ▶ ☐ and enter 1% of Part I, line 27b | | | | | |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of | | | | • |
| | Part I, line 12, col. (b). | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | 2 | | | |
| 3 | Add lines 1 and 2 | 3 | | | 723 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | C |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | 5 | | | 723 |
| 6 | Credits/Payments: | | | | |
| а | 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 780 | | | | |
| b | Exempt foreign organizations—tax withheld at source 6b | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) 6c | | | | |
| d | Backup withholding erroneously withheld 6d 6d | | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | | | 780 |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | 57 |
| 11 | Enter the amount of line 10 to be Credited to 2011 estimated tax > 57 Refunded > | 11 | | | |
| Pŧ | rt VII-A Statements Regarding Activities | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | | Yes | No |
| | participate or intervene in any political campaign? | | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 | | | | |
| | of the instructions for definition)? | | | | |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | | | |
| | published or distributed by the foundation in connection with the activities | | | | |
| С | Did the foundation file Form 1120-POL for this year? | | 1c | | x |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | ï | | |
| | (1) On the foundation ▶ \$ (2) On foundation managers ▶ \$ | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | |
| | on foundation managers > \$ | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | | x |
| | If "Yes," attach a detailed description of the activities. | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | | | |
| _ | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | 3 | | x |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | | X |
| ь | If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | -1, -2 | 5 | | Х |
| _ | If "Yes," attach the statement required by General Instruction T. | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | | |
| | By language in the governing instrument, or | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | | |
| | conflict with the state law remain in the governing instrument? | | 6 | x | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | | 7 | X | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see page 19 of the | | · | | |
| | instructions) ► NONE | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | | |
| - | (or designate) of each state as required by General Instruction G? If "No," attach explanation | | 8b | x | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | ••• | 70 | | |
| - | 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page | | | | |
| | 27)? If "Yes," complete Part XIV | | 9 | | x |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | | |
| . • | names and addresses | | 10 | | x |
| | | | 10 | | _== |

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

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2010?

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 2010.)

Form 990-PF (2010)

X

3b

4a

4b

N/A

| <u>Form</u> | 990-PF (2010) HECKART FAMILY FOUNDATION | 43- | 6425549 | | | Page 6 |
|-------------|--|------------------------------------|---------------------|--|----------|-----------------------------|
| Pa | rt VII-B Statements Regarding Activities for Which F | orm 4720 May Be R | equired (conti | nued) | | |
| 5a | During the year did the foundation pay or incur any amount to. | | | | | |
| | (1) Carry on propaganda, or otherwise attempt to influence legislation (sec | tion 4945(e))? | \Box | res 🗓 No | | |
| | (2) Influence the outcome of any specific public election (see section 4955 |), or to carry on, | _ | | | |
| | directly or indirectly, any voter registration drive? | | \sqcap | res 🗓 No | | |
| | (3) Provide a grant to an individual for travel, study, or other similar purpos | es? | Ħ, | res 🗓 No | | |
| | (4) Provide a grant to an organization other than a charitable, etc., organization | • • | | | | |
| | section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the | | | res X No | | |
| | (5) Provide for any purpose other than religious, chantable, scientific, litera | | | | | |
| | purposes, or for the prevention of cruelty to children or animals? | • | Π, | res X No | | |
| ь | If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify | under the exceptions des | | | | |
| | Regulations section 53 4945 or in a current notice regarding disaster assist | • | | N/A | 5b | İ |
| | Organizations relying on a current notice regarding disaster assistance che | · | | · • [] | | |
| c | If the answer is "Yes" to question 5a(4), does the foundation claim exemption | | • | | | |
| · | because it maintained expenditure responsibility for the grant? | on nom the tax | N/A 🗌 . | res No | | |
| | If "Yes," attach the statement required by Regulations section 53 4945-5(d) | | 11/11 | ies 140 | | |
| 6- | · - | | | | | |
| 6a | Did the foundation, during the year, receive any funds, directly or indirectly, | to pay premiums | г, | res 🗓 No | | |
| | on a personal benefit contract? | | | res X No | | . |
| b | Did the foundation, during the year, pay premiums, directly or indirectly, on | a personal benefit contrac | .t.> | | 6b | X |
| _ | If "Yes" to 6b, file Form 8870 | | . | . v | | |
| | At any time during the tax year, was the foundation a party to a prohibited to | | | res X No | _ | |
| | If Yes, did the foundation receive any proceeds or have any net income attr | | | N/A | 7b | |
| Pa | Information About Officers, Directors, Trustee | s, Foundation Mana | agers, Highly I | aid Employe | es, | |
| | and Contractors | | | | | |
| 1 L | ist all officers, directors, trustees, foundation managers and their com | pensation (see page 22 o | of the instructions | 1 | 1 | - |
| | | (b) Title, and average | (c) Compensation | (d) Contributions to employee benefit | (e) Evo | ense account, |
| | (a) Name and address | hours per week devoted to position | (If not paid, enter | plans and deferred | | allowances |
| | | | | compensation | ļ | |
| SU | E HECKART SEDALIA | TRUSTEE | | 1 | | |
| 31 | 02 SKYLINE DRIVE MO 65301 | 10.00 | 0 | 0 |) | |
| | | | | | | |
| | | | | | ļ | |
| | | | İ | 1 | | |
| | | | | | ļ | |
| | | | 1 | | | |
| | | | 1 | | <u> </u> | |
| 2 | Compensation of five highest-paid employees (other than those include | ded on line 1 — see page | e 23 of the instruc | tions). | | |
| | If none, enter "NONE." | | ··· | | | |
| | | (b) Title, and average | | (d) Contributions to | ļ,,,,,, | |
| | (a) Name and address of each employee paid more than \$50,000 | hours per week | (c) Compensation | employee benefit plans and deferred | | ense account, allowances |
| | | devoted to position | | compensation | | |
| NO | NE | | | | | |
| | | | 1. | | L | |
| | | | | | | |
| | • |] | | | | |
| | | | 1 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| [otal | I number of other employees paid over \$50,000 | | | | | |

| | -6425549 | | Page 7 | | |
|---|---|-------------|--------|--|--|
| Part VIII Information About Officers, Directors, Trustees, Foundation Main and Contractors (continued) | nagers, Highly Paid Em | ployees, | | | |
| 3 Five highest-paid independent contractors for professional services (see page 23 of the inst | ructions). If none, enter "NO | NE." | | | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compens | ation | | |
| NONE | , | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| otal 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 chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | | | | | |
| 1 N/A | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| Part IX-B Summary of Program-Related Investments (see page 24 of the | instructions) | | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | | Amount | | | |
| 1 N/A | | 7 WHOGH | | | |
| 2 | | | | | |
| All other program-related investments See page 24 of the instructions 3 | | | | | |
| · | | | | | |

Form **990-PF** (2010)

Total. Add lines 1 through 3

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Form **990-PF** (2010)

467,386

5

6

| Pa | rt XIII Undistributed Income (see page 26 of t | he instructions) | | | |
|----------|--|---|---------------------|--|---|
| | • | (a) | (b) | (c) | (d) |
| 1 | Distributable amount for 2010 from Part XI, | Corpus | Years prior to 2009 | 2009 | 2010 |
| | line 7 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 69,461 |
| 2 | Undistributed income, if any, as of the end of 2010: | | | | |
| | Enter amount for 2009 only | | | | |
| | Total for prior years. 20 , 20 , 20 | | | | |
| 3 | Excess distributions carryover, if any, to 2010. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| а | From 2005 | | | | |
| b | From 2006 | | | | , |
| С | From 2007 | | | | |
| d | From 2008 219,468 | | | | |
| е | From 2009 351,270 | | | | |
| f | Total of lines 3a through e | 570,738 | | | |
| 4 | Qualifying distributions for 2010 from Part XII, | | | | |
| | line 4. ▶ \$ 467,386 | | | | |
| а | Applied to 2009, but not more than line 2a | | | dana | ,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |
| b | Applied to undistributed income of prior years | | | | |
| | (Election required—see page 26 of the instructions) | | | ,, <u>,</u> | |
| С | Treated as distributions out of corpus (Election | | | | |
| | required—see page 26 of the instructions) | | | ······ | |
| đ | Applied to 2010 distributable amount | | | | 69,461 |
| е | Remaining amount distributed out of corpus | 397,925 | | | |
| 5 | Excess distributions carryover applied to 2010 | | | | |
| | (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: | 060 660 | | | |
| a | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 968,663 | | | |
| 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 | | | | |
| ч | Subtract line 6c from line 6b Taxable | | | - HIP HITT HIP | |
| • | amount—see page 27 of the instructions | | | | |
| e | Undistributed income for 2009 Subtract line | | | | |
| _ | 4a from line 2a. Taxable amount—see page | | | | |
| | 27 of the instructions | | | | |
| f | Undistributed income for 2010 Subtract lines | | | | |
| | 4d and 5 from line 1 This amount must be | | | | |
| | distributed in 2011 | | ******* | ###################################### | 0 |
| 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 2005 not | | | | |
| | applied on line 5 or line 7 (see page 27 of the | | | | |
| | instructions) | | | | |
| 9 | Excess distributions carryover to 2011. | | | | |
| | Subtract lines 7 and 8 from line 6a | 968,663 | | | |
| 10 | Analysis of line 9 ⁻ | | | | |
| a | Excess from 2006 | 1 | | | |
| b | Excess from 2007 | 1 | | | |
| C | Excess from 2008 219,468 | 1 | | | |
| d | Excess from 2009 351,270 Excess from 2010 397,925 | 1 | | | |
| <u>e</u> | Excess from 2010 397, 925 | <u> </u> | l | <u> </u> | L |

| Pa | art XIV Private Operating Fou | indations (see p | page 27 of the instr | uctions and Part | VII-A, question 9) | | |
|-----|--|--------------------------|------------------------------|---|----------------------|---------------------------------------|--|
| 1a | If the foundation has received a ruling or d | etermination letter that | at it is a private operating |] | | | |
| | foundation, and the ruling is effective for 2010, enter the date of the ruling | | | | | | |
| b | Check box to indicate whether the foundation | ion is a private opera | ting foundation describe | d in section | 1942(J)(3) or 4942 | (i)(5) | |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | | |
| | income from Part I or the minimum | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total | |
| | investment return from Part X for | <u>`</u> | | , | 1 | | |
| | each year listed | | | | | | |
| ь | 85% of line 2a | | | | | | |
| c | Qualifying distributions from Part XII, | | | | | | |
| ٠ | line 4 for each year listed | | | | | | |
| a | Amounts included in line 2c not used directly | | | | - | | |
| d | | | 1 | | | | |
| _ | for active conduct of exempt activities | | | | - | | |
| е | Qualifying distributions made directly | | | | | | |
| | for active conduct of exempt activities. | | | | | | |
| | Subtract line 2d from line 2c | | | | <u> </u> | | |
| 3 | Complete 3a, b, or c for the | | | | | | |
| | alternative test relied upon | | | | | | |
| а | "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 | | |
| | (1) Total support other than gross | | | | | | |
| | investment income (interest, | | | | 1 | | |
| | 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 | | | | | | |
| Pa | art XV Supplementary Inform | ation (Complete | e this part only if t | he foundation ha | ad \$5.000 or more i | n assets at | |
| | any time during the ye | ar—see page 2 | 8 of the instruction | ns.) | . , | | |
| 1 | Information Regarding Foundation Mar | | | | · - | | |
| а | List any managers of the foundation who h | nave contributed more | e than 2% of the total cor | ntributions received by | the foundation | | |
| | before the close of any tax year (but only i | f they have contribute | ed more than \$5,000) (S | ee section 507(d)(2)) | | | |
| | N/A | | | | | | |
| b | List any managers of the foundation who | own 10% or more of the | he stock of a corporation | (or an equally large p | ortion of the | | |
| | ownership of a partnership or other entity) | | | | | | |
| | N/A | | ŭ | | | | |
| 2 | Information Regarding Contribution, G | rant, Gift, Loan, Sch | olarship, etc., Program | is: | | | |
| | Check here ▶ X if the foundation only | | | | es not accept | | |
| | unsolicited requests for funds If the found | | | - | • | | |
| | organizations under other conditions, com | | , , - | | | | |
| а | The name, address, and telephone number | | | ne addressed | · | · | |
| • | SUE HECKART | or the person to with | ioni applications snould t | oc addicased | | | |
| | 903 S. OHIO SEDALIA | MO 65301 | | | | | |
| h | | | ation and materials their | should include | | | |
| b | The form in which applications should be s N/A | SUDMINICU AND INIOMIC | auon anu matenais tney | anoulo include | | | |
| | Any submission deadlines: | | | | | | |
| C | N/A | | | | | | |
| ابر | | ush on hu soccession | nol arone, sheritable 5-1-1 | a kinda afimatikutu | os othor | | |
| d | Any restrictions or limitations on awards, s | uch as by geographic | cai areas, chantable field | is, kinas ot institutions, | , or other | | |
| | factors. N/A | | | | | | |
| | | | | | | | |

Page 11

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year SEE STATEMENT 9 466,850 **▶** 3a 466,850 Total **b** Approved for future payment N/A Total ▶ 3b

| | Part XVI-A | | Í | 46 | T Contrate | 15 | (-) |
|----|---------------|---|----------------------|------------------------|------------------|-------------------------------|---------------------------------------|
| ۲n | ter gross amo | unts unless otherwise indicated. | Unrelate | d business income | Excluded | d by section 512, 513, or 514 | (e) Related or exempt |
| | • | | (a) Business code | (b) Amount | (c) Exclusion | (d) Amount | function income |
| 1 | Program ser | vice revenue | business code | Amount | code | Amount | (See page 28 of the instructions) |
| • | _ | | | | _~~ | | |
| | | | | | <u> </u> | | |
| | | | | | | | |
| | <u></u> | | | | | | |
| | | | | | | | |
| | f | | | | | | |
| | g Fees an | d contracts from government agencies | | | | | |
| 2 | Membership | dues and assessments . | | | | | |
| 3 | Interest on s | avings and temporary cash investments | | | 14 | 22,719 | |
| 4 | Dividends ar | nd interest from securities . | 1000 Hills 1000 1 | | 14 | 19,893 | · · · · · · · · · · · · · · · · · · · |
| 5 | Net rental in | come or (loss) from real estate | | | | | |
| | a Debt-fin | anced property . | | | | | |
| | | t-financed property | | | <u> </u> | | |
| | | come or (loss) from personal property | | | | | |
| 7 | Other invest | | | | | | |
| 8 | • | s) from sales of assets other than inventory | | | | | 165,764 |
| | | or (loss) from special events | | | | | ·-·- |
| | | or (loss) from sales of inventory | | | | | |
| 11 | | ne. a | | | | | |
| | | | | | - | | |
| | | | | | | | |
| | | | _ | | <u> </u> | | |
| 12 | | d columns (b), (d), and (e) | _ | | 0 | 42,612 | 165,764 |
| | | ne 12, columns (b), (d), and (e) | • | | <u> </u> | 13 | |
| | | in line 13 instructions on page 29 to verify calculat | ions) | | | | |
| | art XVI-B | | | ent of Exempt P | urposes | 6 | |
| | Line No. | Explain below how each activity for which incom | | | | | |
| | ▼ | accomplishment of the foundation's exempt pur | poses (other than b | by providing funds for | such purpo | oses) (See page 29 of | the |
| _ | | instructions) | | | | | |
| | N/A | | | | | | |
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SHAWNEE, KS 66217

| orm 990~ | PF (2010) FL | CKAKT E | AMILI | LOONDATIC | N | 43-64 | 123349 | | | Pag | e 13 |
|-----------------|---|----------------------------|------------------|------------------------|-----------------------|-----------------------------|-------------------|---|-------------|--------------|------|
| Part X | | nation Rega pt Organiza | _ | nsfers To and | Transaction | ns and Relation | ships Witl | n Noncharitable | ! | | |
| 1 Did 1 | | | | in any of the follow | ving with any other | er organization desc | nbed | | | Yes | No |
| • | | | | | | on 527, relating to p | | | | | |
| orga | nizations? | | | | | | | | | | |
| a Tran | sfers from the r | eporting founda | ation to a none | chantable exempt | organization of | | | | | | |
| (1) | Cash | | | | ••• | | | | 1a(1) | | X |
| (2) | Other assets | | | | ••• | | | • | 1a(2) | | X |
| b Othe | er transactions: | | | | • | • | • | | | | |
| (1) | Sales of assets | to a nonchanta | ble exempt or | rganization | | | | | 16(1) | | X |
| (2) | Purchases of as | sets from a no | nchantable ex | empt organization | l . | | | • | 1b(2) | | Х |
| (3) | Rental of facilitie | es, equipment, | or other asset | ts | • | | | · | 1b(3) | | X |
| (4) | Reimbursement | arrangements | | | | | • | | 1b(4) | | X |
| (5) | Loans or loan gi | uarantees | | | | | · | • | 1b(5) | | X |
| (6) | Performance of | services or me | mbership or f | undraising solicitat | tions | | | | 1b(6) | | X |
| c Shar | ring of facilities, | equipment, ma | iling lists, oth | er assets, or paid e | employees | | | | 1c | | Х |
| d If the | answer to any | of the above is | "Yes," compl | ete the following s | chedule Column | (b) should always s | how the fair m | arket | | | |
| valu | e of the goods, | other assets, or | r services give | en by the reporting | foundation If the | e foundation receive | d less than fai | r market | | | |
| valu | e in any transac | tion or sharing | arrangement, | show in column (e | d) the value of th | e goods, other asset | s, or services | received | | | |
| (a) Line | e no (b) Ar | mount involved | (c) Name | of noncharitable exen | npt organization | (d) Description | of transfers, tra | nsactions, and sharing | arrange | ments | |
| A\N | | | | | | | | | | | |
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| | | | L | | | | | | | | _ |
| 2a Is th | e foundation dire | ectly or indirect | ly affiliated wi | th, or related to, or | ne or more tax-ex | cempt organizations | | | _ | | |
| desc | cribed in section | 501(c) of the C | Code (other th | an section 501(c)(| 3)) or in section (| 527? | | | Ye | s X | No |
| b if "Y | es," complete th | e following sch | edule. | | | T | | | | _ | |
| | <u>`</u> | f organization | | (b) Type of o | rganization | | (c) Descrip | tion of relationship | | | |
| N/A | <u> </u> | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | \mathcal{A} | | | | | | | | | |
| | \sim | / | | | | | | | | | |
| | Under penalties of belief, it is true, co | perjupy, I declare | that I have exa | mined this return, inc | luding accompanyi | ng schedules and stater | nents, and to the | e best of my knowledge preparer has any know | and | | |
| Sign | beller, it is the, co | | te Declaration | Ot preparer (other tha | in taxpayer or flouci | lary) is based on all illio | | (0) | _ | _ | |
| Here | XXXIII | Weck! | | <u>-</u> | 05 | <i> 14 11</i> | XIKU | STEE TRESU | <u>)5N]</u> | | |
| \bot | / ` | officer or trustee | | | Da y t | · / / | Title | | | | |
| | Print/Type preparent | arer's name | | | Preparer's signa | ture | | Date | | Check | X ıf |
| Paid | | | | | | | in / | RI | | self-emp | |
| | LEON C. I | | | | 1 0 19 | a C | - jun | 05/12 | | | |
| Jse Only | Firm's name | LEON | LOGAN, | CPA, PA | | | - | | .287 | | |
| | Firm's address | ▶ 7070 | RENNER | RD STE 2 | :U4 | | | Firm's EIN ▶ 20- | 146 | <u> 362:</u> | 3 |

913-631-9800

Phone no

2490 HECKART FAMILY FOUNDATION

43-6425549

FYE: 12/31/2010

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

| | | Net Gain / Loss | 157,231 | 8,427 | 165,658 |
|-----|-------------|--------------------|------------------------|---------------------|------------|
| | | I | ᡐ | ļ | ç, ∥ |
| | | Depreciation | | | 0 |
| | | 1 | የ ን | 1 | & ○ |
| | | Expense | | | |
| | | | \cdot | | \^" |
| | | Cost | 282,567 | 97,447 | 380,014 |
| How | Received | Sale Price | PURCHASE 439,798 \$ | PURCHASE 105,874 | 545,672 \$ |
| | | Date Sold | 1/01/08 12/31/10 \$ | 1/01/10 12/31/10 | , M |
| | Description | Date Acquired | 1/01/08 | 1/01/10 | |
| | | Whom Sold | LONG TERM SALES | SHORT TERM SALES | TOTAL |

| | Charitable Purpose | \$ | 8 |
|--|-----------------------|---|-------|
| ing Fees | Adjusted Net | S | \$ |
| irm 990-PF, Part I, Line 16b - Accounting Fees | Net estment | 5,634 | 6,359 |
| art I, Line | Inv | ഗ | w |
| orm 990-PF, P | Total | 5,634 725 | 6,359 |
| statement 2 - F | 1 | w | w. |
| State | Description | ACCOUNT MANAGEMENT FEES TAX PREPARATION | TOTAL |

| Charitable Purpose | S | \$ |
|-----------------------|--------------------|---------|
| Adjusted Net | \$ | \$ |
| Net Investment | 186 | 186 |
| | ۍ ا | ςς. |
| Total | 186 | 186 |
| | ς, | ς, I |
| Description | FOREIGN TAXES PAID | TOTAL |

Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

| 2490 HECKART FAMILY FOUNDATION 43-6425549 FYE: 12/31/2010 | Federal S | Federal Statements | | 5/12/2011 11:12 AM. |
|---|-------------------------|---|-----------------|-----------------------|
| Statem | lent 4 - Form 990-PF, F | Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses | xpenses | • |
| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
| | v. | ৵ | <i>ა</i> | S |
| SEDALIA DEMOCRAT - CIVID AD TOTAL | \$ 536 | \$ | \$ | \$ 536 |
| | | | | |
| | | | | |
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| | | | | |
| | | | | 4 |

2490 HECKART FAMILY FOUNDATION 43-6425549 Federal Statements

43-6425549

FYE: 12/31/2010

TOTAL

| Description | | | | | | | |
|---------------------------|------------|----------------------|-------|-----------------|-----------------------|------------|----------------------|
| | _ | Beginning of Year | _ | End of Year | Basis of Valuation | _ | Fair Market Value |
| U.S. GOVT AGENCIES | \$ | 384,802 | ċ | 371,936 | COST | \$ | 389,998 |
| TOTAL | ۶_ \$_ | 384,802 | | 371,936 | COST | ۶_ \$_ | 389,998 |
| Statement 6 - Forn | n 990-PF, | Part II, Line 10t | o - C | orporate Stoc | k Investme | <u>nts</u> | |
| Description | | | | | | | |
| | _ | Beginning of Year | | End of Year | Basis of Valuation | _ | Fair Market Value |
| CORPORATE STOCKS | \$ | 563,180 | c | 546,488 | COST | \$ | 791,675 |
| UNSETTLED TRADES | Ÿ | · | Ÿ | · | | Y | · |
| | _ | 5,151 | | 4,448 | COST | _ | 4,448 |
| TOTAL | \$_ | 568,331 | \$_ | 550,936 | | \$_ | 796,123 |
| Statement 7 - Forn | n 990-PF, | Part II, Line 10 | c - C | orporate Bon | d Investme | <u>nts</u> | |
| Description | | | | | | | |
| | _ | Beginning of Year | | End of Year | Basis of Valuation | _ | Fair Market Value |
| CORPORATE BONDS | \$ | 53,128 | \$ | 74,842 | СОЅТ | Ś | 80,180 |
| TOTAL | \$_ \$_ | 53,128 | \$ | 74,842 | | \$_ | 80,180 |
| Statement | 8 - Form | 990-PF, Part III, | Lin | e 3 - Other Inc | reases | | |
| Descri | ption | | | | Amount | | |
| FEDERAL INCOME TAX REFUND | | | | <u> </u> | 2,53 | 5 | |

\$ 2,535

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2490 HECKART FAMILY FOUNDATION

Federal Statements

Federal

43-6425549 FYE: 12/31/2010

| Statement 9 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year |
|---|
|---|

| Address Relationship Siatus Purpose LITA SCHOLDSTR #200 NONE EXEMPT BUILDING FUND SEDALIA MO 65301 NONE EXEMPT BUILDING FUND SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION LIA SCHOLDSR REW NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION SON WHEELS SCHALLA MO 65301 NONE EXEMPT CONTRIBUTION SON WHEELS SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION A GTILLS CLUB NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION PAR CHRISTIAN YTH HW NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION PAR CHRISTIAN YTH HW NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 | Name | Address | | | |
|--|---------------------------------------|--------------|--------|----------------|---------|
| Color Colo | Address | Relationship | Status | Purpose | Amount |
| 15, | DISTR MO 653 | NONE | EXEMPT | BUILDING FUND | 350,000 |
| SEPALTA NO 65301 | _ | NONE | EXEMPT | STEINWAY PIANO | 15,000 |
| NONE EXEMPT CONTRIBUTION | %01 %01 | NONE | EXEMPT | CONTRIBUTION | 250 |
| SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBU | ITA DAY NURSERY SEDALIA MO 65301 | NONE | EXEMPT | CONTRIBUTION | 250 |
| CONTRIBUTION | | NONE | EXEMPT | CONTRIBUTION | 250 |
| NONE EXEMPT CONTRIBUTION | & GIKLS SEDALIA | NONE | EXEMPT | CONTRIBUTION | 250 |
| DOOR BENEW MINISTRY DOOR BENEW MINISTRY EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION -ME CHRISTIAN YTH HM NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION SULTY SANTA EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT MEMORIAL | ITAT FOR HUMANITY SEDALIA MO 65301 | NONE | EXEMPT | CONTRIBUTION | 250 |
| NONE SEEMPT CONTRIBUTION | SEDALIA MO | NONE | EXEMPT | CONTRIBUTION | 250 |
| TABLE CHRISTIAN TITH HW NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION UNITY SANTA SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION ERS AGAINTY METH NONE EXEMPT CONTRIBUTION ED WAY EXEMPT CONTRIBUTION 50, ED WAY EXEMPT CONTRIBUTION 50, CONTRIBUTION NONE EXEMPT CONTRIBUTION 50, CAL BAPTIST CHURCH NONE EXEMPT MEMORIAL 50, ANY BAPTIST CHURCH NONE EXEMPT MEMORIAL 50, SEDALIA MO 65301 NONE EXEMPT MEMORIAL 50, | | NONE | EXEMPT | CONTRIBUTION | 250 |
| SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION ERS AGAINST METH NONE EXEMPT CONTRIBUTION SEDALIA MO 65301 NONE EXEMPT CONTRIBUTION POWER TO TRANSFORM NONE EXEMPT CONTRIBUTION PANT HARVEST WC SEDALIA MO 65301 NONE EXEMPT MEMORIAL OCH BAPTIST CHURCH NONE EXEMPT MEMORIAL MEMORIAL SEDALIA MO 65301 NONE EXEMPT MEMORIAL SANY BAPTIST CHURCH NONE EXEMPT MEMORIAL SANY BAPTIST CHURCH NONE EXEMPT MEMORIAL | -ME CHRISTIAN YTH SEDALIA MO 65301 | NONE | EXEMPT | CONTRIBUTION | 200 |
| 65301 NONE EXEMPT CONTRIBUTION 65301 NONE EXEMPT CONTRIBUTION RANSFORM CONTRIBUTION 50, 65301 NONE EXEMPT CONTRIBUTION 50, CHURCH NONE EXEMPT MEMORIAL 50, CHURCH NONE EXEMPT MEMORIAL 50, CHURCH NONE EXEMPT MEMORIAL 50, | SEDALIA MO | NONE | EXEMPT | CONTRIBUTION | 200 |
| METH METH CONTRIBUTION 50, 65301 NONE EXEMPT CONTRIBUTION 50, RANSFORM NONE EXEMPT CONTRIBUTION 50, CHURCH NONE EXEMPT MEMORIAL 50, CHURCH NONE EXEMPT MEMORIAL CHURCH NONE EXEMPT MEMORIAL CHURCH NONE EXEMPT MEMORIAL | | NONE | EXEMPT | CONTRIBUTION | 150 |
| 1 NONE EXEMPT CONTRIBUTION 50, 1 NONE EXEMPT MEMORIAL 50, 1 NONE EXEMPT MEMORIAL 50, 1 NONE EXEMPT MEMORIAL 60, 1 NONE EXEMPT MEMORIAL 60, 1 NONE EXEMPT MEMORIAL 60, | | NONE | EXEMPT | CONTRIBUTION | 200 |
| FORM 1 NONE EXEMPT CONTRIBUTION 50, 1 NONE EXEMPT MEMORIAL 1 NONE EXEMPT MEMORIAL 1 NONE EXEMPT MEMORIAL 1 NONE | FED WAY SEDALIA MO 65301 | NONE | EXEMPT | CONTRIBUTION | 350 |
| 1 NONE EXEMPT MEMORIAL 1 NONE EXEMPT MEMORIAL RCH RCH 1 NONE EXEMPT MEMORIAL | SEDALIA MO 65301 | NONE | EXEMPT | CONTRIBUTION | 20,000 |
| CHURCH 65301 NONE EXEMPT MEMORIAL CHURCH 65301 NONE EXEMPT MEMORIAL | SEDALIA MO 65301 | NONE | EXEMPT | MEMORIAL | 100 |
| CHURCH 65301 NONE EXEMPT MEMORIAL | • | NONE | EXEMPT | MEMORIAL | 250 |
| | w. | NONE | EXEMPT | MEMORIAL | 200 |

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Statement 9 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

| | - | | | | | • | | | | | | | | | | | | | | |
|------------------|---------|--------------|--|--------------------------------------|---|----------|--|--|---|--------------------------------------|------------------|--|--|--|---|---|----------|----------|----------|--|
| | | Amount | 250 | 250 | 700 | 700 | 350 | 200 | 750 | 250 | 250 | 850 | 350 | 200 | 250 | 250 | 200 | 009 | 200 | 250 |
| | | Purpose | | | | | | | | | | | | | | | | | | |
| (pan | | | MEMORIAL | MEMORIAL | MEMORIAL | MEMORIAL | MEMORIAL | MEMORIAL | MEMORIAL | MEMORIAL | MEMORIAL | MEMORIAL | MEMORIAL | MEMORIAL | MEMORIAL | MEMORIAL | MEMORIAL | MEMORIAL | MEMORIAL | MEMORIAL |
| Year (continued) | | Status | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT | EXEMPT |
| | Address | Relationship | NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | Name | Address | BETHEL ASSEMBLY OF GOD SEDALIA MO 65301 | BOTHWELL HOSPICE SEDALIA MO 65301 | BROADWAY BAPTIST CHURCH SEDALIA MO 65301 | - 3 | CALVARY BAPTIST CHURCH SEDALIA MO 65301 | CHILDREN'S THERAPY CTR SEDALIA MO 65301 | CHKIST & TKINITY LUTHEKAN SEDALIA MO 65301 | CHURCH OF JC LDS SEDALIA MO 65301 | SEDALIA MO 65301 | EAST SEDALIA BAPTIST CHC SEDALIA MO 65301 | EPWORTH UNITED METHODIST SEDALIA MO 65301 | FAITH BAPTIST CHURCH SEDALIA MO 65301 | FIRST ASSEMBLY OF GOD SEDALIA MO 65301 | FIRST BAPTIST BEREAVEMENT SEDALIA MO 65301 | | | | FREE WILL BAPTIST CHURCH SEDALIA MO 65301 |

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Statement 9 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

| Name | Address | | | |
|---|--------------|----------|--|--------|
| Address | Relationship | Status | Purpose | Amount |
| | | | | 7 |
| SEDALIA MO 65301 GREEN RIDGE PRESRYTERIAN | NONE | EXEMPT | MEMORIAL | 001 |
| SEDALIA MO 65301 | NONE | EXEMPT | MEMORIAL | 250 |
| | | | | i i |
| _ | NONE | EXEMPT | MEMORIAL | 250 |
| HUGHESVILLE BAFILSI CHUKC SEDALTA MO 65301 | NON | EXEMPT | MEMORIAL | 250 |
|) } | | | | , |
| 65301 | NONE | EXEMPT | MEMORIAL | 250 |
| _ | | | 1 | i i |
| | NONE | EXEMPT | MEMORIAL | 250 |
| LIGHTHOUSE CHRISTIAN ACAD | EINOM | E C 20 | TATOMEN | 0.70 |
| TOSCO OF HIMPING COSCI | | EAEM'F 1 | HERONIAL | 000 |
| | NONE | EXEMPT | MEMORIAL | 700 |
| MT HERMAN CEMETERY | | | | 1 |
| SEDALIA MO 65301 | NONE | EXEMPT | MEMORIAL | 250 |
| NEW BETHEL UNITED METHODI | | | | |
| | NONE | EXEMPT | MEMORIAL | 250 |
| NEW HOPE BAPTIST CHURCH | | | | |
| SEDALIA MO 65301 | NONE | EXEMPT | MEMORIAL | 750 |
| OTTERVILLE PRESBYTERIAN | | | | |
| | NONE | EXEMPT | MEMORIAL | 100 |
| OUR SAVIOR LUTHERAN | | | | (|
| SEDALIA MO 65301 | NONE | EXEMPT | MEMORIAL | 200 |
| PAKKVIEW CHKISTIAN | | | , () () () () () () () () () () () () () | C |
| SEDALIA MO 65301 | NON | EXEMPT | MEMOKIAL | 720 |
| PLEASANT HILL CEMETERY | | | + | C C |
| | NON | EXEMPT | MEMOKIAL | 200 |
| PLEASANT HILL UNITED METH | | | + + + + + + + + + + + + + + + + + + + | 0 |
| SEDALIA MO 65301 | NON E | LARWEI | MEMOKIAL | 000 |
| FROVIDENCE CENTERAL | NONE | TOME YE | MEMODIAL | 250 |
| REBEKAH TONGE | | | |) |
| SEDALIA MO 65301 | NONE | EXEMPT | MEMORIAL | 250 |
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| It 9 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the | Year (continued) |
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| | |

| Name | Address | | | |
|---------------------------|--------------|--------|--------------|---------|
| Address | Relationship | Status | Purpose | Amount |
| SALEM CEMETERY | | | | |
| SEDALIA MO 65301 | NONE | EXEMPT | MEMORIAL | 250 |
| SHOW-ME HONOR FLIGHT | | | | |
| SEDALIA MO 65301 | NONE | EXEMPT | MEMORIAL | 250 |
| ST PATRICK CHURCH | | | | |
| SEDALIA MO 65301 | NONE | EXEMPT | MEMORIAL | 250 |
| VFW AUXILIARY | | | | |
| SEDALIA MO 65301 | NONE | EXEMPT | MEMORIAL | 250 |
| VFW POST 2591 | | | | |
| SEDALIA MO 65301 | NONE | EXEMPT | MEMORIAL | 850 |
| WESLEY UNITED METHODIST | | | | |
| SEDALIA MO 65301 | NONE | EXEMPT | MEMORIAL | 200 |
| WORSHIP HOUSE | | | | |
| SEDALIA MO 65301 | NONE | EXEMPT | MEMORIAL | 250 |
| BOTHWELL REGIONAL HLTH CT | | | | |
| SEDALIA MO 65301 | NONE | EXEMPT | CONTRIBUTION | 30,000 |
| 4-H HORSEMANSHIP PROGRAM | | | | |
| SEDALIA MO 65301 | NONE | EXEMPT | MEMORIAL | 250 |
| FIRST HISPANIC BAPTIST CH | | | | |
| SEDALIA MO 65301 | NONE | EXEMPT | MEMORIAL | 350 |
| GRANITE LODGE #272 | | | | |
| SEDALIA MO 65301 | NONE | EXEMPT | MEMORIAL | 250 |
| SACRED HEART CHURCH | | | | |
| SEDALIA MO 65301 | NONE | EXEMPT | MEMORIAL | 750 |
| TOTAL | | | | 466,850 |