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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-1150

2013

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning 11-01-2013, and ending 10-31-2014

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
GRACE E ROURK TRUST  
MIDWEST TRUST COMPANY  
Number and street (or P O box, if mail is not delivered to street address) Room/suite  
5901 COLLEGE BOULEVARD SUITE  
ROOM/SUITE 100  
City or town, state or province, country, and ZIP or foreign postal code  
OVERLAND PARK, KS 66211

**D** Employer identification number  
48-6269986  
**E** Telephone number  
**F** Group Exemption Number

**G** Accounting Method ☒ Cash ☐ Accrual Other (specify)   
**I** Website: N/A  
**J** Tax-exempt status (check only one) ☐ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☒ 4947(a)(1) or ☐ 527

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other   
**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 75,313

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)									
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>									
Revenue	1	Contributions, gifts, grants, and similar amounts received						1	
	2	Program service revenue including government fees and contracts						2	
	3	Membership dues and assessments						3	
	4	Investment income						4	9,242
	5a	Gross amount from sale of assets other than inventory				5a	66,071		
	b	Less cost or other basis and sales expenses				5b	54,570		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)						5c	11,501
	6	Gaming and fundraising events							
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)				6a			
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				6b			
	c	Less direct expenses from gaming and fundraising events				6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)						6d	
7a	Gross sales of inventory, less returns and allowances				7a				
b	Less cost of goods sold				7b				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						7c		
8	Other revenue (describe in Schedule O)						8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8						9	20,743	
Expenses	10	Grants and similar amounts paid (list in Schedule O)						10	6,734
	11	Benefits paid to or for members						11	
	12	Salaries, other compensation, and employee benefits						12	
	13	Professional fees and other payments to independent contractors						13	5,178
	14	Occupancy, rent, utilities, and maintenance						14	
	15	Printing, publications, postage, and shipping						15	
	16	Other expenses (describe in Schedule O)						16	
	17	Total expenses. Add lines 10 through 16						17	11,912
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	8,831
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)						19	320,666
	20	Other changes in net assets or fund balances (explain in Schedule O)						20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20						21	329,497

Part II

Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments . . . . .	320,666	22	329,497
23 Land and buildings . . . . .		23	
24 Other assets (describe in Schedule O) . . . . .		24	
25 Total assets . . . . .	320,666	25	329,497
26 Total liabilities (describe in Schedule O) . . . . .		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	320,666	27	329,497

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?  
IT IS DETERMINED THAT ORGANIZATIONS RECEIVING DISBURSEMENTS QUALIFY (SCHEDULE A, PART I, LINE 11) 1 THE TRUST INSTRUMENT SPECIFIES BY NAME EXEMPT ORGANIZATIONS TO RECEIVE DISBURSEMENTS ALL ORGANIZATIONS ARE TO BE ORGANIZED FOR CHARITABLE, EDUCATIONAL, RELIGIOUS, SCIENTIFIC, LITERARY, ETC PURPOSES (AS DESCRIBED IN SECTIONS 170(B)(1)(A)(OTHER THAN CLAUSES(VII) AND (VIII) AND 509(A)(1) OF THE INTERNAL REVENUE CODE) OR A PUBLICLY SUPPORTED ORGANIZATION (AS DESCRIBED IN SECTION 509(A)(2)) OF THE INTERNAL REVENUE CODE) 2 THE TRUST INSTRUMENT PROVIDES FOR SUBSTITUTION OF OTHER EXEMPT ORGANIZATIONS (UNDER IRC SECTION 509(A)(1) OR 509(A)(2)) SHOULD A NAMED ORGANIZATION CEASE TO OPERATE OR LOSE ITS EXEMPT STATUS UNDER THE AFOREMENTIONED IRC SECTIONS 3 THOSE ORGANIZATIONS NOT FOUND IN PUBLICATION 78 WERE REQUESTED TO SEND A COPY OF THE EXEMPTION LETTER (OR IF EXEMPTION LETTER NOT YET OBTAINED, A COPY OF THE APPLICATION - FORM 1023, PAGE 1), OR A LETTER STATING THAT THE ORGANIZATION FULFILL

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28 GRANTS TO SUPPORTED PUBLIC EXEMPT ORGANIZATIONS (Grants \$ 6,734) If this amount includes foreign grants, check here	28a	6,734
29 (Grants \$ ) If this amount includes foreign grants, check here	29a	
30 (Grants \$ ) If this amount includes foreign grants, check here	30a	
31 Other program services (describe in Schedule O ) (Grants \$ ) If this amount includes foreign grants, check here	31a	
32 Total program service expenses (add lines 28a through 31a)	32	6,734

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MIDWEST TRUST COMPANY TRUSTEE	1 00	4,503		

Form 990-EZ (2013)

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of MIDWEST TRUST COMPANY Telephone no (913) 319-0300 Located at 5901 COLLEGE BOU SUITE 100 OVERLAND PARK, KS ZIP + 4 662111503		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041? Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐




	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	47	No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	No
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	No
b If "Yes," was the related organization a section 527 organization? . . . . .	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				
f Total number of other employees paid over \$100,000 . . . . .				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		
d Total number of other independent contractors each receiving over \$100,000. . . . .		

52 Did the organization complete Schedule A? <b>NOTE:</b> All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	*****	2014-12-10
	Signature of officer	Date
Paid Preparer Use Only	MIDWEST TRUST TRUSTEE	
	Type or print name and title	
	Print/Type preparer's name R ANDREW DUNLAP CPA	Preparer's signature
	Date 2014-12-16	Check <input type="checkbox"/> if self-employed PTIN P00142128
	Firm's name  JARRED GILMORE & PHILLIPS PA	Firm's EIN  20-3906022
	Firm's address  16 W JACKSON AVE IOLA, KS 66749	Phone no (620) 365-3125
May the IRS discuss this return with the preparer shown above? See instructions . . . . .		

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.  
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization GRACE E ROURK TRUST MIDWEST TRUST COMPANY	Employer identification number 48-6269986
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I 

b

☐

Type II 

c

☐

Type III - Functionally integrated 

d

☐

Type III - Non-functionally integrated
- e

☒

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
Total									6,733

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		



**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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Additional Data

Software ID:  
Software Version:  
EIN: 48-6269986  
Name: GRACE E ROURK TRUST  
MIDWEST TRUST COMPANY

Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s).

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section )	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) CITY OF HUMBOLDT CITY OF HUMBOLDT	486039689	6		No	Yes		Yes		6213
(A) EPILEPSY FOUNDATION EPILEPSY FOUNDATION	237181647	4		No	Yes		Yes		208
(B) MOUNT HOPE CEMETERY MOUNT HOPE CEMETERY	486045735	6		No	Yes		Yes		104
(C) AMERICAN DIABETES ASSN AMERICAN DIABETES ASSN	480807456	4		No	Yes		Yes		208

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

**► Attach to Form 990 or 990-EZ.**

**► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

**2013**

**Open to Public  
Inspection**

Name of the organization  
GRACE E ROURK TRUST  
MIDWEST TRUST COMPANY

**Employer identification number**

48-6269986

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	SEE SCHEDULE A 10/30/2014 6,734 0 0
FORM 990-EZ, PART III	IT IS DETERMINED THAT ORGANIZATIONS RECEIVING DISBURSEMENTS QUALIFY (SCHEDULE A, PART I, LINE 11) 1 THE TRUST INSTRUMENT SPECIFIES BY NAME EXEMPT ORGANIZATIONS TO RECEIVE DISBURSEMENTS ALL ORGANIZATIONS ARE TO BE ORGANIZED FOR CHARITABLE, EDUCATIONAL, RELIGIOUS, SCIENTIFIC, LITERARY, ETC PURPOSES (AS DESCRIBED IN SECTIONS 170(B)(1)(A)(OTHER THAN CLAUSES(VII) AND (VIII) AND 509(A)(1) OF THE INTERNAL REVENUE CODE) OR A PUBLICLY SUPPORTED ORGANIZATION (AS DESCRIBED IN SECTION 509(A)(2)) OF THE INTERNAL REVENUE CODE) 2 THE TRUST INSTRUMENT PROVIDES FOR SUBSTITUTION OF OTHER EXEMPT ORGANIZATIONS (UNDER IRC SECTION 509(A)(1) OR 509(A)(2)) SHOULD A NAMED ORGANIZATION CEASE TO OPERATE OR LOSE ITS EXEMPT STATUS UNDER THE AFOREMENTIONED IRC SECTIONS 3 THOSE ORGANIZATIONS NOT FOUND IN PUBLICATION 78 WERE REQUESTED TO SEND A COPY OF THE EXEMPTION LETTER (OR IF EXEMPTION LETTER NOT YET OBTAINED, A COPY OF THE APPLICATION - FORM 1023, PAGE 1), OR A LETTER STATING THAT THE ORGANIZATION FULFILLS THE REQUIREMENTS OF IRC 509(A)(1) OR 509(A)(2) ALL ORGANIZATIONS HAVE COMPLETED

TY 2013 Compensation Explanation

**Name:** GRACE E ROURK TRUST  
MIDWEST TRUST COMPANY  
**EIN:** 48-6269986

Person Name	Explanation
MIDWEST TRUST COMPANY	

DATE	DESCRIPTION	PRINCIPAL CASH	INCOME CASH	COST	GAIN / LOSS
<b>SALES AND MATURITIES</b>					
11/01/13	037411105 SOLD 25 SHS APACHE CORP ON 10/29/2013 AT 90.80 THRU BNY BROKERAGE COMMISSIONS PAID 5.00 EXPENSES PAID 0.04	2,264.98		1,945.17-	319.79
11/01/13	G5785G107 SOLD 5 SHS MALLINKRODT PLC ON 10/29/2013 AT 43.0201 THRU BNY BROKERAGE COMMISSIONS PAID 5.00	210.10		135.64-	74.46
11/01/13	881624209 SOLD 20 SHS TEVA PHARMACEUTICAL INDS LTD ADR ON 10/29/2013 AT 41.00 THRU BNY BROKERAGE COMMISSIONS PAID 5.00 EXPENSES PAID 0.01	814.99		1,082.77-	267.78-
11/01/13	268648102 SOLD 135 SHS EMC CORP MASS ON 10/29/2013 AT 24.0001 THRU BNY BROKERAGE COMMISSIONS PAID 13.50 EXPENSES PAID 0.06	3,226.45		2,494.80-	731.65
11/15/13	256210105 SOLD 3,000 SHS DODGE & COX INCOME FUND ON 11/14/2013 AT 13.60	40,800.00		40,110.00-	690.00
11/15/13	693390700 SOLD 14.613 SHS PIMCO TOTAL RETURN FUND INSTITUTIONAL ON 11/14/2013 AT 10.90	159.28		161.40-	2.12-
11/18/13	548661107 SOLD 115 SHS LOWES COS INC ON 11/13/2013 AT 51.1101 THRU BNY BROKERAGE COMMISSIONS PAID 11.50 EXPENSES PAID 0.10	5,866.06		2,990.00-	2,876.06
11/18/13	806857108 SOLD 40 SHS SCHLUMBERGER ON 11/13/2013 AT 92.99 THRU BNY BROKERAGE COMMISSIONS PAID 5.00 EXPENSES PAID 0.08	3,714.54		1,846.10-	1,868.44
11/18/13	88579Y101 SOLD 10 SHS 3M CO ON 11/13/2013 AT 128.50 THRU BNY BROKERAGE COMMISSIONS PAID 5.00 EXPENSES PAID 0.02	1,279.98		756.45-	523.53
11/18/13	68389X105 SOLD 25 SHS ORACLE CORP ON 11/13/2013 AT 34.94 THRU BNY BROKERAGE COMMISSIONS PAID 5.00 EXPENSES PAID 0.02	868.48		313.42-	555.06
11/18/13	81369Y803 SOLD 50 SHS TECHNOLOGY SELECT SECTOR SPDR FUND ON 11/13/2013 AT 34.26 THRU BNY BROKERAGE COMMISSIONS PAID 5.00 EXPENSES PAID 0.03	1,707.97		1,236.00-	471.97
11/18/13	92343V104 SOLD 50 SHS VERIZON COMMUNICATIONS INC ON 11/13/2013 AT 49.85 THRU BNY BROKERAGE COMMISSIONS PAID 5.00 EXPENSES PAID 0.04	2,487.46		1,498.26-	989.20
<b>TOTAL SALES AND MATURITIES</b>		63,400.27	0.00	54,570.01-	8,830.26