



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation

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

OMB No. 1545-0052

2016

Open to Public Inspection

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2016 or tax year beginning _____, and ending _____

Name of foundation THE LLOYD R WALLACE CHARITABLE FOUNDATION		A Employer identification number 41-2091015			
		B Telephone number (see instructions) 816-583-2185			
Number and street (or P.O. box number if mail is not delivered to street address) 217 MAIN STREET		Room/suite			
City or town, state or province, country, and ZIP or foreign postal code BRAYMER MO 64624					
Foreign country name 		Foreign province/state/county 	Foreign postal code 		
G Check all that apply. Initial return Final return Address change		Initial return of a former public charity Amended return Name change			
H Check type of organization Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust		Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 5,301,216		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____			
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents	336,064	336,064		
	b Net rental income or (loss)	336,064			
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	41,129	41,129			
12 Total. Add lines 1 through 11	377,193	377,193	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	4,000	1,500	2,500	
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	1,505	1,505		
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	9,006	9,006		
	19 Depreciation (attach schedule) and depletion	18,239	18,239		
	20 Occupancy	1,632	1,632		
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	19,935	19,935		
	24 Total operating and administrative expenses.	54,317	51,817	0	2,500
Add lines 13 through 23	253,877			253,877	
25 Contributions, gifts, grants paid	308,194	51,817	0	256,377	
26 Total expenses and disbursements. Add lines 24 and 25					
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	68,999				
b Net investment income (if negative, enter -0-)		325,376			
c Adjusted net income (if negative, enter -0-)			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
	1	Cash—non-interest-bearing	521,133	544,393	544,393
	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)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ►	4,756,823		
		Less accumulated depreciation (attach schedule) ►	66,209	4,644,874	4,690,615
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ►			
		Less accumulated depreciation (attach schedule) ►			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)		5,166,007	5,235,008
					5,301,216
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 ►)		0	0
	23	Total liabilities (add lines 17 through 22)			
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ► <input type="checkbox"/>			
		and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ► <input checked="" 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		5,166,007	5,235,008
	30	Total net assets or fund balances (see instructions)		5,166,007	5,235,008
	31	Total liabilities and net assets/fund balances (see instructions)		5,166,007	5,235,008

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	5,166,007
2	Enter amount from Part I, line 27a	2	68,999
3	Other increases not included in line 2 (itemize) ► Rounding	3	2
4	Add lines 1, 2, and 3	4	5,235,008
5	Decreases not included in line 2 (itemize) ►	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	5,235,008

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (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) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) 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	0
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	0

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?

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

 Yes No

1 Enter the appropriate amount in each column for each year; see the 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))
2015	252,890	5,164,571	0.048966
2014	249,463	5,130,870	0.048620
2013	238,527	5,015,772	0.047555
2012	254,756	4,916,966	0.051812
2011	233,398	4,762,068	0.049012

2 Total of line 1, column (d)	2	0.245965
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	0.049193
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	5,219,869
5 Multiply line 4 by line 3	5	256,781
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	3,254
7 Add lines 5 and 6	7	260,035
8 Enter qualifying distributions from Part XII, line 4	8	256,377

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 instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here ► and enter "N/A" on line 1
Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)

1b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► and enter 1% of Part I, line 27b

1c 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-)

3 Add lines 1 and 2

4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)

5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-

6 Credits/Payments

6a 2016 estimated tax payments and 2015 overpayment credited to 2016

6b Exempt foreign organizations—tax withheld at source

6c Tax paid with application for extension of time to file (Form 8868)

6d Backup withholding erroneously withheld

7 Total credits and payments. Add lines 6a through 6d

8 Enter any penalty for underpayment of estimated tax Check here if Form 2220 is attached

9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed

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 2017 estimated tax ► Refunded ►

1	6,508
2	0
3	6,508
4	
5	6,508
7	3,200
8	
9	3,308
10	0
11	0

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?

1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities

1c Did the foundation file Form 1120-POL for this year?

1d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.
(1) On the foundation ► \$ _____ (2) On foundation managers ► \$ _____

1e 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

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*

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

4b If "Yes," has it filed a tax return on Form 990-T for this year?

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?
If "Yes," attach the statement required by General Instruction T.

6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either

- By language in the governing instrument, or
- By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

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*

8a Enter the states to which the foundation reports or with which it is registered (see instructions) ►
MO

8b 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*

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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? *If "Yes," complete Part XIV*

10 Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*

1a	Yes	No
1b	X	
1c	X	
2	X	
3	X	
4a	X	
4b	N/A	
5	X	
6	X	
7	X	
8b	X	
9	X	
10	X	

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	Yes	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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	X	
14	The books are in care of ► MICHAEL R BROWN Located at ► 8976 NE PATTON ROAD HAMILTON MO	Telephone no ► 816-583-2185 ZIP+4 ► 64644		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year	15		
16	At any time during calendar year 2016, 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 the instructions for exceptions and filing requirements for FinCEN Form 114. 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.

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? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (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)? (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)? Organizations relying on a current notice regarding disaster assistance check here	1b	N/A	
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 2016?	1c		X
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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? If "Yes," list the years ► 20____, 20____, 20____, 20____	2a		
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)	2b	N/A	
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		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3b	N/A	
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016)	4a		X
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4b		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?			

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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>		5b	X
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? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870		6b	X
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	N/A

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	(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
See Attached Statement	.00	0		
	00	0		
	00	0		
	.00	0		

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	(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 ►

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.

organizations and other beneficiaries served, conferences convened, research papers presented, etc.	
1	TEN CONTRIBUTIONS WERE MADE TO VARIOUS CHURCH ORGANIZATIONS.

	61,000
2	FORTY-FOUR SCHOLARSHIPS WERE GIVEN TO COLLEGES FOR STUDENTS TO ATTEND

	162,377
3	NINE PUBLIC SCHOOLS WERE PROVIDED FUNDS TO PROMOTE THEIR EDUCATIONAL ACTIVITIES

	30,500
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.

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	
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
b	Average of monthly cash balances	1b 542,536
c	Fair market value of all other assets (see instructions)	1c 4,756,823
d	Total (add lines 1a, b, and c)	1d 5,299,359
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 5,299,359
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see instructions)	4 79,490
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 5,219,869
6	Minimum investment return. Enter 5% of line 5	6 260,993

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	1 260,993
2a	Tax on investment income for 2016 from Part VI, line 5	2a 6,508
b	Income tax for 2016. (This does not include the tax from Part VI)	2b
c	Add lines 2a and 2b	2c 6,508
3	Distributable amount before adjustments Subtract line 2c from line 1	3 254,485
4	Recoveries of amounts treated as qualifying distributions	4
5	Add lines 3 and 4	5 254,485
6	Deduction from distributable amount (see instructions)	6
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7 254,485

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 256,377
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	4 256,377
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	6 256,377

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				254,485
2 Undistributed income, if any, as of the end of 2016			206,733	
a Enter amount for 2015 only				
b Total for prior years. 20_____, 20_____, 20_____,				
3 Excess distributions carryover, if any, to 2016.				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0			
4 Qualifying distributions for 2016 from Part XII, line 4. ► \$ 256,377			206,733	
a Applied to 2015, 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 2016 distributable amount				49,644
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2016 (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:	0	0	0	0
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
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 2015. 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 2017			0	204,841
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 2011 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				

Part XIV **Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

- 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
- e Qualifying distributions made directly for active conduct of exempt activities

Subtract line 2d from line 2c

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

- a "Assets" alternative test—enter
 - (1) Value of all assets
 - (2) Value of assets qualifying under section 4942(j)(3)(B)(i)
- b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed
- c "Support" alternative test—enter.
 - (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)
 - (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)
 - (3) Largest amount of support from an exempt organization
 - (4) Gross investment income

Part XV **Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).)

NONE

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.

NONE

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

Check here ► if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

MICHAEL R BROWN 8976 NE PATTON ROAD HAMILTON, MO 64644 816-583-2185

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

APPLICATIONS ARE AVAILABLE UPON REQUEST BY APPLICANTS

c Any submission deadlines

NO

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

SCHOLARSHIPS ARE FOR BRAYMER C-4 HIGH SCHOOL GRADUATES

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				
AFC			GENERAL GRANT	5,000
AMERICAN LEGION AUXILIARY			GIRLS STATE	900
AUSTIN ANDERSON SAFE HAVEN			GENERAL GRANT	14,327
BRAYMER BAPTIST CHURCH			GENERAL GRANT	2,000
BRAYMER C-4 SCHOOL 400 BOBCAT AVE BRAYMER, MO 64624			LIVESTOCK SHOW	1,200
BRAYMER C-4 SCHOOL 400 BOBCAT AVE BRAYMER, MO 64624			BOOSTER CLUB	2,000
BRAYMER C-4 SCHOOL 400 BOBCAT AVE BRAYMER, MO 64624			GENERAL	400
BRAYMER C-4 SCHOOL 400 BOBCAT AVE BRAYMER, MO 64624			GENERAL	6,800
BRAYMER C-4 SCHOOL 400 BOBCAT AVE BRAYMER, MO 64624			GENERAL	3,000
BRAYMER LEGION			GENERAL	3,000
BRAYMER, MO 64624			CAPS FOR FAIR	6,000
BRAYMER, MO 64624				
Total	See Attached Statement			► 3a 253,877
b Approved for future payment				
Total				► 3b 0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate					
a	Debt-financed property					
b	Not debt-financed property					
16						
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a <u>USDA AG PROGRAM</u>					
b	<u>HAY SOLD</u>					
c	<u>PATRONAGE DIVIDENDS</u>					
d	<u>CROP INSURANCE PROCEEDS</u>					
e	<u>STATE REIMB ON TERRACES</u>					
12	Subtotal Add columns (b), (d), and (e)		0		377,193	0
13	Total. Add line 12, columns (b), (d), and (e)				13	377,193

(See worksheet in line 13 instructions to verify calculations)

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

Part II, Line 11 (990-PF) - Investments - Land, Buildings, and Equipment

	Cost or Other Basis	Accumulated Depreciation	Book Value Beg. of Year	Book Value End of Year	FMV End of Year
1 REAL ESTATE AND TERRACES	4,667,506	47,336	4,573,684	4,620,170	4,667,506
2 BUILDING IMPROVEMENTS	84,832	16,145	70,862	68,687	84,832
3 EQUIPMENT	4,485	2,728	328	1,758	4,485

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account
1	BRIAN D PREWITT		3603 150TH	URBANDALE	IA	50323		PRESIDENT	300	800		
2	JAMES C JARRETT		122 NORTH MAIN	BRAYMER	MO	64624		VICE-PRESIDENT	300	800		
3	MICHAEL R BROWN		8976 NE PATTON RD	HAMILTON	MO	64644		SECRETARY	300	800		
4	DAVID MOORE		3975 SE ROUTE A	BRAYMER	MO	64624		DIRECTOR	300	800		
5	TIMOTHY L MURRAY		11390 D HIGHWAY	BRAYMER	MO	64624		DIRECTOR	300	800		
										4,000	0	0

Elections

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Name THE LLOYD R WALLACE CHARITABLE FOUNDATION
Address 217 MAIN STREET, BRAYMER, MO 64624
Identification Number 41-2091015

Taxpayer elects to apply De Minimis Safe Harbor under Reg 1 263(a)-1(f)

Section 1.263(a)-3(h) Safe Harbor Election for Small Taxpayers

Name THE LLOYD R WALLACE CHARITABLE FOUNDATION
Address 217 MAIN STREET, BRAYMER, MO 64624
Identification Number 41-2091015

Pursuant to IRC Sec 263(a) and Reg Sec 1.263(a)-3(h), the taxpayer elects to apply the Safe Harbor election for Small Taxpayers to not apply improvement rules to the following eligible building properties.

Commercial and farm buildings

Part I, Line 11 (990-PF) - Other Income

		41,129	41,129	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	USDA	6,289	6,289	
2	HAY SOLD	2,500	2,500	
3	PATRONAGE DIVIDENDS	2,405	2,405	
4	CROP INSURANCE PROCEEDS	13,173	13,173	
5	STATE REIMBURSEMENT ON TERRACES	16,762	16,762	

Part I, Line 16b (990-PF) - Accounting Fees

		1,505	1,505	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	LOCKRIDGE, CONSTANT & CONRAD, LLC	1,505	1,505		0

Part I, Line 18 (990-PF) - Taxes

		9,006	9,006	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	REAL ESTATE TAX NOT INCLUDED IN LINE 20	5,958	5,958		
2	EXCISE TAX ON INVESTMENT INCOME	3,048	3,048		
3		0			

Part I, Line 23 (990-PF) - Other Expenses

		19,935	19,935	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	DUES	65	65	-	-
2	LABOR	450	450	-	-
3	INSURANCE	19,159	19,159	-	-
4	OFFICE EXPENSE	189	189	-	-
5	SUPPLIES	72	72	-	-
6		0	0	-	-

Part I, Line 19 (990-PF) - Depreciation and Depletion

	Description	Date Acquired	Method of Computation	Asset Life	Cost or Other Basis	Beginning Accumulated Depreciation	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	BUILDING IMPROVEMENTS	7/1/2009	S/L	39	79,970	13,244			0
2	ELECTRICAL BUILDING IMPROVEMENTS	8/31/2009	S/L	5	613	603		2,051	2,051
3	AIR CONDITIONER	2/16/2010	S/L	39	4,862	738		125	125
4	BUILDING SIGN	5/6/2010	S/L	7	437	355		63	63
5	OFFICE FURNISHINGS	2/1/2010	S/L	7	1,585	1,339		226	226
6	TERRACES & TILE	6/30/2012	S/L	15	35,975	8,394		2,398	2,398
7	TERRACES & TILE	11/30/2012	S/L	15	36,884	7,582		2,459	2,459
8	TERRACES & TILE	11/28/2013	S/L	15	76,770	10,663		5,118	5,118
9	TERRACES	4/29/2014	S/L	15	26,856	2,983		1,790	1,790
10	TERRACES	7/16/2014	S/L	15	21,921	2,070		1,461	1,461
11	TERRACES	5/31/2016	S/L	15	62,129		2,416	2,416	
12	GRAIN BIN ELECTRICAL	6/30/2016	S/L	7	1,850		132	132	

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

CALDWELL COUNTY FOUNDATION

Street**City****State****Zip Code****Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution**

GENERAL

Amount

15,000

Name

CALDWELL COUNTY PANTRY

Street

808 N WALNUT

City

CAMERON

State

MO 64429

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

GENERAL

Amount

5,100

Name

CHILDREN'S MERCY HOSPITAL

Street**City****State****Zip Code****Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution**

GENERAL

Amount

7,000

Name

CRMC FOUNDATION

Street**City****State****Zip Code****Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution**

GENERAL

Amount

10,000

Name

DELTA CHI SORORITY

Street

LOCAL

City

BRAYMER

State

MO 64624

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

EASTER EGG HUNT

Amount

500

Name

DES MOINES CHURCH STARTER

Street**City****State****Zip Code****Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution**

GENERAL

Amount

12,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

DONNA'S ACADEMY OF HAIR DESIGN

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status		
--------------	-------------------	--	--

Purpose of grant/contribution SCHOLARSHIP	Amount 1,000
--	-----------------

Name

FAITH BAPTIST CHURCH

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status		
--------------	-------------------	--	--

Purpose of grant/contribution SCHOLARSHIP	Amount 1,500
--	-----------------

Name

FAITH BAPTIST CHURCH

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status		
--------------	-------------------	--	--

Purpose of grant/contribution GENERAL	Amount 16,000
--	------------------

Name

FIRST BAPTIST CHURCH

Street

201 MO-116

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

BRAYMER	MO	64624	
---------	----	-------	--

Relationship	Foundation Status		
--------------	-------------------	--	--

Purpose of grant/contribution SCHOLARSHIP	Amount 2,500
--	-----------------

Name

FLORIDA COLLEGE

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status		
--------------	-------------------	--	--

Purpose of grant/contribution SCHOLARSHIP	Amount 1,500
--	-----------------

Name

GOLDEN AGE NURSING HOME

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

BRAYMER	MO	64624	
---------	----	-------	--

Relationship	Foundation Status		
--------------	-------------------	--	--

Purpose of grant/contribution GENERAL	Amount 1,000
--	-----------------

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

GRAND RIVER TECH

Street

City CHILLICOTHE	State MO	Zip Code 64601	Foreign Country
---------------------	-------------	-------------------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution SCHOLARSHIP	Amount 500
--	---------------

Name

GRAND RIVER TECH

Street

City CHILLICOTHE	State MO	Zip Code 64601	Foreign Country
---------------------	-------------	-------------------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution SCHOLARSHIP	Amount 500
--	---------------

Name

GREEN HILLS WOMEN'S SHELTER

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution GENERAL	Amount 10,000
--	------------------

Name

HAMILTON LIONS CLUB

Street

City HAMILTON	State MO	Zip Code	Foreign Country
------------------	-------------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution GENERAL	Amount 2,500
--	-----------------

Name

HAMILTON R-II SCHOOL

Street

City HAMILTON	State MO	Zip Code	Foreign Country
------------------	-------------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution GENERAL	Amount 2,500
--	-----------------

Name

HAMILTON R-II SCHOOL

Street

City HAMILTON	State MO	Zip Code	Foreign Country
------------------	-------------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution WRESTLING MATS	Amount 5,000
---	-----------------

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

HAMILTON R-II SCHOOL

Street

City HAMILTON	State MO	Zip Code	Foreign Country
------------------	-------------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution BUS FOR STATE	Amount 1,650
--	-----------------

Name

JOURNEY CHURCH OF KC

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution GENERAL	Amount 2,000
--	-----------------

Name

KICKING BEAR FOUNDATION

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution GENERAL	Amount 3,500
--	-----------------

Name

KINGDOM CARES

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution GENERAL	Amount 8,000
--	-----------------

Name

KIRBO FOUNDATION

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution GENERAL	Amount 5,000
--	-----------------

Name

LAKEVIEW GOLF CLUB

Street

City	State MO	Zip Code	Foreign Country
------	-------------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution GENERAL	Amount 5,000
--	-----------------

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

LIVINGSTON COUNTY HUMANE SOCIETY

Street

City CHILlicothe	State MO	Zip Code 64601	Foreign Country
---------------------	-------------	-------------------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution GENERAL	Amount 3,500
--	-----------------

Name

MAPLE WOODS COLLEGE

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution SCHOLARSHIP	Amount 1,000
--	-----------------

Name

METRO COMMUNITY COLLEGE

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution SCHOLARSHIP	Amount 1,500
--	-----------------

Name

METRO COMMUNITY COLLEGE

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution SCHOLARSHIP	Amount 1,000
--	-----------------

Name

MO WESTERN STATE UNIVERSITY

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution SCHOLARSHIP	Amount 1,000
--	-----------------

Name

MO WESTERN STATE UNIVERSITY

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution SCHOLARSHIP	Amount 1,000
--	-----------------

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

NORTH MO CENTER FOR YOUTH

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

GENERAL

2,500

Name

NORTH CENTRAL MO COLLEGE

Street

1301 MAIN ST

City

TRENTON

State

MO

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

SCHOLARSHIP

500

Name

NORTH CENTRAL MO COLLEGE

Street

1301 MAIN ST

City

TRENTON

State

MO

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

SCHOLARSHIP

1,000

Name

NORTH CENTRAL MO COLLEGE

Street

1301 MAIN ST

City

TRENTON

State

MO

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

SCHOLARSHIP

1,000

Name

NORTH CENTRAL MO COLLEGE

Street

1301 MAIN ST

City

TRENTON

State

MO

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

SCHOLARSHIP

1,500

Name

NORTH CENTRAL MO COLLEGE

Street

1301 MAIN ST

City

TRENTON

State

MO

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

SCHOLARSHIP

1,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name NORTH CENTRAL MO COLLEGE	Street 1301 MAIN ST	City TRENTON	State MO	Zip Code 64683	Foreign Country
Relationship	Foundation Status				
Purpose of grant/contribution SCHOLARSHIP					Amount 1,000
Name NORTH CENTRAL MO COLLEGE	Street 1301 MAIN ST	City TRENTON	State MO	Zip Code 64683	Foreign Country
Relationship	Foundation Status				
Purpose of grant/contribution SCHOLARSHIP					Amount 1,000
Name NORTH CENTRAL MO COLLEGE	Street 1301 MAIN ST	City TRENTON	State MO	Zip Code 64683	Foreign Country
Relationship	Foundation Status				
Purpose of grant/contribution SCHOLARSHIP					Amount 1,000
Name NORTH CENTRAL MO COLLEGE	Street 1301 MAIN ST	City TRENTON	State MO	Zip Code 64683	Foreign Country
Relationship	Foundation Status				
Purpose of grant/contribution SCHOLARSHIP					Amount 1,000
Name NORTH CENTRAL MO COLLEGE	Street 1301 MAIN ST	City TRENTON	State MO	Zip Code 64683	Foreign Country
Relationship	Foundation Status				
Purpose of grant/contribution SCHOLARSHIP					Amount 1,000
Name NORTH CENTRAL MO COLLEGE	Street 1301 MAIN ST	City TRENTON	State MO	Zip Code 64683	Foreign Country
Relationship	Foundation Status				
Purpose of grant/contribution SCHOLARSHIP					Amount 1,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name
 NORTH CENTRAL MO COLLEGE
 Street
 1301 MAIN ST

City TRENTON	State MO	Zip Code 64683	Foreign Country
-----------------	-------------	-------------------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution SCHOLARSHIP	Amount 1,000
--	-----------------

Name
 NORTH CENTRAL MO COLLEGE
 Street
 1301 MAIN ST

City TRENTON	State MO	Zip Code 64683	Foreign Country
-----------------	-------------	-------------------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution SCHOLARSHIP	Amount 1,000
--	-----------------

Name
 NORTH CENTRAL MO BUSINESS FDN
 Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution GENERAL	Amount 5,000
--	-----------------

Name
 NORTHWEST MO STATE UNIV
 Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution SCHOLARSHIP	Amount 1,000
--	-----------------

Name
 NORTHWEST MO STATE UNIV
 Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution SCHOLARSHIP	Amount 1,000
--	-----------------

Name
 NORTHWEST MO STATE UNIV
 Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution SCHOLARSHIP	Amount 1,500
--	-----------------

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

NORTHWEST MO STATE UNIV

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status		
--------------	-------------------	--	--

Purpose of grant/contribution SCHOLARSHIP	Amount 1,000
--	-----------------

Name

NORTHWEST MO STATE UNIV

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status		
--------------	-------------------	--	--

Purpose of grant/contribution SCHOLARSHIP	Amount 1,000
--	-----------------

Name

PARK UNIVERSITY

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status		
--------------	-------------------	--	--

Purpose of grant/contribution SCHOLARSHP	Amount 1,000
---	-----------------

Name

PARK UNIVERSITY

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status		
--------------	-------------------	--	--

Purpose of grant/contribution SCHOLARSHIP	Amount 1,500
--	-----------------

Name

PARK UNIVERSITY

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status		
--------------	-------------------	--	--

Purpose of grant/contribution SCHOLARSHIP	Amount 1,000
--	-----------------

Name

PHARES CEMETERY

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status		
--------------	-------------------	--	--

Purpose of grant/contribution GENERAL	Amount 3,000
--	-----------------

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

POLO SCHOOL

Street

City POLO	State MO	Zip Code	Foreign Country
--------------	-------------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution TRACK EQUIPMENT	Amount 2,500
--	-----------------

Name

SECOND BAPTIST CHURCH

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution GENERAL	Amount 5,000
--	-----------------

Name

TINNEY GROVE CEMETERY

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution GENERAL	Amount 2,500
--	-----------------

Name

TRES DIAS

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution GENERAL	Amount 7,000
--	-----------------

Name

TRUMAN STATE UNIVERSITY

Street

City KIRKSVILLE	State MO	Zip Code	Foreign Country
--------------------	-------------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution SCHOLARSHIP	Amount 1,500
--	-----------------

Name

TRUMAN STATE UNIVERSITY

Street

City KIRKSVILLE	State MO	Zip Code	Foreign Country
--------------------	-------------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution SCHOLARSHIP	Amount 1,500
--	-----------------

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

UNIV OF CENTRAL MISSOURI

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status		
--------------	-------------------	--	--

Purpose of grant/contribution SCHOLARSHIP	Amount		
--	--------	--	--

Name

UNIV OF MISSOURI

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status		
--------------	-------------------	--	--

Purpose of grant/contribution SCHOLARSHIP	Amount		
--	--------	--	--

Name

UNIV OF MISSOURI

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status		
--------------	-------------------	--	--

Purpose of grant/contribution SCHOLARSHIP	Amount		
--	--------	--	--

Name

UNIV OF MISSOURI

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status		
--------------	-------------------	--	--

Purpose of grant/contribution SCHOLARSHIP	Amount		
--	--------	--	--

Name

UNIV OF MISSOURI

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status		
--------------	-------------------	--	--

Purpose of grant/contribution SCHOLARSHIP	Amount		
--	--------	--	--

Name

UNIV OF MISSOURI

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status		
--------------	-------------------	--	--

Purpose of grant/contribution SCHOLARSHIP	Amount		
--	--------	--	--

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

UNIV OF MISSOURI

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution SCHOLARSHIP	Amount 1,000
--	-----------------

Name

UNIV OF MISSOURI

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution SCHOLARSHIP	Amount 1,000
--	-----------------

Name

UNIV OF MISSOURI

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution SCHOLARSHIP	Amount 1,000
--	-----------------

Name

UNIV OF MISSOURI

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution SCHOLARSHIP	Amount 1,000
--	-----------------

Name

UNIV OF OKLAHOMA

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution SCHOLARSHIP	Amount 1,500
--	-----------------

Name

VALLEY CHURCH

Street

City	State	Zip Code	Foreign Country
------	-------	----------	-----------------

Relationship	Foundation Status
--------------	-------------------

Purpose of grant/contribution GENERAL	Amount 5,000
--	-----------------

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

WHITE CEMETERY

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

GENERAL

3,000

Name

WHITWORTH MINISTRIES

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

GENERAL

8,000

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount