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

► Do not enter Social Security numbers on this form as it may be made public.

2013

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

► Information about Form 990-PF and its separate instructions is at www.irs gov/form990pf.

For cale	endar year 2013, or tax year beginning C	oct 10 , 2013	, and ending Apr	30 , 2014	
Name of fo		C.M.		Employer identification nun	nber
	JOHN R DEVORE CHARITABLE TRU nd street (or PO box number if mail is not delivered to street a		Room/suite	46-3927037 B Telephone number (see the in	nstructions)
PO BO	OX B	<i>,</i>		(913) 259-211	
•	n, state or province, country, and ZIP or foreign postal code	V.0	66071	C If exemption application is	pending, check here
PAOLA		KS	00071	e ii exemption application is j	perioring, check here
G Che	ck all that apply X Initial return	Initial Return of a form Amended return	ier public charity	D 1 Foreign organizations, cher	ck here .
	Final return Address change	Name change		2 Foreign organizations mee	ting the 85% test, check
H C		(c)(3) exempt private for	Indation	here and altach computation	on". ► 📗
Ī	Section 4947(a)(1) nonexempt charitable trus	· · · · —		E If private foundation status	
	ar market value of all assets at end of year J Acc	ounting method X C	ash Accrual	under section 507(b)(1)(A),	check here .
,	om Part II, column (c), line 16)	Other (specify)		F If the foundation is in a 60-	
P Ş	/	column (d) must be on c	ash basis)	under section 507(b)(1)(B),	check here
Part I	Analysis of Revenue and Expenses (The total of amounts in	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable
	columns (b), (c), and (d) may not neces-	expenses per books	income	income	purposes
	sarily equal the amounts in column (a) (see instructions))				(cash basis only)
	1 Contributions, gifts, grants, etc, received (att sch)	821,532.			
	2 Ck If the foundn is not req to att Sch B				
	Interest on savings and temporary cash investments	5.		5.	
	4 Dividends and interest from securities -	5,852.	5,852		
	5 a Gross rents	3,333	7.3.3.3		
	b Net rental income or (loss)				
R	6 a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all				
E	assets on line 6a		····································		
E N	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain				
U	9 Income modifications				
Е	10 a Gross sales less returns and				
	allowances h Less Cost of				
	goods sold				
	c Gross profit/(loss) (att sch)				`)
	(,				
	12 Total. Add lines 1 through 11	827,389.	5,857		y .
	13 Compensation of officers, directors, trustees, etc	3,874.	775	5.	3,099.
	14 Other employee salaries and wages15 Pension plans, employee benefits				
	15 Pension plans, employee benefits 16 a Legal fees (attach schedule)	5,267.).	5,267.
Â	b Accounting fe 采掘 の En V.ED	3,207.		, ,	3,20,.
M I N	c Other proffees (attach sch)				
0 1	17 Interest				
E T	18 Taxes (argan schedus Eep insit) 8 2014				
P S T R A T	19 Depreciation (attach sch) and depletion				
NV	20 OccupancyOGDEN, UI				
G E	21 Travel, conferences, and meetings				
A E N X D P	22 Printing and publications				
D P E N	FORM 1023 PROCESSING FEE	850.	(0.	850.
N S	24 Total operating and administrative	<u> </u>			
S	expenses. Add lines 13 through 23	9,991.	775	5. 0.	9,216.
	25 Contributions, gifts, grants paid26 Total expenses and disbursements.				
	Add lines 24 and 25	9,991.	775	5. 0.	9,216.
	27 Subtract line 26 from line 12.				·
	a Excess of revenue over expenses and disbursements	817,398.			
	b Net investment income (if negative, enter -0-)	017,330.	5,082	2.	
	C Adjusted net income (if negative, enter -0-)		3,302	0.	

46-3927037

_		Outre - Charte	Attached schedules and amounts in the description	Beginning of year	End o	r year
Part	11	Balance Sheets	column 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	0.	0.	0.
	2	Savings and tempora	iry cash investments	0.	20,773.	20,773.
1	3	Accounts receivable	·			
	_	Less allowance for d	oubtful accounts			
	4	Pledges receivable.				
	•	Less allowance for d	oubtful accounts			
	5	Grants receivable .				
	6		cers, directors, trustees, and other			
	_		ch schedule) (see instructions)			
Α	7	Other notes and loans rec	` '			
S		Less allowance for d				
S E	8	Inventories for sale of				
Ŧ	9	Prepaid expenses an	· · · · · · · · · · · · · · · · · · ·			
S	10 a	i Investments – US a obligations (attach sc				
	b	Investments — corporate	stock (attach schedule)	0.	647,131.	661,410.
	c	: Investments — corporate	bonds (attach schedule)	0.	149,263.	151,018.
	11	Investments – land, t		- 444		
		Less accumulated depred (attach schedule)				
	12	Investments - mortga	age loans			
	13	Investments - other	(attach schedule)			
	14	Land, buildings, and	,			
		Less accumulated depred (attach schedule)	~			
		Other assets (describ	e ACCRUED INT PURCHASED) ompleted by all filers —	0.	231.	231.
	16		Also, see page 1, item I)	0.	817,398.	833,432.
L	17	Accounts payable and				
I A	18	Grants payable				
â	19	Deferred revenue				
İ	20	Loans from officers, direct	ors, trustees, & other disqualified persons			
ī	21	Mortgages and other note	s payable (attach schedule)			
T	22	Other liabilities (descr				
E S		•				
s	23	Total liabilities (add		_		
		Foundations that fol and complete lines 2	llow SFAS 117, check here . 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted .				
E U T N	25	Temporarily restricted	i			
D	26	Permanently restricte	d			
A S B S A		Foundations that do and complete lines 2	o not follow SFAS 117, check here 🔭 🛚 🗓 27 through 31.			
ΕL	27	Capital stock, trust pri	incipal, or current funds	0.	821,532.	
T A S N	28	•	or land, building, and equipment fund	· · · · · · · · · · · · · · · · · · ·	/2321	
С	29		ulated income, endowment, or other funds		-4,134.	A CONTRACTOR OF THE SECOND
O E R S	30	3 .	und balances (see instructions)	0.	817,398.	A STATE OF THE STA
	31		net assets/fund balances	0.	817,398.	
Par	t; III)	Analysis of Chan	ges in Net Assets or Fund Balanc	l	<u>. </u>	
	Total		ances at beginning of year — Part II, column ((a), line 30 (must agree v	vith 1	0
2		r amount from Part I, lir	· · · ·			817,398.
		r amount from Part 1, iii increases not included in lin			3	011,398.
3		increases not included in im	ie z (nemize) · · ·			017 200
4		ases not included in line 2 (i	itamiza)	• • •	4	817,398.
5 6		•	ances at end of year (line 4 minus line 5) — P	and II. column (b) line 00		817,398.

	2011	
	2010	
	2009	
	2008	
2	Total of line 1, column (d)	2
3	Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3
4	Enter the net value of noncharitable-use assets for 2013 from Part X, line 5.	4
5	Multiply line 4 by line 3	5
6	Enter 1% of net investment income (1% of Part I, line 27b)	6
7	Add lines 5 and 6	7
8	Enter qualifying distributions from Part XII, line 4	8
	If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 19 Part VI instructions	% tax rate See the

Form 990-PF (2013)

· · · · · · · · · · · · · · · · · · ·					
Form 990-PF (2013) THE JOHN R DEVORE CHARITABLE TRUST	46-	39270	37	P	age 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494					
1 a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1	7				
Date of ruling or determination letter (attach copy of letter if necessary — see instrs)					
b Domestic foundations that meet the section 4940(e) requirements in Part V,	-	1		1	02.
check 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, column (b)					
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	•	2			0.
3 Add lines 1 and 2 · · · · · · · · · · · · · · · · · ·		3		1	02.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4			0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	•	5		1	02.
6 Credits/Payments					ļ
a 2013 estimated tax pmts and 2012 overpayment credited to 2013					
b Exempt foreign organizations — tax withheld at source					(
c Tax paid with application for extension of time to file (Form 8868) 6 c					
d Backup withholding erroneously withheld					
7 Total credits and payments Add lines 6a through 6d		7			
8 Enter any penalty for underpayment of estimated tax. Check here		8			
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	. •	10		1	02.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be Credited to 2014 estimated tax Refunded		11			0.
11 Enter the amount of line 10 to be Credited to 2014 estimated tax . Refunded Part VII-A Statements Regarding Activities	•	<u> </u>			
				Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?			1 a	 	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?			. 1 b		X
If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials p or distributed by the foundation in connection with the activities	ublished				
c Did the foundation file Form 1120-POL for this year?			1 c		Х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
(1) On the foundation \$ \$ (2) On foundation managers \$ \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	Lon				
foundation managers • \$	1 011				
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, article	es			ļ!	
of incorporation, or bylaws, or other similar instruments? If 'Yes' attach a conformed copy of the changes			3	<u> </u>	X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4 a	 	<u>X</u>
 b If 'Yes,' has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? 	•		5	+-	 -
If 'Yes,' attach the statement required by General Instruction T		•			X
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 with the state law remain in the governing instrument? 	conflict		6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	•	-	. 7	X	<u> </u>
8 a Enter the states to which the foundation reports or with which it is registered (see instructions)	. * _		.		
KS - Kansas			.		
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,' atlach explanation			. 8 t	Х	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) of for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If 'Yes,' complete the complete in the section of the			9		X
		.,		+	 ^
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their and addresses	names 		10	X	
BAA			Form 99		2013)

determine if the foundation had excess business holdings in 2013)

Form 990-PF (2013) THE JOHN R DEVORE	CHARITABLE TRU	ST	46-392	7037 Page 6
Part VII-B Statements Regarding Activit		1 4/20 May Be Req	uirea (continuea)	
5 a During the year did the foundation pay or incur a (1) Carry on propaganda, or otherwise attempt t		ection 4945(e))?	Yes X	No 1
(2) Influence the outcome of any specific public	election (see section 495			
on, directly or indirectly, any voter registration (3) Provide a grant to an individual for travel, stu	n drive?	• • • •	\vdash	No
(4) Provide a grant to an organization other than	a charitable, etc. organi	zation described		
in section 509(a)(1), (2), or (3), or section 49 (5) Provide for any purpose other than religious,			· · [Yes X	No
educational purposes, or for the prevention of	of cruelty to children or a	nimals?	Yes X	No ·
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in a (see instructions)?	transactions fail to qualif current notice regarding	y under the exceptions disaster assistance		5 b
Organizations relying on a current notice regardi	ng disaster assistance ch	neck here		
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib	ility for the grant?		Yes	No
If 'Yes,' attach the statement required by Regular	tions section 53 4945-5(d	1)		
6 a Did the foundation, during the year, receive any to on a personal benefit contract?				No .
b Did the foundation, during the year, pay premium	is, directly or indirectly, o	n a personal benefit conf	tract?	6 b X
If 'Yes' to 6b, file Form 8870 7 a At any time during the tax year, was the foundati	on a party to a prohibited	Ltax shelter transaction?	. Yes 🖂	No -
b If 'Yes,' did the foundation receive any proceeds				. 7 b
Part VIII Information About Officers, D				mployees,
and Contractors			-	
1 List all officers, directors, trustees, foundatio				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
FIRST OPTION BANK				
PAOLA KS 66071	TRUSTEE 5.00	3,874.	0.	0.
	:			
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1 – see ir	nstructions). If none, er	iter 'NONE.'
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000				None
ВАА	TEEA0306 07	/10/13		Form 990-PF (2013)

orm 9	90-PF (2013) THE JOHN R DEVORE CHARITABLE TRUST VIII Information About Officers, Directors, Trustees, Foun	46-392 dation Managers, Highly Paid E	7037 Page 7
	and Contractors (continued)		
_3 F	ive highest-paid independent contractors for professional services (see in		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
~			
			
~			
~			
	250 200 (
otal n	umber of others receiving over \$50,000 for professional services		None
Part l	X-A Summary of Direct Charitable Activities		
ist the fo organiza	oundation's four largest direct charitable activities during the tax year. Include relevant statistical in ions and other beneficiaries served, conferences convened, research papers produced, etc	nformation such as the number of	Expenses
1			
_			
_			
2 _			
_			
, –			
3 _			
-			
4 -			
-			
Part	X-B Summary of Program-Related Investments (see instruc	tions)	
Descri	be the two largest program-related investments made by the foundation during the	ne tax year on lines 1 and 2	Amount
1			
2 _			
_			
Λ11 σ4F	or program related investments. See instructions		
All othe 3	er program-related investments. See instructions		
-			
_			

Form 990-PF (2013)

Total. Add lines 1 through 3

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities 1 a 293,790. **b** Average of monthly cash balances 1 b 39,954. c Fair market value of all other assets (see instructions) 1 c 0. 1 d 333,744. e Reduction claimed for blockage or other factors reported on lines 1a and 1c 2 Acquisition indebtedness applicable to line 1 assets 3 333,744. Subtract line 2 from line 1d . Cash deemed held for charitable activities Enter 1-1/2% of line 3 5,006. (for greater amount, see instructions) 5 328,738. Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 Minimum investment return. Enter 5% of line 5 9,097. Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here
- and do not complete this part.) Minimum investment return from Part X, line 6 . . 9,097. 2 a Tax on investment income for 2013 from Part VI, line 5 . . . 2 a 102 b Income tax for 2013 (This does not include the tax from Part VI) 2 b 0. 2 0 102. 3 Distributable amount before adjustments Subtract line 2c from line 1 3 8,995. 4 0. Recoveries of amounts treated as qualifying distributions . 5 8,995. 6 Deduction from distributable amount (see instructions) 0. Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 8,995. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 1 a 9,216. 1 b b Program-related investments — total from Part IX-B. . 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes 2 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required). . . . 3 a 3 b **b** Cash distribution test (attach the required schedule) 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 9,216. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income 5 0. Enter 1% of Part I, line 27b (see instructions) 216.

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

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				0.005
2 Undistributed income, if any, as of the end of 2013				8,995.
a Enter amount for 2012 only				
b Total for prior years 20 , 20 , 20				
3 Excess distributions carryover, if any, to 2013				
a From 2008				
b From 2009		•		
c From 2010				
d From 2011				
e From 2012				
f Total of lines 3a through e				
4 Qualifying distributions for 2013 from Part				
XII, line 4 ► \$ 9,216.				
a Applied to 2012, but not more than line 2a				
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2013 distributable amount				8,995.
e Remaining amount distributed out of corpus	221.			
5 Excess distributions carryover applied to 2013				
(If an amount appears in column (d), the same amount must be shown in column (a))			•	
Same amount must be shell 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	221.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c 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 instructions		0.		
e Undistributed income for 2012 Subtract line 4a from				
line 2a Taxable amount — see instructions		·	0.	
f Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	221.			
10 Analysis of line 9 a Excess from 2009 0 .				
a Excess from 2009				
c Excess from 2011 0.				
d Excess from 2012 . 0.				
e Excess from 2013 . 221.				[
221,1			l	F 000 PF (2012)

Form 990-PF (2013) THE JOHN R DE Part XIV Private Operating Fou				VII-A guestion	46-3927037	
1 a If the foundation has received a ruling of						N/A
is effective for 2013, enter the date of the	he ruli	ng	•	• •	*!	
b Check box to indicate whether the foun	datior		ing foundation descr		4942(J)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum		Tax year	(1) 0010	Prior 3 years	1,0040	(-) T-4-1
investment return from Part X for each year listed		(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
b 85% of line 2a						
c 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						
 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			Ì			
(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					_	_
c 'Support' alternative test - enter		-				
 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 Informa	tion	(Complete this	s part only if the	e foundation ha	d \$5,000 or more	e in
assets at any time during			istructions.j		·	
1 Information Regarding Foundation M a List any managers of the foundation who close of any tax year (but only if they have not not only if they have not	no hav ave co	re contributed more antributed more tha	n \$5,000) (See sect	ion 507(d)(2))		
b List any managers of the foundation wi	no owi	10% or more of th	ne stock of a corpora	tion (or an equally la	irge portion of the own	ership of
a partnership or other entity) of which t NONE	ne tou	ndation has a 10%	or greater interest			
		. 6.6 1 6 .	Janakia ata B			
2 Information Regarding Contribution Check here ☐ if the foundation or requests for funds. If the foundation ma complete items 2a, b, c, and d	nly ma	kes contributions to	preselected charita	ible organizations ar	nd does not accept uns ons under other condi	
a The name, address, and telephone nur	mber	or e-mail of the pers	son to whom applica	tions should be addr	essed	
KATHY LOVIG, SR TRUST C	FFI	CER, FIRST (OPTION BANK			
702 BAPTISTE			_			
PAOLA	<u> </u>	KS 6607		13) 259-2110		
b The form in which applications should SEE FORM ATTACHED	ve sut	omittea and informa	nion and materials tr	iey snoula include		
c Any submission deadlines NO DEADLINE. FILE AS N	1EED	ARISES.				
d Any restrictions or limitations on award						
PERSONS WHO ARE BOTH RESIDENTS	OF N	IIAMI COUNTY, KS	AND US MILITARY	Y PERSONNEL OR V	ETERANS, OR THEIR	FAMILY MEMBERS.

Form 990-PF (2013) THE JOHN R DEVORE CHARITABLE TRUST

Part W Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

3 Grants and Contributions Paid During the Te	ar or Approved for Full	are raymen	<u> </u>	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year				
• •		1		
	İ]		
				İ
		1		
		}		
			ļ	
		1		
		İ		
			1	
		}		
		}		
		}		
	l	<u> </u>	<u> </u>	
Total		1	► 3a	1
b Approved for future payment				
		1		
]		
		1		
		-		
			1	
	}			
				}
Total			► 31	o

Part XVI-A Analysis of Income-Producing Activities

ter gross amounts unless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(e)	
	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exemp function income (See instructions	
Program service revenue a			code			
_ 	<u> </u>		 		· · · · · · · · · · · · · · · · · · ·	
	-		 			
d				-		
e						
f						
g Fees and contracts from government agencies .						
Membership dues and assessments			1 1 1			
Interest on savings and temporary cash investments Dividends and interest from securities		<u> </u>	14	5. 5,852.		
Net rental income or (loss) from real estate	/3 ⁵ - •	* n*	, 14	3,832.		
a Debt-financed property		1	1			
b Not debt-financed property						
Net rental income or (loss) from personal property						
Other investment income						
Gain or (loss) from sales of assets other than inventory $\ \ \zeta$						
Net income or (loss) from special events			<u> </u>			
Gross profit or (loss) from sales of inventory .		,		-		
Other revenue	5, , , '9, '2		1	- :		
a b			+		· -	
Б С			 			
d	 		 			
e						
e	9-11 - 14 - 14 - 14 - 14 - 14 - 14 - 14		,	5,857.		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)				5,857.	5,85	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation	 ns)			. 13	5,85	
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculation. Relationship of Activities to the No. Explain below how each activity for which in	ns) he Accomp	lishment of Exem	pt Purp	ooses	he ctions)	

Form 990-PF (2013) THE JOHN R DEVORE CHARITABLE TRUST 46-3927037 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

							l l	Yes	No
1 Did the o	organization directly d in section 501(c)	or indirectly engage of the Code (other	age in any of the foles than section 5016	lowing with any c)(3) organization	other organization ons) or in section 527,				
relating t	o political organiza	tions?		·,(-,g	,				r
a Transfers	s from the reporting	g foundation to a r	noncharitable exem	pt organization (of				
(1) Cash	h	•		•	•		1 a (1)		_X_
(2) Othe	er assets		• •				1 a (2)		X
b Other tra	insactions								
(1) Sale	s of assets to a nor	ncharitable exemp	ot organization	•			1 b (1)		_X_
(2) Purc	chases of assets fro	m a noncharitable	e exempt organizati	on .			1 b (2)		_X_
(3) Rent	tal of facilities, equi	pment, or other a	ssets				. 1 b (3)		X
(4) Reim	nbursement arrange	ements					. 1 b (4)		X
(5) Loar	ns or Ioan guarante	es -			•		1 b (5)		X
(6) Perfo	ormance of service:	s or membership	or fundraising solici	tations .			1 b (6)		X
c Sharing o	of facilities, equipm	ent, mailing lists,	other assets, or pai	d employees			1 c		X
									
the good	ls, other assets, or :	services given by	the reporting found	ation If the four	mn (b) should always s ndation received less th ods, other assets, or se	an fair marke	et value in		
(a) Line no	(b) Amount involved		of noncharitable exempt		(d) Description of tran			gements	
(3) 4	(-/	(=,,		- g	(1,)		<u> </u>	J	
		 							
		 							
						*			
——————————————————————————————————————	····								
		-							
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					·				
		<u> </u>							
	undation directly or d in section 501(c)				x-exempt organizations on 527? .		Ye	X	No
b If 'Yes,' c	complete the followi	ng schedule							
(a)	Name of organizat	tion	(b) Type of	organization	(1	c) Description	of relationship		
									
Under pe	enalties of perjury, I decla	re that I have examined	this return, including acc	ompanying schedule	s and statements, and to the b	est of my knowled	ige and belief, it is true,		
sian L	10 V ADT	MAI BAN	E		preparer has any knowledge		May the	IRS discu	ss
יו וייפיט	HO OF						this retui	n with the	
Here Signal	V Uthur	IVILULF_	5,T,O· 10	8/27/14	TRUSTEE		(see inst	ructions)?	<u>'</u> 1
Signal	ture of officer or trustee Print/Type preparer's na	ame	Preparer's sign		Date	<u> </u>	I I DTINI	Yes	No
	i '			11 1.1		2014 Check	□ "		
Paid		Hinderlite		Mendell	MAN SEI GE	sen-emplo	1-7-7-	1530	
Preparer	Firm's name	AGLER & GA		rered		Firm's EIN	48-0894999		
Use Only	Firm's address	PO BOX 102	0			4			
		AWATTO		K	S 66067-1020	Phone no	(785) 242-	3170	
BAA							Form 99	0-PF (2	(013)

Schedule B

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

Schedule of Contributors

OMB No 1545-0047

Employer identification number

2013

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

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www irs.gov/form990.

46-3927037 THE JOHN R DEVORE CHARITABLE TRUST Organization type (check one) Section: Filers of 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or properly) from any one contributor (Complete Parts I and II) Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

	B (Form 990, 990-EZ, or 990-PF) (2013)	Page	1 of 1 of Part 1
Name of org		' '	r identification number
Part I	OHN R DEVORE CHARITABLE TRUST Contributors (see instructions) Use duplicate copies of Part I if additional space		52 1031
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAV CHARITABLE SERVICE TRUST 3725 ALEXANDRIA PIKE COLD SPRINGS KY 41076	\$410,766.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	VFW FOUNDATION 406 WEST 34TH STREET KANSAS CITY MO 64111	\$410,7 <u>66</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

1

821,532.

Supporting Statement of:

Total

Form 990-PF, p1/Line 1(a)

Description	Amount
DAV CHARITABLE SERVICE TRUST	410,766.
3725 ALEXANDRIA PIKE	
COLD SPRINGS, KY 41076	
VFW FOUNDATION	410,766.
406 WEST 34TH STREET	
KANSAS CITY, MO 64111	

Additional Information

LIST OF SUBSTANTIAL CONTRIBUTORS FYE 4/30/2014 (Part VII-A, Q 10):

- 1. DAV CHARITABLE SERVICE TRUST 3725 ALEXANDRIA PIKE, COLD SPRINGS, KY 41076
- 2. VFW FOUNDATION 406 WEST 34TH STREET, KANSAS CITY, MO 64111

The John R Devore Charitable Trust EIN 46-3927037		Balance Sheet April 30,2014				Schedule 1
Description		Book Value Beginning of Year		End of Year		Market Value
CASH	\$	0	\$	-	\$	<u>-</u>
SAVINGS & TEMPORARY CASH INVESTMENT	ΓS					
NORTHERN INSTL MONEY MARKET		0		20,773		20,773
		0		20,773		20,773
INVESTMENTS - CORPORATE BONDS						
Coca Cola Co Note 3 2%, 11-1-23		0		49,172		49,847
Natl Rural Utilities Coop 3 05%, 2-15-21		0		50,027		50,179
Wells Fargo Co Mtn 4 125%, 8-15-23		0		50,064		50,992
	\$	0	\$	149,263	\$	151.018
INVESTMENTS - CORPORATE STOCKS						
Allstate Corp 600 sh		0		31,393		34,170
Analog Devices Inc 625 sh		0		30741		32056
Apple Inc 55 sh		0		29931		32455
Boeing Co 225 sh		0		30,198		29,030
Cisco Systems Inc 1500 sh		0		31,245		34,665
Covanta Holding Corp 1800 sh		0		31,265		33,210
Dineequity Inc 375 sh		0		31,157		28,429
EMC Corp Mass 1325 sh		0		30,938		34,185
Exxon Mobil Corp 300 sh		0		29,451		30,723
FLIR Sys Inc 1100 sh		0		31,399		37,444
Healthsouth Corp 900 sh		0		31,205		31,176
JPMorgan Chase & Co 550 sh		0		30.782		30,789
Johnson & Johnson 340 sh		0		30,950		34,439
Ks City Souther Inds Inc 250 sh		0		29,735		25,220
NASDAQ Omx Group Inc 800 sh		0		31,285		29,520
New York Community Bancorp 1900sh Polaris Industries Inc 225 sh		0		31,002 30,818		29,279 30,224
US Bancorp Del New 775 sh		0		30,676		30,224 31,604
Unitedhealth Group Inc 425 sh		0		30,369		31,892
Covidien PLC (new) 475 sh		0		31,516		33,844
Copa Hldgs CA CL A 200 sh		0		31,075		27,056
	\$	0	\$	647,131	\$	661,410
						
OTHER ASSETS						
Accrued interest purchased	\$	0		231		231
	Ç	0	\$	817,398	\$	833,432
	\$		Ð	017,390	Ð	

John DeVore Charitable Information Form First Option Bank 702 Baptiste, Paola, Kansas 66071 913-259-2110

Please provide information	as completely as possible	e. If you have any qu	estions ask a staff memb	er.	
Personal Information-			. ,		
Last Name:		MI· First l	Name:		
Birth Date:	SSN:		Gender: Male Fen	ıale	
Residence:				•	
City:	County:	State:	Zip:		
Miami County residential st	atus verified by attached	. Utılity Bil	Real Estate Tax sta	tement	
		☐Voter Reg	stration		
How long have you lived in	Miami County: 🗌 Less	than I year 1-5	years Over 5 years		
Marital Status: Single	Married Divorced	Separated W	idowęd		
Education: 0-8 Grade]9-12 non-grad 🔲 Hig	h school graduate [☐ Some College ☐2/4 y	ear degree	
Heath Insurance: Yes]No				
Disabled <u>formally determine</u>	<u>d</u> by Social Security Adı	min: Yes No	or VA 🗌 Yes 🔲 No		
Are you receiving: (Mark all that apply) SSI/SSDI Medicare Medicaid					
Housing Situation: Own Rent Homeless Other:					
Family Type: Single Parent Two-Parent HH Single Adults (No children) Other					
Telephone Number: Alternate Contact Number:					
Income Information-					
Income Type: 🔲 No Incom	e General Assistanc	e Unemployme	nt 🗌 Pension 🔲 Wa	ges	
Other					
How Often Paid: 🗌 Weekly	Bi-Weekly M	onthly Semi-Mo	onthly Semi-annual	Annual	
Services Currently Receiving or Recently Received: (Mark all that apply) Early HeadStart/Headstart					
Section & Housing Choice	e Vouchers Weathe	rization	•		

Please also included a copy of each	☐ Driver's License ☐ Proof of Military Service or DD214 ☐ Copy of Tax Return from previous year
been provided to the best of my know information provided is subject to rev	complete disclosure of my household and income information, and has viedge with no intent to commit fraud. I am also aware that the view and verification and that I may be required to document its accuracy s could result in denial of application or termination of any benefits
Signature:	Date:
	, will be acting on my behalf. I authorize you to ned regarding any and all information pertaining to information on this e forth.
Signature	

The information contained in this document will be used by First Option Bank Trust Department and the Advisory Board for the John DeVore Charitable Trust in completing the project only. Use of information for any other purpose will be deemed as a breach of contact. First Option Bank Trust will not disclose to any person/organization that they are in possession of the information. Both parties have read all the terms and conditions of this agreement and give their consent to its execution.