Form , **990** 

Department of the Treasury Internal Revenue\*Service

SCAMMED HUG I & SUIP

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

| <u>A</u> _              | For the                    | = 2016 calendar year, or tax year beginning $-09/01/16$ , and ending $-08/31/16$                             | 17                 |                                       | <del></del>             |
|-------------------------|----------------------------|--|--------------------|---------------------------------------|-------------------------|
| В                       | Check if ap                | plicable C Name of organization Alpha Iota Educational Foundation  |                    | D Employer iden                       | tification number       |
| $\Box$                  | Address ch                 | nangec/o Jeff Ostermann  |                    |                                       |                         |
| Ħ                       | Nama ahar                  | Doing business as  |                    | 43-162                                | 2121                    |
| 닏                       | Name char                  | Number and street (or P O box if mail is not delivered to street address)                                    | Room/suite         | E Telephone nun                       |                         |
| $\sqcup$                | Initial return             |  | <u> </u>           |                                       |                         |
|                         | Final return<br>terminated |  |                    |                                       |                         |
| 二                       |                            | Chesterfield MO 63017-2482   |                    | G Gross receipts \$                   | 370,166                 |
| ᆜ                       | Amended r                  | F Name and address of principal officer  |                    |                                       |                         |
|                         | Application                | pending Jeff Ostermann   | H(a) Is this a gr  | oup return for subordi                | nates? Yes X No         |
|                         |                            | 15321 Nooning Tree Court   | H(b) Are all sui   | oordinates included?                  | Yes No                  |
|                         |                            | ChesterfieldMO 63017   | 7)                 | " attach a list (see i                |                         |
| _                       |                            |  | <u></u>            | ,, , , , , , , , , , , , , , , , ,    | ···                     |
| <u> </u>                | Tax-exem                   |  |                    | _                                     |                         |
| <u>1</u>                | Website:                   |  | H(c) Group exe     | emption number                        |                         |
|                         | Form of or                 |  | Year of formation  | M                                     | State of legal domicile |
|                         | art I                      | Summary `  |                    | ·                                     |                         |
|                         | 1 B                        | Briefly describe the organization's mission or most significant activities.                                  |                    |                                       |                         |
| •                       | 1                          | See Schedule O   |                    |                                       |                         |
| Š                       | ļ                          |  |                    |                                       |                         |
| 3                       |                            |  |                    |                                       | •                       |
| Š                       | ١                          | Shook this have N 1 state amonimation discontinued to anomalism and a second of many than 0                  | FO/ -f             | 4-                                    | •                       |
| Activities & Governance | 1                          | Check this box I if the organization discontinued its operations or disposed of more than 2                  | 5% of its net as   | 1 1 -                                 |                         |
| ೦೮                      | 1                          | lumber of voting members of the governing body (Part VI, line 1a)  |                    | 3 6                                   |                         |
| ies                     | 4 N                        | lumber of independent voting members of the governing body (Part VI, line 1b)                                |                    | 4 6                                   |                         |
| ₹                       | 5 T                        | otal number of individuals employed in calendar year 2016 (Part V, line 2a)                                  |                    | <b>5</b> 0                            |                         |
| ţ                       | 6 T                        | otal number of volunteers (estimate if necessary)  |                    | <b>6</b> 0                            |                         |
| _                       | 7a T                       | otal unrelated business revenue from Part VIII, column (C), line 12  |                    | 7a                                    | 0                       |
|                         |                            | let unrelated business taxable income from Form 990-Tumese EIVED   |                    | 7b                                    | 0                       |
| _                       | <del></del>                | RECEIVE  | Prior Ye           |                                       | Current Year            |
| _                       | 8 0                        | Contributions and grants (Part VIII, line 1h)  |                    | 1,000                                 | 368,850                 |
| 2                       | 1                          | Program service revenue (Part VIII, line 2g)  MAY 2 9 2018   | <del></del>        |                                       | 0                       |
| Revenue                 |                            | nvestment income (Part VIII, column (A), lines 3, 4, and 7d)   |                    | 1,190                                 | 1,316                   |
| æ                       |                            |  |                    | 1,190                                 |                         |
|                         | 11 C                       | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 100 and FeN, UT                                   |                    | - 100                                 | 0                       |
| _                       | 12 T                       | otal revenue – add lines 8 through 11 (must equal Part-VIII, column (A), line 12)                            |                    | 2,190                                 | <u>370,166</u>          |
|                         | 1                          | Grants and similar amounts paid (Part IX, column (A), lines 1–3)   |                    |                                       | 0                       |
|                         | 14 B                       | Benefits paid to or for members (Part IX, column (A), line 4)  |                    |                                       | 0                       |
| ģ                       | 15 S                       | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                            |                    |                                       | 0                       |
| xpenses                 | 16a P                      | Professional fundraising fees (Part IX, column (A), line 11e)  |                    |                                       | 0                       |
| ĕ                       |                            | otal fundraising expenses (Part IX, column (D), line 25) ▶ 0   |                    |                                       |                         |
| Ä                       |                            | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)   |                    | 7,857                                 | 28,515                  |
|                         |                            | otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)                                     |                    | 7,857                                 | 28,515                  |
|                         | 1                          |  |                    | 700                                   |                         |
|                         | 19 H                       | Revenue less expenses. Subtract line 18 from line 12   | Beginning of Cu    |                                       | 341,651<br>End of Year  |
| Net Assets or           | A0 T                       | Total accests (Post V. line 4C)  |                    | 7,652                                 | 484,007                 |
| SSe                     | 20 1                       | Total assets (Part X, line 16)   | T 3                | 7,032                                 |                         |
| ¥5                      | 21 T                       | otal liabilities (Part X, line 26)   |                    | - 0                                   | 0                       |
| Z                       | 22 N                       | let assets or fund balances. Subtract line 21 from line 20   | 13                 | 7,652                                 | <u>484,007</u>          |
| ĕ₽                      | art II                     | Signature Block  |                    | <del></del>                           |                         |
| ⊋ე∪                     | nder pen                   | nalties of perjury, I declare that I have examined this return, including accompanying schedules and statem  | ents, and to the b | est of my knowle                      | dge and belief, it is   |
| ் tr                    | ие, сопе                   | ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer | has any knowled    | ge ,                                  |                         |
| =                       |                            | 1/1/2 7 (01/2)   |                    | 5/2                                   | 7/18                    |
| Sig                     | ın l                       | Signatur of oracer   |                    | Date                                  | 7                       |
| He                      | ro l                       | Jeff Ostermann Sec/1   | rose               |                                       | •                       |
| ្យាម                    |                            | Type or print name and title   |                    | · · · · · · · · · · · · · · · · · · · | <del></del>             |
| <u></u>                 |                            |  | <del></del>        | <del></del>                           | 1 .T DTIN               |
|                         | ا                          | Print/Type preparer's name Preparer's signature  | Date               | Check                                 | f PTIN                  |
| Pai                     |                            | Diana L. Blakeman Sunab Linkenan   | 05/11              | /18 self-employe                      |                         |
| <u>.</u> .              | parer                      | Firm's name   Beal, Blakeman & Smither, CPAs P.C.  |                    | Firm's EIN                            | <u>43-1730214</u>       |
| -                       | ∍ Only                     | 7926 E 171st Street, Suite 108   |                    | - <del> </del>                        | -                       |
| か                       |                            | Firm's address   Belton, MO 64012-5333   | 1                  | Phone no 8                            | <b>1</b> 6-331-1151     |
| Ma                      | y the IR                   | S discuss this return with the preparer shown above? (see instructions)                                      |                    |                                       | Yes No                  |

Form **990** (2016)

| om 990 (2016) Alpha Iota Educational Foundation 43-1622121  | Page 2      |
|---|-------------|
| Part III Statement of Program Service Accomplishments   | -<br>ਹੀ     |
| * Check if Schedule O contains a response or note to any line in this Part III  | X           |
| 1 Briefly describe the organization's mission: See Schedule O   |             |
|   | •           |
|   |             |
| Did the organization undertake any significant program services during the year which were not listed on the                  | <del></del> |
| prior Form 990 or 990-EZ?   | Yes X No    |
| If "Yes," describe these new services on Schedule O   |             |
| Did the organization cease conducting, or make significant changes in how it conducts, any program                            | □ ,,        |
| services?  If "Yes," describe these changes on Schedule O.  | Yes X No    |
| Describe the organization's program service accomplishments for each of its three largest program services, as measured by    |             |
| expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, |             |
| the total expenses, and revenue, if any, for each program service reported.   |             |
| la (Code: ) (Expenses \$ 27,584 including grants of \$ ) (Revenue \$  |             |
| Provided scholarships and educational facilities for students   | •           |
| •   |             |
|   |             |
|   |             |
|   | •           |
|   | •           |
|   | •           |
|   | •           |
|   |             |
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| Hb (Code ) (Expenses \$ including grants of \$ ) (Revenue \$  |             |
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| c (Code. ) (Expenses \$ Including grants of \$ ) (Revenue \$  |             |
|   |             |
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|   |             |
|   | -           |
|   | •           |
| d Other program services (Describe in Schedule O.)  |             |
| (Expenses \$ including grants of \$ ) (Revenue \$   | )           |
| 4e Total program service expenses ► 27,584  |             |

43-1622121

## Part IV Checklist of Required Schedules

| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"    |
|---|--|
|   | complete Schedule A  |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to |
|   | candidates for public office? If "Yes," complete Schedule C, Part I  |

- Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
  - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
  - b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
  - c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
  - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
  - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
  - b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

|            |     | Yes      | No          |
|------------|-----|----------|-------------|
| -          |     |          |             |
| <b> </b> - | 1_  | X        |             |
| -          | 2   | X        |             |
|            | 3   |          | X           |
|            | 4   |          | X           |
|            | 5   |          | Х           |
|            | 6_  |          | X           |
|            |     |          | ~           |
| $\vdash$   | 7   |          |             |
| -          | 8   |          | X<br>X      |
|            | 9   | <u> </u> | Х           |
| L          | 10  |          | X           |
|            |     |          |             |
| 1          | 1a  |          | X           |
| 1          | 1b  |          | X           |
| 1          | 1c  |          | X<br>X<br>X |
| 4          | 1d  |          | Y           |
|            | 1e  |          | X           |
| ⊢'         | 16  |          |             |
| 1          | 1f  |          | X           |
| 1          | 2a  |          | <u>X</u>    |
|            | 2b  |          | X           |
|            | 13  |          | <u>X</u>    |
| -          | 4a  |          |             |
| 1          | 4b  | i        | X           |
| -          | 15  |          | X           |
| <u> </u>   | 16  |          | x           |
|            | 17  |          | X           |
|            | 18_ |          | X           |
|            | 19  | 990      | X           |

|            | •  |            | Yes          | No              |
|------------|--|------------|--------------|-----------------|
| 20a        | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a        |              | X               |
| b          | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b        |              |                 |
| 21         | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |            |              |                 |
|            | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21         |              | Х               |
| 22         | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |            |              |                 |
|            | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22         |              | LX              |
| 23         | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the  |            |              |                 |
|            | organization's current and former officers, directors, trustees, key employees, and highest compensated  |            |              |                 |
|            | employees? If "Yes," complete Schedule J   | 23         |              | Х               |
| 24a        | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than  |            |              |                 |
|            | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b  |            |              | İ               |
|            | through 24d and complete Schedule K If "No," go to line 25a  | 24a        |              | Х               |
| b          | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b        |              |                 |
| С          | Did the organization maintain an escrow account other than a refunding escrow at any time during the year  |            |              |                 |
|            | to defease any tax-exempt bonds?   | 24c        |              | l               |
| d          | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d        |              |                 |
|            | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   | 1-:-       |              |                 |
|            | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a        |              | Х               |
| b          | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior   | 1 232      |              |                 |
| _          | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?   |            |              | ĺ               |
|            | If "Yes," complete Schedule L, Part I  | 25b        |              | Х               |
| 26         | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any   | 1202       | _            | <u> </u>        |
|            | current or former officers, directors, trustees, key employees, highest compensated employees, or  | j          | 1            |                 |
|            | disqualified persons? If "Yes," complete Schedule L, Part II   | 26         |              | Х               |
| 27         | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,   | 120        |              | <u> </u>        |
|            | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled  |            |              |                 |
|            | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27         |              | Х               |
| 28         | Was the organization a party to a business transaction with one of the following parties (see Schedule L,  |            |              | <u> </u>        |
|            | Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |            |              | l               |
| а          | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>   | 28a        | 1            | Х               |
| b          | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>  | 200        | _            |                 |
| -          | Schedule L, Part IV  | 28b        |              | Х               |
| С          | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  | 205        |              |                 |
| Ŭ          | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c        |              | Х               |
| 29         | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29         | <del> </del> | X               |
| 30         | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   | 29         |              | - 1             |
| 30         | conservation contributions? If "Yes," complete Schedule M  | 20         |              | X               |
| 31         | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  | 30_        |              |                 |
| <i>3</i>   | Part I   | 31         |              | Х               |
| 32         | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  | 31         |              |                 |
| JZ         | complete Schedule N, Part II   | 32         |              | Х               |
| 33         |  | 32         |              | <del>  ^`</del> |
| 23         | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | ام         |              | Х               |
| 34         | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,  | 33         | $\vdash$     | -               |
| 34         |  |            |              | v               |
| 05-        | or IV, and Part V, line 1  | 34         |              | X               |
| 35a        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | <u>35a</u> | <u> </u>     | X               |
| þ          | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a  | 0.71       |              | i               |
|            | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b        |              | <del></del>     |
| 36         | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable   |            | [            | 37              |
| <b>a</b> - | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36_        | <b>-</b>     | Х               |
| 37         | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   | [          |              |                 |
|            | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,   |            |              | .,              |
|            | Part VI  | 37_        | <b>-</b>     | X               |
| 38         | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and   | }          | [ ]          | ٠,,             |
|            | 19? Note. All Form 990 filers are required to complete Schedule O.   | 38_        | L            | X               |

|        | 1930(2016) Alpha 10ta Educational Foundation 43-1022121  |             |              | age              |
|--------|--|-------------|--------------|------------------|
| Pa     | ★★★ Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V   |             |              | П                |
|        |  | <del></del> | Yes          | No               |
| 1a     | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  |             |              |                  |
| b      | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0  |             | I            |                  |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and   |             | l .          |                  |
|        | reportable gaming (gambling) winnings to prize winners?  | 1c          |              |                  |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |             |              |                  |
|        | Statements, filed for the calendar year ending with or within the year covered by this return  2a 0  |             | 1            |                  |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b          | <u> </u>     | <u> </u>         |
|        | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |             | I            |                  |
| 3a     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | . 3a        | ļ            | X                |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b          | ļ            | <u> </u>         |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority  | - 1         | ļ            |                  |
|        | over, a financial account in a foreign country (such as a bank account, securities account, or other financial   |             |              |                  |
|        | account)?  | 4a          |              | X                |
| b      | If "Yes," enter the name of the foreign country ▶  |             | Ī            |                  |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts  |             | 1            |                  |
|        | (FBAR)   |             | ŧ            |                  |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | . <u>5a</u> | <b>├</b>     | X                |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | . <u>5b</u> | <b>├</b> ─   | X                |
| C      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | . <u>5c</u> | <b>├</b> ─   | -                |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   |             |              | l                |
|        | organization solicit any contributions that were not tax deductible as charitable contributions?   | . <u>6a</u> | }            | X                |
| b      |  |             |              | İ                |
| _      | gifts were not tax deductible?   | . 6b        | <u> </u>     | ļ                |
| 7      | Organizations that may receive deductible contributions under section 170(c).  |             | 1            |                  |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods  |             | ł            |                  |
|        | and services provided to the payor?  | .   7a      | <del>[</del> | ├—               |
| þ      | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | .   7b      | ļ            | <u> </u>         |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |             |              |                  |
| _      | required to file Form 8282?  | 7c          | <del> </del> | ļ                |
| d      | · · · · · · · · · · · · · · · · · · ·  | — ,         | ŧ            | ŀ                |
| e      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e 7f       | ├            | _                |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8800 or required? |             | ┼            | -                |
| y<br>5 | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g<br>7h    | ┢            | <del>  -</del> - |
| h<br>8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the       | ·   /''     | ļ            | <b></b>          |
| •      | sponsoring organization have excess business holdings at any time during the year?   | 8           | Ī            | ĺ                |
| 9      | Sponsoring organizations maintaining donor advised funds.  | .   •       | <del> </del> | <b></b>          |
| а      | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a          | f            | İ                |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b          |              |                  |
| 10     | Section 501(c)(7) organizations. Enter:  |             | <del> </del> |                  |
| а      | Initiation fees and capital contributions included on Part VIII, line 12   |             | 1            |                  |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |             | •            |                  |
| 11     | Section 501(c)(12) organizations. Enter  |             |              |                  |
| а      | Gross income from members or shareholders  |             |              |                  |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources   |             | Ì            |                  |
|        | against amounts due or received from them.)  | _           | Ī            |                  |
| l2a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a         |              |                  |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |             | <u> </u>     | · · · · · ·      |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.   |             |              |                  |
| а      | Is the organization licensed to issue qualified health plans in more than one state?   | 13a         |              |                  |
|        | Note. See the instructions for additional information the organization must report on Schedule O   |             |              |                  |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which   |             | 1            |                  |
|        | the organization is licensed to issue qualified health plans   |             | I            |                  |
| C      | Enter the amount of reserves on hand   |             | <u> </u>     |                  |
| l4a    | Did the organization receive any payments for indoor tanning services during the tax year?   | . 14a       | <del> </del> | X                |
| b      | If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O  | 14b         | 1            | 1                |

| ,,,,,,,,, | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se |      | No" |             |
|-----------|--|------|-----|-------------|
| 205       | Check if Schedule O contains a response or note to any line in this Part VI  |      |     | X           |
| Jec       | Cion A. Governing Body and management  |      | Von | No          |
| 12        | Enter the number of voting members of the governing body at the end of the tax year 1a 6   |      | Yes | NO          |
| ıa        | <del></del>  | 1    |     |             |
|           | If there are material differences in voting rights among members of the governing body, or   |      |     |             |
|           | if the governing body delegated broad authority to an executive committee or similar   |      |     |             |
| L         | committee, explain in Schedule O   |      |     |             |
| b         |  | -    |     |             |
| 2         | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with   |      |     | .,          |
| _         | any other officer, director, trustee, or key employee?   | 2    |     | X           |
| 3         | Did the organization delegate control over management duties customarily performed by or under the direct  |      |     | 37          |
|           | supervision of officers, directors, or trustees, or key employees to a management company or other person?   | 3    |     | X           |
| 4         | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4    |     | X           |
| 5         | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5    |     | X           |
| 6         | Did the organization have members or stockholders?   | 6    |     | X           |
| 7a        | Did the organization have members, stockholders, or other persons who had the power to elect or appoint  |      |     |             |
|           | one or more members of the governing body?   | 7a   |     | X           |
| b         | Are any governance decisions of the organization reserved to (or subject to approval by) members,  |      |     | }           |
|           | stockholders, or persons other than the governing body?  | 7b   |     | X           |
| 8         | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |      |     |             |
| а         | The governing body?  | 8a   | Χ   | <u> </u>    |
| b         | Each committee with authority to act on behalf of the governing body?  | _8b  | Χ   |             |
| 9         | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at   |      |     |             |
|           | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9    | Χ   |             |
| Sec       | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Co  | de.) |     |             |
|           |  |      | Yes | No          |
| 10a       | Did the organization have local chapters, branches, or affiliates?   | 10a  |     | X           |
|           | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,   |      |     |             |
|           | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b  |     |             |
| l1a       | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a  |     | X           |
|           | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |      |     | · · ·       |
| I2a       |  | 12a  |     | Х           |
|           |  | 12b  |     |             |
| c         |  |      |     | _           |
| •         | describe in Schedule O how this was done   | 12c  |     |             |
| 13        | Did the organization have a written whistleblower policy?  | 13   | _   | X           |
| 14        | Did the organization have a written document retention and destruction policy?   | 14   |     | X           |
| 15        | Did the process for determining compensation of the following persons include a review and approval by   |      |     | <del></del> |
|           | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |      |     |             |
| _         | The organization's CEO, Executive Director, or top management official   | 150  |     | X           |
| a         |  | 15a  |     | X           |
| b         |  | 15b  |     |             |
| 10-       | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement        |      |     |             |
| l6a       |  | 4.0  |     | v           |
|           | with a taxable entity during the year?   | 16a  |     | X           |
| D         | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its   |      |     |             |
|           | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the  |      |     |             |
|           | organization's exempt status with respect to such arrangements?  | 16b  |     |             |
|           | ction C. Disclosure  |      |     |             |
| 17        | List the states with which a copy of this Form 990 is required to be filed None  |      |     |             |
| 18        | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)   |      |     |             |
|           | available for public inspection. Indicate how you made these available. Check all that apply.  |      |     |             |
|           | Own website  |      |     |             |
| 19        | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and  |      |     |             |
|           | financial statements available to the public during the tax year.  |      |     |             |
| 20        | State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  |      |     |             |
| Je        | eff Ostermann 15321 Nooning Tree Court   |      |     |             |
| Cl        | hesterfield MO 63017-2482  |      |     |             |

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title  | ame and Title Average hours per week (list any                 |                                   | o not o<br>x, unle    | Pos<br>check<br>ess pe | c)<br>ition<br>more<br>rson i | than or<br>s both<br>r/truste   | ne<br>an | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |  |  |
|---------------------|--|-----------------------------------|-----------------------|------------------------|-------------------------------|---------------------------------|----------|---|--|---|--|--|
|                     | hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional trustee | Officer                | Key employee                  | Highest compensated<br>employee | Former   | (W-2/1099-MISC)                                   | (W-2/1033-WISC)  | organization<br>and related<br>organizations        |  |  |
| (1)Michael Munsell  | 0.50   |                                   |                       |                        |                               |                                 |          |   |  |   |  |  |
| President           | 0.00   | Х                                 |                       | Х                      |                               |                                 |          | 0   | 0  | 0   |  |  |
| (2) Matthew Johnson | 0.50   |                                   |                       |                        |                               |                                 |          |   |  |   |  |  |
| V. President        | 0.00   | X                                 |                       | X                      |                               |                                 |          | 0   | 0  | 0   |  |  |
| (3) Jeff Ostermann  | 1.50   |                                   |                       |                        |                               |                                 |          |   |  | _   |  |  |
| Sec/Treas           | 0.00   | X                                 |                       | X                      |                               |                                 |          | 0   | 0  | 0   |  |  |
| (4)                 |  |                                   |                       |                        |                               |                                 |          |   |  |   |  |  |
| (5)                 |  | i                                 |                       | :                      |                               |                                 |          |   |  |   |  |  |
| (6)                 |  |                                   |                       |                        |                               |                                 |          |   |  |   |  |  |
| (7)                 |  |                                   |                       |                        |                               |                                 |          |   |  |   |  |  |
| (8)                 |  |                                   |                       |                        |                               |                                 |          |   |  |   |  |  |
| (9)                 |  |                                   |                       |                        |                               |                                 |          |   |  |   |  |  |
| (10)                |  |                                   |                       |                        |                               |                                 |          |   |  |   |  |  |
| (11)                |  |                                   | -                     | -                      |                               |                                 |          |   |  |   |  |  |
| DAA                 | <u> </u>   | 1                                 | <u> </u>              |                        | <u> </u>                      |                                 |          | <u> </u>  | <u></u>  | Form <b>990</b> (2016)                              |  |  |

|            | rt VII , Section A. Officers  (A) Name and title   | (B) Average hours per week (list any                           | (do                            | o not o               | Pos<br>check<br>ess pe | C)<br>ition<br>more | than o                          | ne<br>an          | (D)  Reportable compensation from the | (E) Reportable compensation from related organizations |     | (F) Estimate amount other compensa             | of<br>ition      |
|------------|--|--|--------------------------------|-----------------------|------------------------|---------------------|---------------------------------|-------------------|---------------------------------------|--|-----|--|------------------|
|            |  | hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee or director | Institutional trustee | Officer                | Key employee        | Highest compensated<br>employee | Former            | organization<br>(W-2/1099-MISC)       | (W-2/10 <del>99-M</del> ISC)                           |     | from th<br>organizat<br>and relat<br>organizat | ion<br>led       |
|            |  |  |                                |                       |                        |                     |                                 |                   |                                       |  |     |  |                  |
|            |  |  |                                |                       |                        |                     |                                 |                   |                                       |  |     |  |                  |
|            |  |  |                                |                       |                        |                     |                                 |                   |                                       |  |     |  |                  |
|            |  |  |                                |                       |                        |                     |                                 |                   |                                       |  |     |  |                  |
|            |  |  |                                |                       |                        |                     |                                 |                   |                                       |  |     |  |                  |
|            |  |  |                                |                       |                        |                     |                                 |                   |                                       |  |     |  |                  |
| 1b         | Sub-total  |  |                                |                       |                        |                     |                                 | <b>&gt;</b>       |                                       |  |     |  |                  |
| c<br>d     | Total from continuation shee<br>Total (add lines 1b and 1c)  |  |                                |                       |                        |                     |                                 | <b>&gt;</b>       |                                       |  |     |  |                  |
| 2          | Total number of individuals (in-<br>reportable compensation from   |  |                                |                       | thos                   | e lis               | ted a                           | bov               | e) who received more than             | \$100,000 of   |     | <del>  </del>                                  | Yes No           |
| 3<br>4     | Did the organization list any fo<br>employee on line 1a? If "Yes,"<br>For any individual listed on line<br>organization and related organization | complete Schede 1a, is the sum                                 | <i>lule</i> .<br>of re         | <i>J for</i><br>porta | <i>suci</i><br>able    | h <i>ina</i><br>com | <i>lividu</i><br>pens           | <i>al</i><br>atio | n and other compensation              | from the   | -   | 3  | X X              |
| 5<br>Secti | Did any person listed on line 1 for services rendered to the ori<br>ion B. Independent Contracto   | ganızatıon? <i>If "</i> Y                                      |                                |                       |                        |                     |                                 |                   |                                       | ındividual   |     | 5  | Х                |
| 1          | Complete this table for your five compensation from the organization   | e highest compe<br>zation. Report co                           | ensa<br>empe                   | ted i                 | ndep<br>tion t         | end<br>for th       | ent c                           | ontr              | dar year ending with or with          | in the organization's tax ye                           | ar. |  |                  |
|            | Name and   | (A)<br>business address  |                                |                       |                        |                     | ,                               |                   | Descrip                               | (B)<br>tion of services                                |     | Соп  | (C)<br>pensation |
|            |  |  |                                |                       |                        |                     |                                 |                   |                                       |  |     |  |                  |
|            |  |  |                                |                       |                        |                     | -                               |                   |                                       |  |     |  |                  |
|            |  |  |                                |                       |                        |                     |                                 |                   |                                       |  |     |  |                  |
| 2<br>DAA   | Total number of independent or received more than \$100,000 or   | ontractors (inclu<br>of compensation                           | dıng<br>fron                   | but<br>the            | not l<br>orga          | imite<br>aniza      | ed to<br>ation                  | thos<br>▶         | se listed above) who                  | 0  |     | Form   | 990 (2016)       |

| 7 4  | Ft ¥ | · Check if Schedule                                     |  | a response o   | r note to any line in | this Part VIII                         |   |  |
|--|------|---|--|----------------|-----------------------|--|---|--|
| ,  | •    |   |  |                | (A)<br>Total revenue  | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| ats<br>ts  | 1a   | Federated campaigns                                     | 1a                                     |                |                       |  |   | -  |
| Srai   | b    | Membership dues   | 1b                                     |                |                       |  |   |  |
| S, (<br>Am   | C    | Fundraising events                                      | 1c                                     |                |                       |  |   | ŀ  |
| a ii   | d    | Related organizations                                   | 1d                                     |                |                       | 1                                      |   |  |
| imi,   | е    | Government grants (contributions)                       | 1e                                     |                |                       |  |   | 1  |
| tior<br>r S  | f    | All other contributions, gifts, grants,                 | 1 1                                    |                |                       | 1                                      |   |  |
| ibe<br>the   |      | and similar amounts not included above                  | 1f                                     | 368,850        |                       |  |   |  |
| E D  | g    | Noncash contributions included in lines 1a              | a-1f \$                                |                |                       |  |   |  |
| Program Service Revenue Contributions, Gifts, Grants | h    | Total. Add lines 1a-1f                                  | <u>.</u>                               |                | 368,850               |  | *************                           |  |
| nue  |      |   |  | Busn. Code     |                       | 1                                      |   |  |
| evel   | 2a   |   |  |                |                       |  |   | <del></del>  |
| S S  | b    |   |  | <u> </u>       |                       |  | <del></del>                             |  |
| vic  | С    |   |  | <u> </u>       |                       |  |   |  |
| Se   | d    |   |  |                |                       |  |   | <del></del>  |
| Iran   | е    | ***   |  | <del></del>    |                       |  |   | <del>                                      </del>    |
| rog  | f    | All other program service revo                          | enue                                   | <u> </u>       |                       |  |   | <u> </u>   |
| _  | _ 9  | Total. Add lines 2a–2f                                  |  |                |                       |  |   | 1  |
|  | 3    | Investment income (including                            | j dividenas, inte                      | erest,         | 1 216                 | Ì                                      |   | 1,316  |
|  |      | and other similar amounts) Income from investment of ta | v avamat hans                          | d proposeds    | 1,316                 | <del></del>                            |   | 1,310  |
|  | 5    | Royalties   | ix-exempt bond                         | proceeds       | <del></del>           |  |   | <del> </del>   |
|  | 3    | (i) Real  | <del></del>                            | ıı) Personal   |                       | ······································ | <del></del>                             | · · · · · · · · · · · · · · · · · · ·                |
|  | 6a   | Gross rents   | <del></del>                            | ii) i Gisoriai |                       |  |   | İ  |
|  | b    | Less rental exps  |  |                |                       | 1                                      |   | ţ  |
|  | C    | Rental inc or (loss)                                    |  |                |                       |  |   |  |
|  | d    | Net rental income or (loss)                             | ······································ |                |                       | Ī                                      |   | Ì  |
|  | 7a   | Gross amount from (i) Securitie                         | os I                                   | (II) Other     |                       |  |   |  |
|  |      | sales of assets other than inventory                    |  |                |                       | I                                      |   |  |
|  | ь    | Less cost or other                                      |  |                |                       | 1                                      |   |  |
|  |      | basis & sales exps                                      | ]                                      | Ī              |                       |  |   | ii.  |
|  | С    | Gain or (loss)  |  |                |                       | 1                                      |   |  |
|  | d    | Net gain or (loss)                                      |  | <b>•</b>       |                       | Ī                                      |   | [  |
|  | 8a   | Gross income from fundraising evi                       | ents                                   |                |                       |  |   |  |
| Other Revenue  |      | (not including \$                                       | ľ                                      | 1              |                       | I                                      |   |  |
| eve  |      | of contributions reported on line 1                     | c)                                     | [              |                       | 1                                      |   |  |
| Ä  |      | See Part IV, line 18                                    | a                                      |                |                       |  |   |  |
| the  | b    | Less direct expenses                                    | b                                      |                |                       | 1                                      |   |  |
| ٥  | С    | Net income or (loss) from fun                           | idraisin <u>g event</u>                | s <b>&gt;</b>  |                       |  |   |  |
|  | 9a   | Gross income from gaming activiti                       | ies.                                   | 1              |                       | I                                      |   | <u> </u>   |
|  |      | See Part IV, line 19                                    | a                                      |                |                       | I                                      |   | ii<br>ii   |
|  |      | Less direct expenses                                    | ь[                                     |                |                       | Ī                                      |   |  |
|  |      | Net income or (loss) from gar                           |  |                |                       |  |   |  |
|  | 10a  | Gross sales of inventory, less                          | s                                      |                |                       |  |   | li i   |
|  |      | returns and allowances                                  | a                                      |                |                       | I                                      |   |  |
|  |      | Less cost of goods sold                                 | b[                                     |                |                       | 1                                      |   |  |
|  | င    | Net income or (loss) from sale                          |  |                |                       |  |   |  |
|  |      | Miscellaneous Revenue                                   | )                                      | Busn. Code     |                       | #                                      |   |  |
|  | 11a  |   |  | 1              |                       |  |   | <del>                                     </del>     |
|  | b    |   |  |                | <del></del>           |  | <del> </del>                            | <del> </del>   |
|  | C    | All ather re  |  | <b> </b>       |                       |  |   | <del> </del>   |
|  | ď    | All other revenue  Total, Add lines 11a–11d             |  | <u> </u>       |                       |  |   |  |
|  | 42   |   | 200                                    | <b>[</b>       | 370 166               | 0                                      |   | 1,316  |
|  | 12   | Total revenue. See instruction                          | J115                                   |                | 370,166               | <u> </u>                               | <del> '</del>                           | 1,310  |

Part IX Statement of Functional Expenses

|    | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                  | (A)<br>Total expenses | (B) Program service | (C)<br>Management and | (D)<br>Fundraising   | _ |
|----|---|-----------------------|---------------------|-----------------------|--|---|
| 1  | Grants and other assistance to domestic organizations                                       | <del></del>           | expenses            | general expenses      | expenses   | - |
| •  | and domestic governments. See Part IV, line 21  |                       | Į                   |                       |  |   |
| 2  | Grants and other assistance to domestic   |                       |                     |                       | ·  |   |
| _  | individuals. See Part IV, line 22   |                       | •                   |                       | .a   |   |
| 3  | Grants and other assistance to foreign  |                       | <u>-</u>            |                       |  |   |
| •  | organizations, foreign governments, and foreign   | ì                     |                     |                       |  |   |
|    | individuals. See Part IV, lines 15 and 16   |                       |                     |                       |  |   |
| 4  | Benefits paid to or for members   | *****                 |                     |                       |  |   |
| 5  | Compensation of current officers, directors,  |                       | <del></del>         |                       |  | _ |
| _  | trustees, and key employees   |                       |                     | ļ                     |  |   |
| 6  | Compensation not included above, to disqualified  |                       |                     |                       | <del></del>  | _ |
| _  | persons (as defined under section 4958(f)(1)) and   |                       |                     |                       |  |   |
|    | persons described in section 4958(c)(3)(B)  |                       |                     |                       |  |   |
| 7  | Other salaries and wages  |                       |                     |                       |  |   |
| 8  | Pension plan accruals and contributions (include  |                       |                     |                       |  |   |
|    | section 401(k) and 403(b) employer contributions)   |                       | Ì                   | 1                     | l  |   |
| 9  | Other employee benefits   |                       |                     |                       |  |   |
| 10 | Payroll taxes   |                       |                     |                       | !  |   |
| 11 | Fees for services (non-employees):  |                       |                     |                       |  |   |
| а  |   |                       |                     |                       | l  |   |
| þ  | Legal   |                       |                     |                       |  |   |
| С  | Accounting  | 550                   |                     | 550                   |  | _ |
| d  | Lobbying  |                       |                     |                       |  | _ |
| е  | Professional fundraising services. See Part IV, line 17                                     |                       |                     |                       |  |   |
| f  | Investment management fees  |                       |                     |                       |  |   |
| g  | Other (If line 11g amount exceeds 10% of line 25, column                                    |                       |                     |                       |  |   |
|    | (A) amount, list line 11g expenses on Schedule O)   |                       |                     |                       | <del></del>  |   |
| 12 | Advertising and promotion   |                       |                     |                       |  | _ |
| 13 | Office expenses   |                       |                     |                       |  | _ |
| 14 | Information technology  |                       |                     |                       |  | _ |
| 15 | Royalties   |                       |                     |                       |  | _ |
| 16 | Occupancy   |                       |                     |                       |  | _ |
| 17 | Travel  |                       |                     |                       |  | _ |
| 18 | Payments of travel or entertainment expenses  |                       | Ì                   | )                     |  |   |
|    | for any federal, state, or local public officials   |                       |                     |                       |  | _ |
| 19 | Conferences, conventions, and meetings  |                       |                     |                       |  | _ |
| 20 | Interest  |                       |                     |                       |  | _ |
| 21 | Payments to affiliates  |                       |                     |                       |  | _ |
| 22 | Depreciation, depletion, and amortization   |                       |                     |                       |  | _ |
| 23 | Insurance   |                       |                     |                       |  |   |
| 24 | Other expenses Itemize expenses not covered   |                       | 1                   |                       | \$<br>-  |   |
|    | above (List miscellaneous expenses in line 24e. If  |                       | Į.                  |                       | ģ  |   |
|    | line 24e amount exceeds 10% of line 25, column  |                       | Ī                   |                       | d programme of the control of the co |   |
|    | (A) amount, list line 24e expenses on Schedule O)   |                       |                     | `                     |  | _ |
| а  | F   | 20,000                | 20,000              |                       | <u></u>  |   |
| þ  | Scholarship   | 6,000                 | 6,000               |                       |  |   |
| C  | Technology for students   | 1,584                 | 1,584               |                       | <del></del>  | _ |
| d  | Miscellaneous   | 200                   |                     | 200                   | <del></del>  |   |
| е  | All other expenses  | 181                   |                     | 181                   |  | _ |
| 25 | Total functional expenses. Add lines 1 through 24e  | 28,515                | 27,584              | 931                   |  | 0 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs |                       |                     |                       |  |   |
|    | from a combined educational campaign and  | )                     | Ì                   | ]                     |  |   |
|    | fundraising solicitation. Check here   ∫  If  following SOP 98.2 (ASC 958.720)              |                       | ]                   |                       |  |   |

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest bearing 34,743 351. 102,909 2 Savings and temporary cash investments Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 137,652 484,007 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 0 26 Organizations that follow SFAS 117 (ASC 958), check here or Fund Balances complete lines 27 through 29, and lines 33 and 34. 137,652 484,007 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. Net Assets Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 137,652 33 484,007 137,652 484,007 Total liabilities and net assets/fund balances

| <u>orm</u> | 1990 (2016) Alpha lota Educational Foundation 43-1622121  |    |   |      | Page <b>12</b>      |
|------------|---|----|---|------|---------------------|
| Pa         | rt XI Reconciliation of Net Assets  |    |   |      |                     |
|            | Check if Schedule O contains a response or note to any line in this Part XI                                   |    |   |      | $\Box\Box\Box$      |
| 1          | Total revenue (must equal Part VIII, column (A), line 12)   | 1  |   | 3    | 70,166              |
| 2          | Total expenses (must equal Part IX, column (A), line 25)  | 2  |   |      | 28 <b>,</b> 515     |
| 3          | Revenue less expenses Subtract line 2 from line 1   | 3  |   | 34   | 11,651              |
| 4          | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  |   | 1;   | 37,652              |
| 5          | Net unrealized gains (losses) on investments  | 5_ |   |      | 4,704               |
| 6          | Donated services and use of facilities  | 6  |   |      |                     |
| 7          | Investment expenses   | 7  |   |      |                     |
| 8          | Prior period adjustments  | 8  |   |      |                     |
| 9          | Other changes in net assets or fund balances (explain in Schedule O)  | 9  |   |      |                     |
| 10         | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line                 |    |   |      |                     |
|            | 33, column (B))   | 10 |   | 48   | 34,007              |
| Pa         | rt XII Financial Statements and Reporting   |    |   |      |                     |
|            | Check if Schedule O contains a response or note to any line in this Part XII                                  |    |   |      |                     |
|            |   | _  | _ |      | Yes No_             |
| 1          | Accounting method used to prepare the Form 990. X Cash Accrual Other  |    |   |      |                     |
|            | If the organization changed its method of accounting from a prior year or checked "Other," explain in         | _  |   |      |                     |
|            | Schedule O  |    |   |      |                     |
| 2a         | Were the organization's financial statements compiled or reviewed by an independent accountant?               |    |   | 2a   | X_                  |
|            | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or        |    | • |      |                     |
|            | reviewed on a separate basis, consolidated basis, or both   |    |   |      |                     |
|            | Separate basis Consolidated basis Both consolidated and separate basis  |    |   |      |                     |
| b          | Were the organization's financial statements audited by an independent accountant?                            |    |   | 2b   | X                   |
|            | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a       |    |   |      |                     |
|            | separate basis, consolidated basis, or both.  |    |   |      |                     |
|            | Separate basis Consolidated basis Both consolidated and separate basis  |    |   |      |                     |
| C          | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight   |    |   | [ ]  |                     |
|            | of the audit, review, or compilation of its financial statements and selection of an independent accountant?  |    |   | 2c   |                     |
|            | If the organization changed either its oversight process or selection process during the tax year, explain in |    |   |      |                     |
|            | Schedule O  |    |   |      |                     |
| 3a         | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in   |    |   |      | Ī                   |
|            | the Single Audit Act and OMB Circular A-133?  |    |   | 3a   |                     |
| b          | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the  |    |   |      |                     |
|            | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       |    |   | 3ь   |                     |
|            |   |    |   | Forr | n <b>990</b> (2016) |
|            |   |    |   |      |                     |

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

C/o Jeff Ostermann 43-1622121

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

Alpha Iota Educational Foundation

Employer identification number

| Γhe         | orga  | nization is not  | a private foundation because  | se it is (For lines 1 through 12, o  | check only  | y one box    | ()                                  | 7                  |  |  |
|-------------|-------|--|-------------------------------|--|-------------|--------------|-------------------------------------|--------------------|--|--|
| 1           |       | A church, co   | nvention of churches, or ass  | sociation of churches described  | in section  | 170(b)(      | 1)(A)(i).                           |                    |  |  |
| 2           |       | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)                                    |                               |  |             |              |                                     |                    |  |  |
| 3           |       | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).                            |                               |  |             |              |                                     |                    |  |  |
| 4           |       | A medical re   | search organization operate   | d in conjunction with a hospital   | described   | in section   | on 170(b)(1)(A)(iii). Enter the h   | ospital's name,    |  |  |
|             |       | city, and stat   | e:                            |  |             |              |                                     |                    |  |  |
| 5           |       | An organizat   | ion operated for the benefit  | of a college or university owned   | or operat   | ed by a g    | overnmental unit described in       | ••                 |  |  |
|             | _     | section 170(b)(1)(A)(iv). (Complete Part II )  |                               |  |             |              |                                     |                    |  |  |
| 6           |       | A federal, sta   | ate, or local government or g | povernmental unit described in s   | ection 17   | 70(b)(1)(A   | \)(v).                              |                    |  |  |
| 7           |       | An organization that normally receives a substantial part of its support from a governmental unit or from the general public |                               |  |             |              |                                     |                    |  |  |
| 8           |       |  | section 170(b)(1)(A)(vi). (C  | omplete Part II)<br><b>170(b)(1)(A)(vi).</b> (Complete Part                  | . 11 \      |              |                                     |                    |  |  |
| 9           | H     |  |                               | scribed in section 170(b)(1)(A)(i  |             | od in oon    | iunation with a land grant calla    | 20                 |  |  |
| 3           |       |  |                               | of agriculture (see instructions).   |             |              | <del>-</del>                        | ge                 |  |  |
| 10          | X     | •  | on that normally receives: (  | 1) more than 33 1/3% of its supp   | port from   | contributi   | ons membership fees and ord         | nes                |  |  |
|             | لقيقا | _  | •                             | npt functions—subject to certain   |             |              |                                     |                    |  |  |
|             |       |  | _                             | nd unrelated business taxable ir   | •           |              | •                                   |                    |  |  |
|             | _     |  | <u>=</u>                      | 30, 1975. See section 509(a)(2)  |             |              | •                                   |                    |  |  |
| 11          |       | •  | •                             | exclusively to test for public safe  | •           |              |                                     |                    |  |  |
| 12          |       |  |                               | exclusively for the benefit of, to   |             |              |                                     |                    |  |  |
|             |       |  |                               | zations described in <b>section 50</b> 9<br>hat describes the type of suppor |             |              | , ,, ,                              |                    |  |  |
|             | а     |  |                               | erated, supervised, or controlled  |             |              |                                     | <u> </u>           |  |  |
|             | a     | the supp   | orted organization(s) the por | wer to regularly appoint or elect<br>complete Part IV, Sections A a          | a majority  |              | ( ,, ),                             | ng                 |  |  |
|             |       |  | • •                           | •  |             | .40 0        | ated executes (a) by beginn         |                    |  |  |
|             | þ     |  |                               | pervised or controlled in connecting organization vested in the s            |             |              |                                     |                    |  |  |
|             |       |  |                               | Part IV, Sections A and C.   | same pers   | ouis tilat   | Control of manage the support       | eu                 |  |  |
|             | С     |  | • •                           | supporting organization operated   | d in conne  | ection with  | and functionally integrated w       | rith               |  |  |
|             |       |  |                               | structions) You must complete  |             |              |                                     | ,                  |  |  |
|             | d     | Type III ı   | non-functionally integrated   | d. A supporting organization ope   | erated in c | onnection    | n with its supported organization   | on(s)              |  |  |
|             |       |  | • •                           | e organization generally must sa   | -           |              | •                                   | ess                |  |  |
|             |       | _ `  | •                             | must complete Part IV, Section   |             | •            |                                     |                    |  |  |
|             | 6     |  |                               | ceived a written determination from  |             |              | s a Type I, Type II, Type III       |                    |  |  |
|             | f     |  | nber of supported organizat   | n-functionally integrated support  | ung organ   | nzation      |                                     |                    |  |  |
|             | g     |  |                               | ne supported organization(s).  |             |              |                                     |                    |  |  |
|             |       | e of supported   | (ii) EiN                      | (iii) Type of organization   | (iv) is the | organization | (v) Amount of manatany              | (vi) Amount of     |  |  |
| ٧٠.         |       | janization   | (11) 2.11                     | (described on lines 1–10   | 1 ' '       | r governing  | (v) Amount of monetary support (see | other support (see |  |  |
|             |       |  |                               | above (see instructions))  | docu        | ment?        | instructions)                       | instructions)      |  |  |
|             |       |  |                               |  | Yes         | No           |                                     |                    |  |  |
| (A)         |       |  |                               |  | Į.          |              |                                     |                    |  |  |
| <del></del> |       |  |                               |  | <u> </u>    |              |                                     |                    |  |  |
| (B)         |       |  |                               |  |             |              |                                     |                    |  |  |
| (C)         |       | <del></del>  |                               |  | <u> </u>    |              |                                     |                    |  |  |
| (0)         |       |  |                               |  |             |              |                                     |                    |  |  |
| (D)         |       |  |                               |  |             |              |                                     |                    |  |  |
| (E)         |       |  |                               | -  |             |              |                                     |                    |  |  |
|             |       |  |                               | ,  | ļ           | <u> </u>     |                                     |                    |  |  |
| _           |       |  |                               |  |             |              |                                     |                    |  |  |
| <b>Tota</b> | l     |  |                               | <b>I</b>   | 1 .         | 1            | 1                                   | l                  |  |  |

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

| Sec      | tion A. Public Support  |                        |                         |                        |   |            |            |
|----------|---|------------------------|-------------------------|------------------------|---|------------|------------|
| Cale     | ndar year (or fiscal year beginning in)   | (a) 2012               | (b) 2013                | (c) 2014               | (d) 2015                                | (e) 2016   | (f) Total  |
| 1        | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")   |                        |                         | <u> </u>               |   |            | ,/         |
| 2        | Tax revenues levied for the<br>organization's benefit and either paid<br>to or expended on its behalf   |                        |                         | ,                      |   |            |            |
| 3        | The value of services or facilities furnished by a governmental unit to the organization without charge   |                        |                         |                        |   |            |            |
| 4        | Total. Add lines 1 through 3  |                        | 1/                      |                        |   |            |            |
| 5        | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |                        | \                       |                        |   | :          |            |
| 6        | Public support. Subtract line 5 from line 4   |                        |                         | 1.41                   | 111111111111111111111111111111111111111 |            |            |
|          | tion B. Total Support   |                        | 1                       |                        | 1                                       |            | <b></b>    |
| Cale     | ndar year (or fiscal year beginning in)   | (a) 2012               | (b) 2013 <b>\</b>       | (c) 2014 /             | (d) 2015                                | (e) 2016   | (f) Total  |
| 7        | Amounts from line 4   |                        | -                       |                        |   |            |            |
| 8        | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |                        |                         |                        |   |            |            |
| 9        | Net income from unrelated business activities, whether or not the business is regularly carried on  | <u>-</u> -,            |                         |                        |   |            |            |
| 10       | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  |                        |                         |                        |   |            |            |
| 11       | Total support. Add lines 7 through 10   | <u> </u>               |                         |                        |   |            |            |
| 12       | Gross receipts from related activities, etc   |                        | ,"                      |                        |   | 12         |            |
| 13       | First five years. If the Form 990 is for the  |                        | t, second, third, for   | urth, or fifth tax yea | ar as a section 501                     | (c)(3)     |            |
| <u> </u> | organization, check this box and stop her   |                        |                         |                        |   |            | •          |
|          | tion C. Computation of Public Su  | <u> </u>               |                         |                        | <del></del>                             |            |            |
| 14       | Public support percentage for 2016 (line 6  |                        |                         | n (f)) 🗼               |   | 14         | %_         |
| 15       | Public support percentage from 2015 Sche  |                        |                         | "                      |   | 15         | %%_        |
| 16a      |   |                        |                         |                        | 33 1/3% or more, c                      | heck this  |            |
| b        | box and stop here. The organization quali<br>33 1/3% support test—2015. If the organi   |                        | •••                     |                        | S := 00 4/00/                           |            | ▶ [_       |
|          | this box and <b>stop here</b> . The organization of   |                        |                         |                        | 5 IS 33 1/3% OF MO                      | эге, спеск | <b>.</b>   |
| 17a      | 10%-facts-and-circumstances test—201  |                        | 2,                      |                        | c or teb and line                       | 44 :-      |            |
|          | 10% or more, and if the organization meet   |                        |                         |                        |   |            |            |
|          | Part VI how the organization meets the "fa  |                        |                         |                        |   |            |            |
|          | organization  | oto ana onoamsta       |                         | jamzation qualities    | as a publicity supp                     | Jorled     | ▶ □        |
| b        | 10%-facts-and-circumstances test—201  | 5. If the organization | /<br>on did not check a | hox on line 13, 16     | sa 16h or 17a an                        | d line     |            |
|          | 15 is 10% or more, and if the organization  | 1                      |                         |                        |   |            |            |
|          | Explain in Part VI how the organization me  |                        |                         |                        |   |            |            |
|          | supported organization  | <b>1</b>               |                         | o.gamzano              | 45500 as a pu                           | 23.7       | ▶ □        |
| 18       | Private foundation. If the organization did   | l not check a box c    | on line 13, 16a, 16l    | o, 17a, or 17b. che    | eck this box and se                     | e `        | <b>-</b> L |
|          | instructions  |                        | .,,                     | ,, ., .,               |   |            | ▶ 🗀        |
|          |   |                        |                         |                        |   |            |            |

43-1622121

Page 3

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

| Sec | tion A. Public Support   | quality under the     | e tests listed be  | elow, please co     | mpiete Part II.)    |          |              |  |
|-----|--|-----------------------|--------------------|---------------------|---------------------|----------|--------------|--|
|     | ndar year (or fiscal year beginning in)  | (a) 2012              | (b) 2013           | (c) 2014            | (d) 2015            | (e) 2016 | (f) Total    |  |
| 1   | Gifts, grants, contributions, and membership   | (4) 2512              | (5) 2015           | (0) 2014            | (4) 2013            | (6) 2010 | (i) iotai    |  |
| •   | fees received (Do not include any "unusual grants ")   | 8,412                 | 5,485              | 1,259               | 1,000               | 368,850  | 385,006      |  |
| 2   | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose   |                       |                    |                     |                     |          |              |  |
| 3   | Gross receipts from activities that are not an unrelated trade or business under section 513   |                       | _                  |                     |                     |          |              |  |
| 4   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                       |                    |                     |                     |          |              |  |
| 5   | The value of services or facilities furnished by a governmental unit to the organization without charge  |                       |                    |                     |                     | _        |              |  |
| 6   | Total. Add lines 1 through 5   | 8,412                 | 5,485              | 1,259               | 1,000               | 368,850  | 385,006      |  |
| 7a  | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                       |                    |                     |                     |          |              |  |
| þ   | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year   |                       |                    |                     |                     |          |              |  |
| C   | Add lines 7a and 7b  |                       |                    |                     |                     |          |              |  |
| 8   | Public support. (Subtract line 7c from   |                       |                    | 1                   |                     |          |              |  |
|     | line 6)  | ll                    |                    | 1                   |                     |          | 385,006      |  |
|     | tion B. Total Support  | ( ) 0040              | # \ 0040           | 110011              | 100015              | 4 > 0040 | (D. T. )     |  |
|     | ndar year (or fiscal year beginning in)  | (a) 2012              | (b) 2013           | (c) 2014            | (d) 2015            | (e) 2016 | (f) Total    |  |
| 9   | Amounts from line 6  | 8,412                 | 5,485              | 1,259               | 1,000               | 368,850  | 385,006      |  |
| 10a | Gross income from interest, dividends,<br>payments received on securities loans, rents,<br>royalties and income from similar sources   | 1,063                 | 889                | 1,231               | 1,190               | 1,316    | 5,689        |  |
| b   | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                       |                    |                     |                     |          |              |  |
| С   | Add lines 10a and 10b  | 1,063                 | 889                | 1,231               | 1,190               | 1,316    | 5,689        |  |
| 11  | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                       |                    |                     |                     |          |              |  |
| 12  | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |                       |                    |                     |                     |          |              |  |
| 13  | Total support. (Add lines 9, 10c, 11, and 12)  | 9,475                 | 6,374              | 2,490               | 2,190               | 370,166  | 390,695      |  |
| 14  | First five years. If the Form 990 is for the   |                       |                    |                     |                     |          |              |  |
|     | organization, check this box and stop her  | <u></u>               |                    |                     |                     |          | <b>_</b>     |  |
| Sec | tion C. Computation of Public Su   | upport Percenta       | age                |                     |                     |          |              |  |
| 15  | Public support percentage for 2016 (line 8   | i, column (f) divided | by line 13, column | ı (f))              |                     | 15       | 98.54%       |  |
| 16  | Public support percentage from 2015 Sch  |                       |                    |                     |                     | 16       | 90.39%       |  |
| Sec | tion D. Computation of Investme  | ent Income Perc       | entage             |                     |                     |          |              |  |
| 17  | Investment income percentage for 2016 (  | •                     |                    | column (f))         |                     | 17       | 1%_          |  |
| 18  | · · · · · · · · · · · · · · · · · · ·  |                       |                    |                     |                     |          | 10 %         |  |
| 19a | 33 1/3% support tests—2016. If the orga  |                       |                    |                     |                     |          | ightharpoons |  |
|     | 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .    33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and |                       |                    |                     |                     |          |              |  |
| b   | -  |                       |                    |                     |                     |          | ▶ □          |  |
|     | line 18 is not more than 33 1/3%, check the Private foundation. If the organization did  |                       | =                  | •                   | • • •               | -        |              |  |
| 20  |  | o oor coerk a dov ol  |                    | WILL CHACK THIS NOY | and see instruction | 11%      |              |  |

Schedule A (Form 990 or 990-EZ) 2016

Supporting Organizations Part IV

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain,
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| 1   |              | Yes                                     | No           |
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|        | ule A (Form 990 or 990-EZ) 2016 Alpha lota Educational Foundation 43-162212  |   |     | Page 5 |
|--------|--|---|-----|--------|
| Pa     | tt W Supporting Organizations (continued)  | <del></del>                               | Yes | N-     |
| 11     | Has the organization accepted a gift or contribution from any of the following persons?  | <u></u>                                   | res | No     |
|        | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                     |   |     |        |
| _      | below, the governing body of a supported organization?   | 11a                                       |     |        |
| b      | A family member of a person described in (a) above?  | 11b                                       |     |        |
|        | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.            | 11c                                       |     |        |
|        | ion B. Type I Supporting Organizations   |   |     |        |
|        |  |   | Yes | No     |
| 1      | Did the directors, trustees, or membership of one or more supported organizations have the power to                              |   |     |        |
|        | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the               |   |     |        |
|        | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or                    | -   |     |        |
|        | controlled the organization's activities If the organization had more than one supported organization,                           |   |     |        |
|        | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                        |   |     |        |
|        | organizations and what conditions or restrictions, if any, applied to such powers during the tax year                            | 1   | ·   |        |
| 2      | Did the organization operate for the benefit of any supported organization other than the supported                              |   |     |        |
|        | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part                  |   |     |        |
|        | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                           |   |     |        |
|        | supervised, or controlled the supporting organization.   | 2   |     |        |
| Sect   | ion C. Type II Supporting Organizations  |   |     |        |
|        |  | F   | Yes | No     |
| 1      | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors                 |   |     |        |
|        | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                    |   |     |        |
|        | or management of the supporting organization was vested in the same persons that controlled or managed                           |   |     |        |
|        | the supported organization(s).   | 1   |     |        |
| Sect   | ion D. All Type III Supporting Organizations   |   |     |        |
|        |  | <u> </u>                                  | Yes | No     |
| 1      | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                   |   |     |        |
|        | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax            |   |     |        |
|        | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the           | F .                                       |     | Ī      |
|        | organization's governing documents in effect on the date of notification, to the extent not previously provided?                 | 1   |     |        |
| 2      | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported                 |   |     |        |
|        | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how               |   |     |        |
|        | the organization maintained a close and continuous working relationship with the supported organization(s).                      | 2   |     |        |
| 3      | By reason of the relationship described in (2), did the organization's supported organizations have a                            |   |     |        |
|        | significant voice in the organization's investment policies and in directing the use of the organization's                       |   |     |        |
|        | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's                     |   |     |        |
| Sect   | supported organizations played in this regard ion E. Type III Functionally-Integrated Supporting Organizations                   | 3   |     |        |
| 1      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) |   |     |        |
| '<br>a | The organization satisfied the Activities Test Complete line 2 below   | •   |     |        |
| b      | The organization is the parent of each of its supported organizations. Complete line 3 below.                                    |   |     |        |
| C      | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc         | tions)                                    |     |        |
| •      | The diguination dappointed a governmental charge and are an interest you supported a government charge (see mondo                | 10110).                                   |     |        |
| 2      | Activities Test. Answer (a) and (b) below.   |   | Yes | No     |
| а      | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of               |   |     |        |
|        | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                       |   |     |        |
|        | those supported organizations and explain how these activities directly furthered their exempt purposes,                         | 3 888 A C C C C C C C C C C C C C C C C C |     |        |
|        | how the organization was responsive to those supported organizations, and how the organization determined                        |   |     |        |
|        | that these activities constituted substantially all of its activities.   | 2a  |     |        |
| b      | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more              |   |     |        |
|        | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the                     |   |     |        |
|        | reasons for the organization's position that its supported organization(s) would have engaged in these                           |   |     |        |
|        | activities but for the organization's involvement.   | 2b  | 1   |        |
| 3      | Parent of Supported Organizations. Answer (a) and (b) below.   |   |     |        |
| а      | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                      |   |     |        |
|        | trustees of each of the supported organizations? Provide details in Part VI.   | 3a  |     |        |
| b      | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each              |   |     |        |
|        | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.                | 3b  |     |        |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting   | Organizati                  | ons  |  |
|--|-----------------------------|--|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization |                             |  |  |
| Section A - Adjusted Net Income  | (A) Prior Year              | (B) Current Year (optional)                      |  |
| 1 Net short-term capital gain  | 1                           |  |  |
| 2 Recoveries of prior-year distributions   | 2                           |  |  |
| 3 Other gross income (see instructions)  | 3                           |  |  |
| 4 Add lines 1 through 3.   | 4                           |  |  |
| 5 Depreciation and depletion   | 5                           |  |  |
| 6 Portion of operating expenses paid or incurred for production or   |                             |  |  |
| collection of gross income or for management, conservation, or   |                             |  |  |
| maintenance of property held for production of income (see instructions)   | 6                           |  |  |
| 7 Other expenses (see instructions)  | 7                           |  |  |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8                           |  |  |
| Section B - Minimum Asset Amount   | (B) Current Year (optional) |  |  |
| Aggregate fair market value of all non-exempt-use assets (see  |                             |  | .:                                       |
| instructions for short tax year or assets held for part of year)   |                             |  |  |
| a Average monthly value of securities  | 1a                          |  |  |
| b Average monthly cash balances  | 1b                          |  |  |
| c Fair market value of other non-exempt-use assets   | 1c                          |  |  |
| d Total (add lines 1a, 1b, and 1c)   | 1d                          |  |  |
| e Discount claimed for blockage or other   |                             |  | :  |
| factors (explain in detail in Part VI).  |                             |  | er er er er er er er er er er er er er e |
| 2 Acquisition indebtedness applicable to non-exempt-use assets   | 2                           |  |  |
| 3 Subtract line 2 from line 1d.  | 3                           |  |  |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,  |                             |  |  |
| see instructions)  | 4                           |  |  |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5                           |  |  |
| 6 Multiply line 5 by .035  | 6                           |  |  |
| 7 Recoveries of prior-year distributions   | 7                           |  |  |
| 8 Minimum Asset Amount (add line 7 to line 6)  | 8                           |  |  |
| Section C - Distributable Amount   | Current Year                |  |  |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)  | 1                           |  |  |
| 2 Enter 85% of line 1  | 2                           | - <del></del>                                    |  |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3                           |  |  |
|  | 1 111                       | <del>-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> |  |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990 or 990-EZ) 2016

5 Income tax imposed in prior year

instructions)

emergency temporary reduction (see instructions)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

| Schedule A (Form 990 or 990-EZ) 2016 Alpha lota Educational Foundation 43-1622121 Page 7 |  |                             |   |   |  |  |  |  |
|--|--|-----------------------------|---|---|--|--|--|--|
| Pari   |  | upporting Organiza          | tions (continued)                       |   |  |  |  |  |
| Secti  | Current Year   |                             |   |   |  |  |  |  |
| _1_  | Amounts paid to supported organizations to accomplish exempt purpos      |                             | <del></del>                             |   |  |  |  |  |
| 2  | Amounts paid to perform activity that directly furthers exempt purposes  |                             |   |   |  |  |  |  |
|  | organizations, in excess of income from activity                         |                             |   |   |  |  |  |  |
| 3  | Administrative expenses paid to accomplish exempt purposes of suppo      |                             |   |   |  |  |  |  |
| _ 4  | Amounts paid to acquire exempt-use assets                                |                             |   | <del></del>                               |  |  |  |  |
| 5  | Qualified set-aside amounts (prior IRS approval required)                |                             |   |   |  |  |  |  |
| 6  | Other distributions (describe in Part VI) See instructions               |                             |   |   |  |  |  |  |
|  | Total annual distributions. Add lines 1 through 6                        |                             |   |   |  |  |  |  |
| 8  | Distributions to attentive supported organizations to which the organiza | tion is responsive          |   |   |  |  |  |  |
|  | (provide details in Part VI). See instructions                           |                             |   |   |  |  |  |  |
| 9  | Distributable amount for 2016 from Section C, line 6                     |                             |   |   |  |  |  |  |
| 10   | Line 8 amount divided by Line 9 amount                                   |                             |   |   |  |  |  |  |
|  | Section E - Distribution Allocations (see instructions)                  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2016  | (iii)<br>Distributable<br>Amount for 2016 |  |  |  |  |
| _ 1  | Distributable amount for 2016 from Section C, line 6                     |                             |   |   |  |  |  |  |
|  | Underdistributions, if any, for years prior to 2016                      |                             |   | •   |  |  |  |  |
| 2  | (reasonable cause required-explain in Part VI) See                       |                             |   |   |  |  |  |  |
|  | instructions   |                             |   |   |  |  |  |  |
|  | Excess distributions carryover, if any, to 2016                          |                             |   |   |  |  |  |  |
| <u>a</u>   | <u> 115-41-11-11-11-11-11-11-11-11-11-11-11-11-</u>                      |                             | ······                                  |   |  |  |  |  |
| <u>b</u>   |  |                             | •                                       |   |  |  |  |  |
|  | From 2013  |                             |   |   |  |  |  |  |
|  | From 2014  |                             |   |   |  |  |  |  |
| <u>е</u>   | From 2015  |                             |   |   |  |  |  |  |
|  | Total of lines 3a through e  |                             | <u> </u>                                |   |  |  |  |  |
|  | Applied to underdistributions of prior years                             |                             |   | :   |  |  |  |  |
| <u>h</u>   | Applied to 2016 distributable amount                                     |                             |   |   |  |  |  |  |
| <u>i</u> _   | Carryover from 2011 not applied (see instructions)                       |                             | *************************************** |   |  |  |  |  |
|  | Remainder. Subtract lines 3g, 3h, and 3i from 3f                         |                             |   |   |  |  |  |  |
| 4  | Distributions for 2016 from  |                             |   | :   |  |  |  |  |
| _  | Section D, line 7: \$  |                             |   | : :                                       |  |  |  |  |
|  | Applied to underdistributions of prior years                             |                             |   |   |  |  |  |  |
|  | Applied to 2016 distributable amount                                     |                             |   |   |  |  |  |  |
|  | Remainder. Subtract lines 4a and 4b from 4                               |                             |   | <del>)</del>                              |  |  |  |  |
| 5  | Remaining underdistributions for years prior to 2016, if                 |                             |   | \$  |  |  |  |  |
|  | any Subtract lines 3g and 4a from line 2. For result                     |                             |   | 3   |  |  |  |  |
| _  | greater than zero, explain in Part VI See instructions.                  |                             |   |   |  |  |  |  |
| 6  | Remaining underdistributions for 2016 Subtract lines 3h                  |                             |   |   |  |  |  |  |
|  | and 4b from line 1. For result greater than zero, explain in             |                             |   |   |  |  |  |  |
|  | Part VI See instructions   |                             | · · · · · · · · · · · · · · · · · · ·   | €   |  |  |  |  |
| 7  | 7 Excess distributions carryover to 2017. Add lines 3j                   |                             |   |   |  |  |  |  |
|  | and 4c.  |                             |   |   |  |  |  |  |
| 8  | Breakdown of line 7:   |                             |   |   |  |  |  |  |
| a  | <u></u>  |                             |   |   |  |  |  |  |
|  | Excess from 2013   |                             |   |   |  |  |  |  |
|  | Excess from 2014   |                             |   |   |  |  |  |  |
| d  | Excess from 2015   |                             |   | :   |  |  |  |  |
| е  | Excess from 2016   |                             | I                                       | ž   |  |  |  |  |

Alpha Iota Educational Foundation 43-1622121

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

OMB No 1545-0047

Open to Public inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Alpha Iota Educational Foundation c/o Jeff Ostermann

Employer identification number 43-1622121

Form 990 - Organization's Mission

To encourage and provide means for the development and advancement of education, educational facilities, and educational equipment; to encourage scholarship among and promote the educational development of students at the University of Missouri-Rolla by granting scholarships and providing educational facilities.

Form 990, Part VI, Line 9 - Officers Who Cannot Be Reached Michael Munsell

Matthew Johnson

Jeff Ostermann 15321 Nooning Tree Court Chesterfield, MO 63017

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public