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Form

990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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


OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

Name of foundation HECKART FAMILY FOUNDATION		A Employer identification number 43-6425549	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 434 903 S OHIO		B Telephone number (see instructions) (660) 826-1750	
City or town, state or province, country, and ZIP or foreign postal code SEDALIA, MO 65301		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 2,374,935		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	255,685			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	20,396	20,396		
	4 Dividends and interest from securities	36,354	36,354		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 	27,878			
	b Gross sales price for all assets on line 6a 339,161				
	7 Capital gain net income (from Part IV, line 2) . . .		240		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	340,313	56,990		
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).				
	b Accounting fees (attach schedule). 	9,380	9,380		
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . . 	354	354		
	19 Depreciation (attach schedule) and depletion . .				
	20 Occupancy				
	21 Travel, conferences, and meetings.				
	22 Printing and publications				
	23 Other expenses (attach schedule). 	712	712		
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	10,446	10,446		0
	25 Contributions, gifts, grants paid	155,296			155,296
	26 Total expenses and disbursements. Add lines 24 and 25	165,742	10,446		155,296
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	174,571			
	b Net investment income (if negative, enter -0-)		46,544		
	c Adjusted net income (if negative, enter -0-) . . .				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	585,649	475,024	475,024
	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 instructions).			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)	211,917		
	b	Investments—corporate stock (attach schedule)	603,736	597,540	1,127,239
	c	Investments—corporate bonds (attach schedule)	267,215	380,361	383,215
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans.			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)		389,457	389,457	
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	1,668,517	1,842,382	2,374,935	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule).			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities(add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	1,668,517	1,842,382	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances(see instructions)	1,668,517	1,842,382	
	31	Total liabilities and net assets/fund balances(see instructions)	1,668,517	1,842,382	

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1	1,668,517
2	Enter amount from Part I, line 27a	2	174,571
3	Other increases not included in line 2 (itemize) ▶ _____	3	196
4	Add lines 1, 2, and 3	4	1,843,284
5	Decreases not included in line 2 (itemize) ▶ _____	5	902
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	1,842,382

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1a				
b				
c				
d				
e				
(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	240
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☒ Yes ☐ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014			
2013			
2012			
2011			
2010			
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 2015 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 1% tax rate See the Part VI instructions			

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/>			
		and enter "N/A" on line 1			
		Date of ruling or determination letter _____			
		(attach copy of letter if necessary—see instructions)			
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	931
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	931
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	
5		Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	931
6		Credits/Payments			
a		2015 estimated tax payments and 2014 overpayment credited to 2015	6a	916	
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		
7		Total credits and payments. Add lines 6a through 6d.		7	916
8		Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	15
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	
11		Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded		11	

Part 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 participate or intervene in any political campaign?		Yes	No
		1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?			No
	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.			
c	Did the foundation file Form 1120-POL for this year?	1c		No
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 on foundation managers \$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		No
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		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	5		No
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	Yes	
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	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) _____			
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	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.	10		No

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶N/A	13	Yes	
14	The books are in care of ▶SUE HECKART Telephone no ▶(660) 826-1750 Located at ▶903 S OHIO SEDALIA MO ZIP+4 ▶65301			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes	No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? <input type="checkbox"/>	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.</i>) <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a

During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

☐

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
SUE HECKART	TRUSTEE	0	0	0
3102 SKYLINE DRIVE SEDALIA, MO 65301	1 00			

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total

number of other employees paid over \$50,000.

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. 

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see 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	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3 

Part X

Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations,see instructions.)

1	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.	1a	1,625,533
b	Average of monthly cash balances.	1b	530,336
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,155,869
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	2,155,869
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	32,338
5	Net value of noncharitable-use assets.Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,123,531
6	Minimum investment return.Enter 5% of line 5.	6	106,177

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.)

1	Minimum investment return from Part X, line 6.	1	106,177
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	931
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	931
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	105,246
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	105,246
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	105,246

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	155,296
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions.Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	155,296
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	
6	Adjusted qualifying distributions.Subtract line 5 from line 4.	6	155,296
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			

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				105,246
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2015				
a From 2010.	397,925			
b From 2011.	374,328			
c From 2012.	309,062			
d From 2013.	347,262			
e From 2014.	48,044			
f Total of lines 3a through e.	1,476,621			
4 Qualifying distributions for 2015 from Part XII, line 4	\$ 155,296			
a Applied to 2014, 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 2015 distributable amount.				105,246
e Remaining amount distributed out of corpus	50,050			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,526,671			
b Prior years' undistributed income Subtract line 4b from line 2b.				
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.				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions.				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).	397,925			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	1,128,746			
10 Analysis of line 9				
a Excess from 2011.	374,328			
b Excess from 2012.	309,062			
c Excess from 2013.	347,262			
d Excess from 2014.	48,044			
e Excess from 2015.	50,050			

Part XIV

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

b 85% of line 2a

d Amounts included in line 2c not used directly for active conduct of exempt activities

3 Complete 3a, b, or c for the alternative test relied upon

(1) Value of all assets

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . .

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties). . . .

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(1)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

[illegible]

Part XV

1 Information Regarding Foundation Managers:

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

SUE HECKART
903 S OHIO
SEDALIA, MO 65301
(660) 826-1750
SUEHECKART@SBCG

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV

Supplementary Information(continued)

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


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	155,296
b Approved for future payment				
Total			3b	

Enter gross amounts unless otherwise indicated


Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2015)


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
40 & 8 VOITURE 333 40 & 8 VOITURE 333 PO BOX 1756 P O BOX 1756 SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	300
AMERICAN RED CROSS AMERICAN RED CROSS 112 W 4TH STREET 112 W 4TH STREET SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	200
APPLEWOOD CHRISTIAN SCHOOL APPLEWOOD CHRISTIAN SCHOOL 25396 HIGHWAY O 25396 HIGHWAY O SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	500
ABUNDANT HARVEST WORSHIP CTR ABUNDANT HARVEST WORSHIP CTR 2825 S INGRAM AVE 2825 S INGRAM AVE SEDALIA,MO 65301	NONE	EXEMPT	DONATION	250
BOYS & GIRLS CLUB BOYS & GIRLS CLUB 314 S WASHINGTON 314 S WASHINGTON SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	500
BROADWAY PRESBYTERIAN BROADWAY PRESBYTERIAN 209 W BROADWAY BLVD 209 W BROADWAY BLVD SEDALIA,MO 65301	NONE	EXEMPT	MEMORIAL	1,050
CACTUS CACTUS 1808 S STEWART 1808 S STEWART SEDALIA,MO 65301	NONE	EXEMPT	DONATION	100
CALVARY BAPTIST CHURCH CALVARY BAPTIST CHURCH 1015 W 16TH ST 1015 W 16TH ST SEDALIA,MO 65301	NONE	EXEMPT	MEMORIAL	600
CANON CANCER CENTER CANON CANCER CENTER 601 E 14TH ST 601 E 14TH ST SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	100
CASA CASA 108 E 5TH ST 108 E 5TH ST SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	250
AMERICAN LEGION POST 642 AMERICAN LEGION POST 642 2016 W MAIN ST 2016 W MAIN ST SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	250
CHURCH OF JESUS CHRIST OF LDS CHURCH OF JESUS CHRIST OF LDS 1201 W BROADWAY BLVD 1201 W BROADWAY BLVD SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	500
PETTIS COUNTY COMMUNITY SANTA PETTIS COUNTY COMMUNITY SANTA PO BOX 43 PO BOX 43 SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	350
CROSSROADS HOSPICE CROSSROADS HOSPICE 601 E RUSSELL AVE 601 E RUSSELL AVE WARRENSBURG,MO 64093	NONE	EXEMPT	MEMORIAL	250
ANTIOCH BAPTIST CHURCH ANTIOCH BAPTIST CHURCH 507 W 24TH ST 507 W 24TH ST SEDALIA,MO 65301	NONE	EXEMPT	MEMORIAL	250
Total.  3a				155,296


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
BETHANY BAPTIST CHURCH BETHANY BAPTIST CHURCH 500 N PARK AVE 500 N PARK AVE SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	700
CENTER FOR HUMAN SERVICES CENTER FOR HUMAN SERVICES 1500 EWING DR 1500 EWING DR SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	1,100
FIRST BAPTIST CHURCH FIRST BAPTIST CHURCH 200 E 6TH ST 200 E 6TH ST SEDALIA,MO 65301	NONE	EXEMPT	MEMORIAL	850
FIRST CHRISTIAN CHURCH FIRST CHRISTIAN CHURCH 200 S LIMIT AVE 200 S LIMIT AVE SEDALIA,MO 65301	NONE	EXEMPT	MEMORIAL	950
FIRST UNITED METHODIST FIRST UNITED METHODIST 1701 W 32ND ST 1701 W 32ND ST SEDALIA,MO 65301	NONE	EXEMPT	MEMORIAL	500
GIRL SCOUTS GIRLS SCOUTS 230 METRO DR 230 METRO DR JEFFERSON CITY,MO 65109	NONE	EXEMPT	MEMORIAL	500
HABITAT FOR HUMANITY HABITAT FOR HUMANITY PO BOX 1523 PO BOX 1523 SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	250
CHURCH OF CHRIST CHURCH OF CHRIST 1333 S STEWART AVE 1333 S STEWART AVE SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	100
MEALS ON WHEELS MEALS ON WHEELS 2311 W MAIN ST 2311 W MAIN ST SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	250
MELITA DAY NURSERY MELITA DAY NURSERY 1900 CLARENDON RD 1900 CLARENDON RD SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	250
MT OLIVE BAPTIST CHURCH MT OLIVE BAPTIST CHURCH 3254 HWY J 3254 HWY J MARSHALL,MO 65301	NONE	EXEMPT	MEMORIAL	100
NEW HOPE BAPTIST CHURCH NEW HOPE BAPTIST CHURCH 664 E 16TH ST 664 E 16TH ST SEDALIA,MO 65301	NONE	EXEMPT	MEMORIAL	250
OUR SAVIOR LUTHERAN OUR SAVIOR LUTHERAN CHURCH 3700 W BROADWAY BLVD 3700 W BROADWAY BLVD SEDALIA,MO 65301	NONE	EXEMPT	MEMORIAL	350
COMMUNITY OF CHRIST CHURCH COMMUNITY OF CHRIST CHURCH 2000 S INGRAM 2000 S INGRAM SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	250
PETTIS COUNTY CRIME STOPPERS PETTIS COUNTY CRIME STOPPERS 319 S LAMINE AVE 319 S LAMINE AVE SEDALIA,MO 65301	NONE	EXEMPT	MEMORIAL	100
Total  3a				155,296


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CROSSROADS FAMILY WORSHIP CHURCH OF CROSSROADS FAMILY WORSHIP CHURCH OF GOD 9TH MADISON 9TH MADISON SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	350
SACRED HEART CHURCH SACRED HEART CHURCH 416 W 3RD ST 416 W 3RD ST SEDALIA,MO 65301	NONE	EXEMPT	MEMORIAL	800
SALVATION ARMY SALVATION ARMY 1200 E BROADWAY BLVE 1200 E BROADWAY BLVD SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	250
SEDALIA ANIMAL SHELTER SEDALIA ANIMAL SHELTER 2900 W MAIN ST 2900 W MAIN ST SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	950
SEDALIA BAPTIST CHURCH SEDALIA BAPTIST CHURCH 1019 E 5TH ST 1019 E 5TH ST SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	1,000
SEDALIA SCH DISTR 200 SEDALIA SCH DISTR 200 2806 MATTHEW DR 2806 MATTHEW DR SEDALIA,MO 65301	NONE	EXEMPT	BUILDING FUND	35,715
EMBASSY MENS MINISTRY EMBASSY MENS MINISTRY 111 NORTH STATE FAIR BLVD 111 NORTH STATE FAIR BLVD SEDALIA,MO 65301	NONE	EXEMPT	MEMORIAL	100
SHOW-ME CHRISTIAN YTH HM SHOW-ME CHRISTIAN YTH HM 24302 MAHIN RD 24302 MAHIN RD LA MONTE,MO 65301	NONE	EXEMPT	CONTRIBUTION	250
SMITH-COTTON JROTC DONATION SMITH-COTTON JROTC DONATION 2010 TIGER PRIDE BLVD 2010 TIGER PRIDE BLVD SEDALIA,MO 65301	NONE	EXEMPT	MEMORIAL	250
SMITHTON UNITED METHODIST CHURCH SMITHTON UNITED METHODIST CHURCH 300 S WALNUT AVE 300 S WALNUT AVE SMITHTON,MO 65350	NONE	EXEMPT	MEMORIAL	600
FIRST BAPTIST CHURCH LAMONTE FIRST BAPTIST CHURCH LAMONTE LAMONTE LAMONTE LA MONTE,MO 65337	NONE	EXEMPT	CONTRIBUTION	250
GREEN RIDGE PRESBYTERIAN CHURCH GREEN RIDGE PRESBYTERIAN CHURCH 31280 MISSOURI 127 31280 MISSOURI 127 GREEN RIDGE,MO 65301	NONE	EXEMPT	CONTIBUTION	200
SHOW ME HONOR FLIGHT SHOW ME HONOR FLIGHT 1400 FORUM BLVD STE 1-C 1400 FORUM BLVD STE 1-C SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	450
UNITED WAY UNITED WAY 123 E 3RD STREET 123 E 3RD STREET SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	300
VFW POST 2591 VFW POST 2591 121 SOUTH OHIO AVE 121 SOUTH OHIO AVE SEDALIA,MO 65301	NONE	EXEMPT	MEMORIAL	500
Total.  3a				155,296

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
WESLEY UNITED METHODIST WESLEY UNITED METHODIST 1322 W BROADWAY BLVD 1322 W BROADWAY BLVD SEDALIA,MO 65301	NONE	EXEMPT	MEMORIAL	100
BETHEL ASSEMBLY OF GOD BETHEL ASSEMBLY OF GOD 82 S STATE ROUTE F 82 S STATE ROUTE F GARDEN CITY,MO 64747	NONE	EXEMPT	MEMORIAL	100
HOPEWELL BAPTIST CHURCH HOPEWELL BAPTIST CHURCH 39984 SHILOH AVE 39984 SHILOH AVE QUINCY,MO 65735	NONE	EXEMPT	CONTRIBUTION	250
CHRIST AND TRINITY CHURCH CHRIST AND TRINITY CHURCH 3201 SOUTHWEST BLVD 3201 SOUTHWEST BLVD SEDALIA,MO 65301	NONE	EXEMPT	MEMORIAL	250
EPWORTH UNITED METHODIST EPWORTH UNITED METHODIST 1717 W 41ST ST 1717 W 41ST ST KANSAS CITY,MO 64111	NONE	EXEMPT	MEMORIAL	500
FIRST BAPTIST CHURCH OF OTTERVILLE FIRST BAPTIST CHURCH OF OTTERVILLE 101 E UNION DR 101 E UNION DR OTTERVILLE,MO 65348	NONE	EXEMPT	MEMORIAL	250
HOUSTONIA UNITED METHODIST CHURCH HOUSTONIA UNITED METHODIST CHURCH 300 N HIGH STREET 300 N HIGH STREET HOUSTONIA,MO 65333	NONE	EXEMPT	CONTRIBUTION	250
HUGHESVILLE HIGH POINT CHURCH HUGHESVILLE HIGH POINT CHURCH HUGHESVILLE HUGHESVILLE HUGHESVILLE,MO 65334	NONE	EXEMPT	MEMORIAL	100
IMMANUEL UNITED CHURCH OF CHRIST IMMANUEL UNITED CHURCH OF CHRIST 418 W 4TH ST 418 W 4TH ST SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	350
IOOF CEMETERY IOOF CEMETERY 685 SE 115TH LN 685 SE 115TH LN GOLDEN CITY,MO 64748	NONE	EXEMPT	MEMORIAL	250
KINGDOM HALL JEHOVAH'S WITNESS KINGDOM HALL JEHOVAH'S WITNESS 2810 E BROADWAY 2810 E BROADWAY SEDALIA,MO 65301	NONE	EXEMPT	MEMORIAL	100
MAPLEWOOD CHURCH MAPLEWOOD CHUCH 25396 HIGHWAY O 25396 HIGHWAY O SEDALIA,MO 65301	NONE	EXEMPT	MEMORIAL	500
JOLLY ELDERS JOLLY ELDERS 200 S LIMIT AVE 200 S LIMIT AVE SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	250
LAMINE BAPTIST CHURCH LAMINE BAPTIST CHURCH 7538 SWINGING BRIDGE DR 7538 SWINGING BRIDGE DR PILOT GROVE,MO 65276	NONE	EXEMPT	CONTRIBUTION	250
MT HERMAN CEMETERY MT HERMAN CEMETERY PETTIS COUNTY MO PETTIS COUNTY MO CEDAR TOWNSHIP,MO 65301	NONE	EXEMPT	MEMORIAL	250
Total  3a				155,296

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LAMONTE CEMETERY LAMONTE CEMETERY PETTIS COUNTY MO PETTIS COUNTY MO LA MONTE,MO 65337	NONE	EXEMPT	CONTRIBUTION	250
OLIVE BRANCH AMISH - MENNONITE OLIVE BRANCH AMISH - MENNONITE 29820 OLIVE BRANCH RD 29820 OLIVE BRANCH RD SEDALIA,MO 65301	NONE	EXEMPT	MEMORIAL	250
LAMONTE CHRISTIAN CHURCH LAMONTE CHRISTIAN CHURCH 902 S OAK ST 902 S OAK ST LA MONTE,MO 65337	NONE	EXEMPT	MEMORIAL	250
MISSOURI VETERANS HOME WARRENSBURG MISSOURI VETERANS HOME WARRENSBURG 1300 VETERANS RD 1300 VETERANS RD WARRENSBURG,MO 64093	NONE	EXEMPT	CONTRIBUTION	250
NEW BETHEL UNITED METHODIST CHURCH NEW BETHEL UNITED METHODIST CHURCH 31480 HIGHWAY 65 31480 HIGHWAY 65 SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	250
PROVIDENCE BAPTIST CHURCH PROVIDENCE BAPTIST CHURCH 12206 N STARK AVE 12206 N STARK AVE KANSAS CITY,MO 64167	NONE	EXEMPT	MEMORIAL	100
OTTERVILLE METHODIST CHURCH OTTERVILLE METHODIST CHURCH 301 CHERRY ST 301 CHERRY ST OTTERVILLE,MO 65348	NONE	EXEMPT	CONTRIBUTION	250
SEDALIA LITERACY COUNCIL SEDALIA LITERACY COUNCIL 219 W 3RD ST 219 W 3RD ST SEDALIA,MO 65301	NONE	EXEMPT	MEMORAIL	100
OTTERVILLE SENIOR CENTER OTTERVILLE SENIOR CENTER 201 E GROVER 201 E GROVER OTTERVILLE,MO 65348	NONE	EXEMPT	MEMORIAL	250
WORD OF LIFE CHURCH WORD OF LIFE CHURCH 3851 S PARK AVE 3851 S PARK AVE SEDALIA,MO 65301	NONE	EXEMPT	MEMORIAL	250
PARKVIEW CHRISTIAN CHURCH PARKVIEW CHRISTIAN CHURCH 1405 E 16TH ST 1405 E 16TH ST SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	600
PARKWAY FREE WILL BAPTIST CHURCH PARKWAY FREE WILL BAPTIST CHURCH 1019 E 5TH ST 1019 E 5TH ST SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	350
SEDALIA POLICE HONOR GUARD SEDALIA POLICE HONOR GUARD 200 SOUTH OSAGE AVE 200 SOUTH OSAGE AVE SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	250
SEDALIA SCHOOL DISTRICT FOUNDATION SEDALIA SCHOOL DISTRICT FOUNDATION 2806 MATTHEW DR 2806 MATTHEW DR SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	100
SEDALIA YOUTH LEADERSHIP COUNCIL SEDALIA YOUTH LEADERSHIP COUNCIL 2806 MATTHEW DR 2806 MATTHEW DR SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	100
Total			 3a	155,296

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST JOSEPH CATHOLIC CHURCH ST JOSEPH CATHOLIC CHURCH 403 HARRIS ST 403 HARRIS ST PILOT GROVE,MO 65276	NONE	EXEMPT	CONTRIBUTION	100
SYRACUSE CEMETERY SYRACUSE CEMETERY MORGAN COUNTY MORGAN COUNTY SYRACUSE,MO 65354	NONE	EXEMPT	CONTRIBUTION	250
WARDS MEMORIAL BAPTIST CHURCH WARDS MEMORIAL BAPTIST CHURCH 412 NORTH OSAGE AVE 412 NORTH OSAGE AVE SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	100
BROADWAY PRESBYTERIAN CHURCH BROADWAY PRESBYTERIAN CHURCH 209 WBROADWAY BLVD 209 WBROADWAY BLVD SEDALIA,MO 65301	NONE	EXEMPT	CONTRIBUTION	93,581
Total			3a	155,296

TY 2015 Accounting Fees Schedule

Name: HECKART FAMILY FOUNDATION

EIN: 43-6425549

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNT MANAGEMENT FEES	8,590	8,590		
TAX PREPARATION	790	790		

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: HECKART FAMILY FOUNDATION

EIN: 43-6425549

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
MIDWEST TRUST ACCOUNT	2015-01	PURCHASE	2015-06		40,000	40,000				
MIDWEST TRUST ACCOUNT	2014-01	PURCHASE	2015-06		51,805	47,485			4,320	
MIDWEST TRUST ACCOUNT	2014-01	PURCHASE	2015-06		158,385	134,948			23,437	
MIDWEST TRUST ACCOUNT	2015-01	PURCHASE	2015-06		3,731	3,731				
LAND-SEDALIA	2015-03	PURCHASE	2015-12		85,000	85,119			-119	

TY 2015 Investments Corporate Bonds Schedule

Name: HECKART FAMILY FOUNDATION

EIN: 43-6425549

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	380,361	383,215

TY 2015 Investments Corporate Stock Schedule

Name: HECKART FAMILY FOUNDATION

EIN: 43-6425549

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCKS	597,540	1,127,239

TY 2015 Other Assets Schedule

Name: HECKART FAMILY FOUNDATION

EIN: 43-6425549

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
CONSTRUCTION COSTS-ANIMAL SHELTER		389,457	389,457

TY 2015 Other Decreases Schedule

Name: HECKART FAMILY FOUNDATION

EIN: 43-6425549

Description	Amount
ESTIMATED TAXES PAID	916
FEDERAL TAX DUE	-14

TY 2015 Other Expenses Schedule

Name: HECKART FAMILY FOUNDATION

EIN: 43-6425549

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
INVESTMENT EXPENSES	712	712		

TY 2015 Other Increases Schedule

Name: HECKART FAMILY FOUNDATION

EIN: 43-6425549

Description	Amount
OTHER	196

TY 2015 Taxes Schedule

Name: HECKART FAMILY FOUNDATION

EIN: 43-6425549

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID	354	354		

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.</div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>HECKART FAMILY FOUNDATION</div>	<div>Employer identification number</div> <div>43-6425549</div>
--------------------------------------------------------------------------	-----------------------------------------------------------------

Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)() (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>
----------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization HECKART FAMILY FOUNDATION	Employer identification number 43-6425549
----------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person <input checked="" type="checkbox"/>
	SUE HECKART PO BOX 434	\$ 250,000	Payroll <input type="checkbox"/>
	SEDALIA, MO 65301		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2			Person <input checked="" type="checkbox"/>
	SEDALIA KENNEL CLUB INC PO BOX 2046	\$ 5,000	Payroll <input type="checkbox"/>
	SEDALIA, MO 65302		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number
43-6425549

Part II **Noncash Property**
(see instructions) Use duplicate copies of Part II if additional space is needed

[illegible]

Name of organization HECKART FAMILY FOUNDATION	Employer identification number 43-6425549
----------------------------------------------------------	-----------------------------------------------------

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
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(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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