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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491340006027

OMB No 1545-0052

2016

# **Return of Private Foundation**

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

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

Open to Public Inspection

For	caler	ndar year 2016, or tax yea	r beginning 09-01-20	)16 , a	nd er	nding 08-31-	2017	
		Indation				A Employer id	entification numbe	r
MIF	A OIL F	OUNDATION				43-1831800		
	ber and O BOX 5	I street (or P O box number if mail is r 519	not delivered to street address)	Room/suite		<b>B</b> Telephone nu	mber (see instructior	ns)
		, state or province, country, and ZIP o MO 652050519	r foreign postal code	_L		<b>C</b> If exemption	application is pending	g, check here
G Ch	neck al	I that apply Initial return	☐ Initial return of a	former public charity		<b>D 1.</b> Foreian or	ganizations, check he	ere
	iceit ui	Final return	Amended return	Torritor public charie,		_	ganizations meeting	▶ ∟
		Address char					k here and attach cor	
<b>H</b> Ch	ack ty		501(c)(3) exempt private	foundation			indation status was t	
		n 4947(a)(1) nonexempt charitable				under sectio	n 507(b)(1)(A), chec	k here
of '	year <i>(f</i>	xet value of all assets at end from Part II, col (c), \$ 4,287,683	J Accounting method ☐ Other (specify) (Part I, column (d) must	Cash Accr	ıal		ition is in a 60-month n 507(b)(1)(B), checl	
Pa	rt I	Analysis of Revenue and of amounts in columns (b), (c), and equal the amounts in column (a) (see	(d) may not necessarily	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc	, received (attach	300,00	ס			
	2	schedule) Check ▶ ☐ If the foundation is	not required to attach					
		Sch B						
	3	Interest on savings and tempora	·					
	4	Dividends and interest from seco	urities	73,28	2	73,282	73,282	
	5a	Gross rents						
	b	Net rental income or (loss)			_			
E	6a	Net gain or (loss) from sale of a	ssets not on line 10	157,01	5			
Revenue	b	Gross sales price for all assets o	n line 6a 2,573,479					
ž	7	Capital gain net income (from Pa	art IV, line 2)					
	8	Net short-term capital gain .						
	9	Income modifications						
	10a	Gross sales less returns and allo	wances					
	b	Less Cost of goods sold		]				
	С	Gross profit or (loss) (attach sch	nedule)					
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11		530,29	3	73,282	73,282	
	13	Compensation of officers, direct	· ·					
	14	Other employee salaries and wa	<del>-</del>					
es	15	Pension plans, employee benefit						
Su	16a	Legal fees (attach schedule) .						
χ	ь	Accounting fees (attach schedule	e)					
es es	С	Other professional fees (attach s	schedule)					
Operating and Administrative Expenses	17	Interest			L			
st ra	18	Taxes (attach schedule) (see ins	structions)	1,58	0			
≣	19	Depreciation (attach schedule) a	and depletion					
를	20	Occupancy						
Ă	21	Travel, conferences, and meetin	gs					
ä	22	Printing and publications						
Бu	23	Other expenses (attach schedule	e)	22,76	7			
atı	24	Total operating and administ	rative expenses.					
ber		Add lines 13 through 23		24,34	7	0		
0	25	Contributions, gifts, grants paid		324,75	4			324,754
	26	Total expenses and disburses	ments. Add lines 24 and	349,10	1	0		324,754
	27	Subtract line 26 from line 12		1.1,10				,,,
	а	Excess of revenue over expendisbursements	nses and	181,19	7			
	ь	Net investment income (if ne	gative, enter -0-)			73,282		
	С	Adjusted net income(ıf negatı	ve, enter -0-)				73,282	
	Dance	work Reduction Act Notice co	a instructions	•		0 1 11 11000	, <u> </u>	000 DE (2212

Investments—land, buildings, and equipment basis ▶

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

Less accumulated depreciation (attach schedule) ▶

Less accumulated depreciation (attach schedule) ▶ \_\_

Total assets (to be completed by all filers—see the

Accounts payable and accrued expenses . . . . .

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe -

Unrestricted . . . . .

Permanently restricted . .

and complete lines 27 through 31.

Temporarily restricted

11

12

13 14

15

16

17

18

19

20

21 22

23

24

25

28 29

31

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

```
Part III
         Analysis of Changes in Net Assets or Fund Balances
    Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-
    of-year figure reported on prior year's return)
                                                                                                     4,068,079
                                                                                      1
                                                                                      2
                                                                                                      181,197
    Enter amount from Part I, line 27a . . . . . . .
                                                                                      3
                                                                                                       38,407
    Other increases not included in line 2 (itemize) -
                                                                                      4
    4,287,683
                                                                                      5
    Decreases not included in line 2 (itemize) ▶
```

4,068,079

4,068,079

4,068,079

4,068,079

4,287,683

4,287,683

4,287,683 4,287,683

> 4,287,683 Form 990-PF (2016)

6

4,287,683

instructions

Forr	m 990-PF (2016)		Page <b>7</b>
Pa	Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	on Managers, Highly Paid Emplo	oyees,
3		· · · · · · · · · · · · · · · · · · ·	
	(a) Name and address of each person paid more than \$50,000	b) Type of service (d	c) Compensation
NON	NE .		
Γota	al number of others receiving over \$50,000 for professional services		
Pa	art IX-A Summary of Direct Charitable Activities		
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistics inizations and other beneficiaries served, conferences convened, research papers produced, etc	ıl information such as the number of	Expenses
1	GRANTS TO NON PROFIT ORGANIZATIONS LOCATED PRIMARILY IN RURAL AREAS OF	THE STATE OF MISSOURI	324,754
2			<del></del>
3			
4			
-			
Pa	art IX-B Summary of Program-Related Investments (see instructions	 S)	
	Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1	N/A		
2			
Ä	All other program-related investments See instructions		
3			
Γota	al. Add lines 1 through 3		
		Fo	rm <b>990-PF</b> (2016)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

5

324.754

324,021

Form 990-PF (2016)

733

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

the section 4940(e) reduction of tax in those years

4

5

**b** Total for prior years

a From 2011. . . . . **b** From 2012. . . . c From 2013. . . d From 2014. . . . . e From 2015. . . . . (b)

Years prior to 2015

Corpus

185.828

185,828

185,828

185.828

(c)

2015

25,352

25,352

Page 9

113,574

113,574

Form **990-PF** (2016)

orm 990-PF (201	.6)
Part XIII	Un

)-PF (20	016)	
(III	Undistributed Income (see instruc	tions)
,	_	(a)

Distributable amount for 2016 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only. . . . . .

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ a Applied to 2015, but not more than line 2a

**b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election 

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . . **b** Excess from 2013. . c Excess from 2014. . . . d Excess from 2015. . . e Excess from 2016. . .

Subtract lines 7 and 8 from line 6a . . . . . .

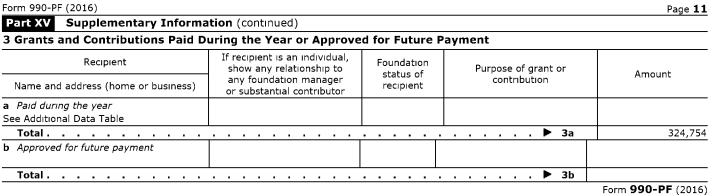
6 Enter the net total of each column as

indicated below:

**d** Applied to 2016 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

PF (20	016)	
* * *	Undistributed Income	(see instructions)



nter gross	amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
<b>1</b> Program	service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
<b>2</b> Membe	and contracts from government agencies rship dues and assessments st on savings and temporary cash					
invest	ments					
	ds and interest from securities					73,282
	tal income or (loss) from real estate					
	financed property ebt-financed property					
	ntal income or (loss) from personal property					
	nvestment income					
	r (loss) from sales of assets other than					
	ory					157,016
	ome or (loss) from special events					
	orofit or (loss) from sales of inventory evenue <b>a</b>					
	evenue u					
		<b>-</b>		<del> </del>		
2 Subtota	al Add columns (b), (d), and (e)					
2 Subtota 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			13	3	
2 Subtota 3 Total. See worksl	al Add columns (b), (d), and (e)	ns )			3	
2 Subtota 3 Total. See worksl Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio	ns ) <b>e Accomplish</b> income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribu	ted importantly to	230,298
2 Subtota 3 Total. Gee works Part XVI Line No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  neet in line 13 instructions to verify calculation.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplish</b> income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribu	ted importantly to	230,298
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Pari	XVII	Information Re Exempt Organi		ansfers T	Γo ar	nd Transacti	ion	s and	Relatio	nships With No	ncharit	able		
		ganization directly or in Code (other than sectio	directly engag								ion 501		Yes	No
a Tra	nsfers	from the reporting foun	dation to a no	ncharitable	e exer	mpt organizatio	on o	f						
(1	<b>)</b> Cash											1a(1)		No
(2	) Othe	rassets										1a(2)		No
<b>b</b> Oth	ner trar	nsactions												
(1	) Sales	s of assets to a nonchar	ıtable exempt	organizatioi	on							1b(1)		No
(2	) Purch	hases of assets from a r	oncharitable e	exempt orga	anıza	tion						1b(2)		No
(3	) Rent	al of facilities, equipmer	nt, or other as	sets								1b(3)		No
(4	) Reim	bursement arrangemen	ts									1b(4)		No
•		s or loan guarantees.										1b(5)		No
•		rmance of services or m	•	_								1b(6)		No
	_	f facilities, equipment, n	-	-								<b>1</b> c		No
of i	the goo any tra	wer to any of the above ods, other assets, or ser nsaction or sharing arra	vices given by ngement, sho	the reporti w in column	ing fo n (d)	oundation If the the value of the .	e fo	oundatio goods, c	on receive other asse	d less than fair mai ts, or services rece	rket valu Ived	e		
(a) Lin-	e No	(b) Amount involved	(c) Name of n	ioncharitable e	exem	pt organization		(d) De	scription of	transfers, transactions	s, and shar	ing arra	ngemeni	ts
	_													
	-													
	_													
<b>2a</b> Is 1	the fou	ndation directly or indire	ectly affiliated	with, or rela	lated	to, one or mor	e ta	ax-exen	npt organi	zations				
		in section 501(c) of the	•	•		•					🗆	Yes	<b>☑</b> N	0
		complete the following s	•			(-)(-),								_
		(a) Name of organization		1	(b)	Type of organiza	ation	ı	1	(c) Description	n of relatio	nship		
									+					
Sign	of m	er penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, cor											
Here		*****			2	2017-12-04		*	****		May the IF with the p			
	<b>│</b>	Signature of officer or to	rustee		D	ate		— <b>₽</b> ⊤	litle		(see instr			
		Print/Type preparer's	s name	Preparer's S	Signa	ture		Date		Check if self-	PTIN	P00037	7025	
Paid		J MARBERRY						2017	7-12-06	employed ▶ 📙				
	oarer Only		BERRY & EAGI	LE PC CPAS	5						Firm's El	IN ▶26	-37997	'09
	7		4 E BROADWA	AY SUITE 20	00									
Firm's address ► 414 E BROADWAY SUITE 200  COLUMBIA, MO 65201								Phone no	o (573	) 875-8	3777			

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances employee benefit plans (b) devoted to position -0-) and deferred compensation KENNETH K CASPALL **MEMBER** ۵ ٥ 000 00 ONE RAY YOUNG DRIVE ONE RAY YOUNG DRIVE COLUMBIA, MO 65201 MEMBER TOM MAY 0 000 00 ONE RAY YOUNG DRIVE ONE RAY YOUNG DRIVE COLUMBIA, MO 65201 MARK FENNER MEMBER O 000 00 ONE RAY DRIVE ONE RAY DRIVE COLUMBIA, MO 65201 MARION KERTZ MEMBER ٥ ۵ 000 00 ONE RAY DRIVE ONE RAY DRIVE COLUMBIA, MO 65201 CLAYTON UTHE MEMBER O 000 00 ONE RAY YOUNG DRIVE ONE RAY YOUNG DRIVE COLUMBIA, MO 65201 BEVERLY TWELLMAN MEMBER O 000 00 ONE RAY YOUNG DRIVE ONE RAY YOUNG DRIVE

COLUMBIA, MO 65201

Recipient If recipient is an individual, show any relationship to status of Purpose of grant or contribution Amount

recipient

PHILLIPS HEARTSTART AED

1.550

324,754

any foundation manager

or substantial contributor

Name and address (home or business)

BLACKWATER R-II SCHOOL DISRICT

300 DODDERIDGE AVE BLACKWATER, MO 65322

Total.

За

a Paid during the year			
AUDRAIN COUNTY CRISIS INTERVENTION PO BOX 181 MEXICO, MO 65265		PURCHASE 2 COMPUTERS	1,500
PURDY R-II SCHOOL - ATHLETIC DEPART 201 S GABBY GIBBONS DR PURDY, MO 65734		BLEACHERS, PREP WORK & CONCRETE	3,550
BOYS & GIRLS CLUBS OF COLUMBIA AREA 1200 N 7TH ST COLUMBIA, MO 65201		RENOVATE & EXPAND CURRENT MAIN SITE	5,000
WALNUT GROVE R-5 SCHOOL 300 E COLLEGE ST WALNUT GROVE, MO 65770		BUILD NEW SOFTBALL FIELD & REVAMP	10,000

#### Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

2,000

2,000

2,000

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

REACH RR 1 BOX 158 GLENWOOD, MO 63541		50 WHITE MOLDED FOLDING CHAIRS AND S	
KENNY ROGERS CHILDREN'S CENTER		WALKAIDE SYSTEM	

300 FLOYD AVE SIKESTON, MO 63801			
URBANA RURAL FIRE DEPARTMENT RR 71 BOX 365C-23		BUNKER GEAR	

URBANA RURAL FIRE DEPARTMENT RR 71 BOX 365C-23 URBANA, MO 65767		BUNKER GEAR	
MONROE CITY POLICE DEPARTMENT		8 TASER / AXON BODY CAMERAS	

UKBANA, MO 03707			
MONROE CITY POLICE DEPARTMENT 300 N MAIN ST MONROE CITY, MO 63456		8 TASER / AXON BODY CAMERAS	3,240

300 N MAIN ST MONROE CITY, MO 63456			
PURDY FIRE PROTECTION DISTRICT 102 W WASHINGTON PURDY MO. 65734		15 SECTIONS OF 2 5" POLYESTER DOUBLE	2,310

		_	
PURDY FIRE PROTECTION DISTRICT 102 W WASHINGTON PURDY, MO 65734		15 SECTIONS OF 2 5" POLYESTER DOUBLE	2,310
MONROE CITY, MO 63456			

Total	 	324,754
102 W WASHINGTON PURDY, MO 65734	POLYESTER DOUBLE	_,
PURDY FIRE PROTECTION DISTRICT	I 15 SECTIONS OF 2.5"	2,5

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
HERMAN VOLUNTEER FIRE DEPARTMENT 214 EAST 2ND HERMAN, MO 65041			CO2 MONITOR FOR EMERGENCY RESPONSE T	2,000	
MEMPHIS POLICE DEPARTMENT 112 S MARKET ST 2 MEMPHIS, MO 63555			3 OFFICER CAMERAS, CHARGING STATIONS	3,310	
KETCHUM ATHLETICS PO BOX 720 KETCHUM, OK 74349			100 TONS OF MASONRY SAND FOR ATHLETI	2,000	
PUTNAM COUNTY FAIR 18359 STATE HWY 129 UNIONVILLE, MO 63565			BUILD HANDICAP DROP- OFF/PICK-UP LOCA	2,200	
COOPER COUNTY AGRICULTURE & MECHANI			STALLS FOR LIVESTOCK BARN & POSSIBLE	2,000	

KETCHUM ATHLETICS PO BOX 720 KETCHUM, OK 74349	FOR ATHLETI	2,000
PUTNAM COUNTY FAIR 18359 STATE HWY 129 UNIONVILLE, MO 63565	BUILD HANDICAP DROP- OFF/PICK-UP LOCA	2,200
COOPER COUNTY AGRICULTURE & MECHANI 8250 HWY W	STALLS FOR LIVESTOCK BARN & POSSIBLE	2,000

PRAIRIE HOME, MO 65068

324,754 За

### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LOCKWOOD PTO 408 N LOCUS STREET BUILD A BASEBALL FIELD 2,000 LOCKWOOD, MO 65682

5,000

2,000

1,000

3,000

2001(11002)110 00002			
ST PAUL'S LUTHERAN CHURCH - DISAST 401 S MAIN ST CONCORDIA, MO 64020		PURCHASE EQUIPMENT FOR DISASTER RESP	

NOX COUNTY R-I HIGH SCHOOL 5701 MO-6 DNINA, MO 63537		LINCOLN TORCHMATE CNC PLASMA CUTTER	
ONOKE EIBE DEDARTMENT		EQUIPMENT FOR EXTRICATION	

EDNINA, MO 63537			
LONOKE FIRE DEPARTMENT 219 E FRONT LONOKE, AR 72656		EQUIPMENT FOR EXTRICATION TRUCK	

219 E FRONT LONOKE, AR 72656		TRUCK	ı
ARROW ROCK LYCEUM THEATRE		BACK-UP GENERATOR PROJECT	

LONOKE, AR 72656			
ARROW ROCK LYCEUM THEATRE PO BOX 14 ARROW ROCK, MO 65320		BACK-UP GENERATOR PROJECT	

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K LYCEUM THEATRE		BACK-UP GENERATOR PROJECT	
K, MO 65320			

ARROW ROCK, MO 65320			324 754
ARROW ROCK LYCEUM THEATRE		BACK-UP GENERATOR PROJECT	3

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
FRIENDS OF THE GLASGOW POOL PO BOX 12 GLASGOW, MO 65254			3 BUBBLERS FOR SHALLOW END OF ZERO E	2,000	
WELCOME HOME INC 1206 RANGELINE ST COLUMBIA, MO 65201			HOUSING FOR RETURNING VETERANS	10,000	
FLINT HILLS TECHNICAL COLLEGE FOUND 3301 W 18TH AVE EMPORIA, KS 66801			REMODEL OF CONFERENCE CENTER	2,000	
EAGER EAGLES 4-H CLUB 57088 HWY U JAMESTOWN, MO 65046			NEW STORAGE SHED	2,000	
WARREN COUNTY SHELTERED WORKSHOP I 1760 DANIEL BOONE INDUSTR TRUESDALE, MO 63380			COMPUTERS, TV'S, HEADPHONES, PRINTER	2,409	

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324,754

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AVA RURAL FIRE DEPARTMENT THERMAL IMAGING CAMERA 1,350 503 SW 13TH AVE AVA, MO 65608 2,000 FRIENDS OF THE PUTNAM COUNTY ROOF REPAIR & RE-SURFACING LIBRAR OF LIBRAR 31061 US HWY 136 UNIONVILLE, MO 63565

CITY OF RICHMOND RECREATION DEPARTM 205 SUMMITT ST RICHMOND, MO 64085		ASSIST WITH COMPLETION OF GYM IMPROV	2,000
OWENSVILLE LIONS FOUNDATION 218 WEST INDUSTRIAL PARK OWENSVILLE, MO 65066		CONSTRUCT A BASEBALL/SOFTBALL 16 X 7	2,000
BUCKLIN FIRE DEPARTMENT		RESCUE SAW	2,000

OWENSVILLE LIONS FOUNDATION 218 WEST INDUSTRIAL PARK OWENSVILLE, MO 65066		CONSTRUCT A BASEBALL/SOFTBALL 16 X 7	2,0
BUCKLIN FIRE DEPARTMENT 43 POPLAR ST BUCKLIN, MO 64631		RESCUE SAW	2,0

324,754

218 WEST INDUSTRIAL PARK OWENSVILLE, MO 65066		BASEBALL/SOFTBALL 16 X 7	2,0
BUCKLIN FIRE DEPARTMENT 43 POPLAR ST BUCKLIN, MO, 64631		RESCUE SAW	2,0

Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
DOWNING HOUSE MUSEUM COMPLEX 311 SOUTH MAIN ST MEMPHIS, MO 63555			REPAIR OF DOWNING HOUSE BOYER HOUSE	2,000	
PALMYRA AREA FOOD PANTRY 319 WEST MAIN CROSS PALMYRA, MO 63461			2 PALLET TRUCKS & 2 UTILITY CARTS	1,000	
NEWBURG R-II SCHOOLS 701 WOLFPRIDE DR NEWBURG, MO 65550			GYM BLEACHERS	2,000	
FIREFIGHTERS' HISTORICAL PRESERVATI 5530 RED CREEK CT FULTON, MO 65251			DISPLAY CASES	2,500	
BROOKFIELD R-II ELEMENTARY SCHOOL			IPAD MINIS, CASES, BALANCE	2,000	

NEWBURG, MO 65550			
FIREFIGHTERS' HISTORICAL PRESERVATI 5530 RED CREEK CT FULTON, MO 65251		DISPLAY CASES	2,500

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128 PERSHING ROAD BALL CHAI

BROOKFIELD, MO 64628

324,754

#### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

	l .	l .	
TRINITY 4-H OF ADAIR COUNTY 23479 BUCK CREED RD GREENTOP, MO 63546		UPDATING OF ELECTRICAL SYSTEM IN NEM	2,000
THE PLACE AT THE LAKE 201 E MAIN		REPLACE HEATING & A/C UNIT	2,500

50,000

HE PLACE AT THE LAKE 201 E MAIN INCOLN, MO 65338	I	REPLACE HEATING & A/C UNIT IN SAFE H	
IISSOURI FARMERS CARE O BOX 104778 EFFERSON, MO 65110		2017 PROMOTION / EDUCATION PROGRAMS	

MISSOURI FARMERS CARE PO BOX 104778 JEFFERSON, MO 65110		PROGRAMS	
AUSTIN ANDERSON SAFE HAVEN		COMMERCIAL FLOOR VINYL &	

JEFFERSON, MO 65110		PROGRAMS	
AUSTIN ANDERSON SAFE HAVEN 107 NORTH MAIN ST		COMMERCIAL FLOOR VINYL & INSTALLMENT	2,000

AUSTIN ANDERSON SAFE HAVEN 107 NORTH MAIN ST BRAYMER, MO 64624		COMMERCIAL FLOOR VINYL & INSTALLMENT	
SHELBY COUNTY LITERACY CENTER		LAPTOPS	

BRAYMER, MO 64624		INSTALLMENT	
SHELBY COUNTY LITERACY CENTER 206 FAST WALNUT		LAPTOPS	1,800

IELBY COUNTY LITERACY CENTER 6 EAST WALNUT IELBINA, MO 63468		LAPTOPS	

206 EAST WALNUT SHELBINA, MO 63468		
Total	 	324,754

SHELBINA, MO 63468	
Total	 . > 324,754

form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	rear or Approved for Future Pa	ayment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
HEARTLAND RESOURCES INC 108 EAST MAIN EWING, MO 63440			ICE MACHINE	2,000
FUN IN THE SON MINISTRIES 2079 PENSNSULA DR SHELL KNOB, MO 65747			"TEAMWORK" OBSTACLE COURSE	2,000
BURLINGAME FIRE DISTRICT 6 PO BOX 27 BURLINGAME, KS 66413			5 GAS MONITOR	2,060
DADEVILLE RURAL FIRE PROTECTION DIS 102 E MAIN DADEVILLE, MO 65635			THERMAL IMAGING CAMERA, 12 RANI COAT	2,300
GLASGOW SCHOOL DISTRICT			5 IPADS WITH CASES	1,450

860 RANDOLPH ST

GLASGOW, MO 65254

324,754

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## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year OSAGE SCHOOL 46 C043 GREENHOUSE, MULCH TUMBLER, 2,500 7960 W 490 RD FLATS, LA PRYOR, OK 74361 000

CHILD SAFE OF CENTRAL MISSOURI INC 102 E 10TH ST SEDALIA, MO 65301		2 NEW COMPUTERS, SOFTWARE	2,00
TURKEY FORD SCHOOL 23900 S 670 RD		NEW GYMNASIUM FLOORS	2,00

TURKEY FORD SCHOOL 23900 S 670 RD WYANDOTTE, OK 74370		NEW GYMNASIUM FLOORS	2,000
DAWN FIRE FIGHTER'S ASSOCIATION 21420 HWY F DAWN MO 64638		TABLET	2,785

1717(11B011E) 01( 71070			
DAWN FIRE FIGHTER'S ASSOCIATION 21420 HWY F DAWN, MO 64638		TABLET	2,785
THOMPSON FOUNDATION FOR AUTISM		2 LAPTOP COMPUTERS,	5,000

21420 HWY F DAWN, MO 64638			
THOMPSON FOUNDATION FOR AUTISM 205 PORTLAND ST COLUMBIA, MO 65201	l	2 LAPTOP COMPUTERS, MONITORS, IPAD A	5,000

DAWIN, 140 04030			
THOMPSON FOUNDATION FOR AUTISM 205 PORTLAND ST COLUMBIA, MO 65201	1	2 LAPTOP COMPUTERS, MONITORS, IPAD A	5,

COLUMBIA, MO 65201	MONITORS, IPAD A	
Total	 	324,754

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future P	ayment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CHEROKEE CHILDREN MISSION RR1 BOX 95 BUNCH, OK 74931			5 HEATERS	1,500
CARLISLE HIGH LADY BISON SOFTBALL T 320 CENTER ST CARLISLE, AR 72024			PADDED BACKSTOP & OUTFIELD BANNER FO	2,000
VINITA WRESTLING TEAM 114 SOUTH SCRAPER ST VINITA, OK 74301			2 NEW WRESTLING MATS	2,000
HARVEST HOUSE INC 1223 RURAL ST BOONVILLE, MO 65233			NEW ROOF ON BUILDING	2,000
APPLETON CITY QUAD LAKES COMMUNITY			YOUTH BASEBALL RENOVATION PROJECT	2,000

13190 NW HWY 52 APPLETON CITY, MO 64724

324,754

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SCOTLAND COUNTY RURAL FIRE 4 SCENE LIGHTS & SUITCASE 2,100 **DEPARTME GENERATOR** 110 N WASHINGTON ST MEMPHIS, MO 63555 COMMUNITY FOOD PANTRY 4 CHEST FREEZERS, 1 2,600

PO BOX 514 MARSHALL, MO 65340	REFRIGERATOR	
FRIENDS OF STE GENEVIEVE MUSEUM 306 MERCHANT ST ST GENEVIEVE, MO 63670	RELOCATE EXISTING STE GENEVIEVE MUS	5,000
WAVERLY FIRE DEPARTMENT 602 MAIN ST WAVERLY, MO 64096	2 NEW RADIOS	2,000
MARION COUNTY R-2 RURAL FIRE DEPART 2230 HWY 168 PHILADEL PHIA MO. 63463	POSITIVE PRESSURE VENTILATION FANS /	2,000

Total . 3a

324,754

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SENIOR ADULT SERVICES INC. 2 REPLACEMENT COMPUTERS 1,400 201 N ELSON STE 205 KIRKSVILLE, MO 63501 2,000 GREENTOP FIRE ASSOCIATION 2 HANDHEDF THERMAL PO BOX 2 IMAGERS, 2 HUSQVA GREENTOP, MO 65546

ATLANTA VOLUNTEER FIRE DEPARTMENT 107 MAIN ST ATLANTA, MO 63530	2 GARAGE DOOR REPLACEMENTS	2,400
THREE RIVERS ENDOWMENT TRUST 2080 THREE RIVERS BLVD POPLAR BLUFF, MO 63901	4 BENCHES	2,000
MAYWOOD VOLUNTEER FIRE DEPARTMENT	CPR MANNEQUINS & AN AED TRAINER	2,000

<u>'</u>			
THREE RIVERS ENDOWMENT TRUST 2080 THREE RIVERS BLVD POPLAR BLUFF, MO 63901		4 BENCHES	2,0
MAYWOOD VOLUNTEER FIRE DEPARTMENT 28722 STATE HWY V		CPR MANNEQUINS & AN AED TRAINER	2,0

MARYWOOD, MO 63454 324,754 Total .

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CARTER COUNTY SENIOR CENTER 7 CEILING FANS & 1,000 **BOARD** INSTALLATION ITEMS 16 BALL PARK RD VAN BUREN, MO 63965 UNIVERSITY OF MISSOURI MFA OIL EXECUTIVE MFA 75,190 704 CONLEY AVE **SCHOLARSHIP** COLUMBIA, MO 65201 3,000 2,000

· · · · · · · · · · · · · · · · · · ·		
BRONAUGH ATHLETICS BOOSTER CLUB 25172 S 325TH BRONAUGH, MO 64728		NEW SOFTBALL COMPLEX
CARROLL COUNTY HISTORICAL MUSEUM 510 N MASON		NEW EXTERIOR DOORS, SIDEWALK REPAIR

CARROLLTON, MO 64633			
UNIVERSITY OF MISSOURI - CAFNR 2-4 AGRICULTURE BLDG		MFA PROFESSORSHIP IN AGRIBUSINESS	

31,250 COLUMBIA, MO 65211

Total .

324,754

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Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

2,000

a Paid during the year			
COLUMBIA COLLEGE 1001 ROGERS ST		BROUDER SCIENCE BUILDING	

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

COLUMBIA COLLEGE 1001 ROGERS ST COLUMBIA, MO 65216 BROUDER SCIENCE BUILDING

or substantial contributor

Name and address (home or business)

3a

 OLUMBIA, MO 65216
 324,754

DLN: 93491340006027

157,016

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

PURCHASE

SALES

<b>EIN:</b> 43-1831800										
Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation

2,573,479 2,416,463

effile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491340006027
TY 2016 Investments Corpora	te Stock Schedule	
Name:	MFA OIL FOUNDATION	
EIN:	43-1831800	

DI N. 024042400000

10,366

10,366

<b>EIN:</b> 43-1831800		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
COMMON STOCKS	2,120,904	2,120,904
FIXED INCOME SECURITIES	1,174,497	1,174,497
CASH FUNDS	852,111	852,111

ACCRUED INCOME

efile GRAPHIC print - DO NOT PROCESS	DLN	I: 93491340006027					
TY 2016 Other Expenses Scho	edule						
Name	: MFA OIL FOUND	DATION					
<b>EIN:</b> 43-1831800							
Other Expenses Schedule	Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
EXPENSES							
CUSTODIAL FEES	21,401						
BANK CHARGES	119						
ANNUAL REGISTRATION							
TAX PREPARATION	935						

312

OFFICE EXPENSES

efile GRAPHIC print - DO NOT PROCESS	DLN: 93491340006027
TY 2016 Other Increases Schedule	
Name: MFA OIL FOUNDATION	
<b>EIN:</b> 43-1831800	
Description	Amount
UNREALIZED GAINS	38,407

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DLI	N: 93491340006027	
TY 2016 Taxes Schedule					
Name: MFA OIL FOUNDATION  EIN: 43-1831800					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
EXCISE TAX					
FOREIGN TAX	816				
ESTIMATED EXCISE TAX	764				

efile GRAPHIC print -	efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491340006027						
Schedule B (Form 990, 990-EZ,	Schedule of Contributors	-	OMB No 1545-0047				
or 990-PF) Department of the Treasury Internal Revenue Service	Department of the Treasury Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at						
Name of the organizat MFA OIL FOUNDATION	ion	Employer ide	entification number				
	<u>+</u>	43-1831800					
Organization type (ch	eck one)						
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	on					
	☐ 527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
501(c)(3) taxable private foundation							
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution r property) from any one contributor. Complete Parts I and II. See instructions for d						
Special Rules							
under sections received from a	tion described in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^13\%$ su $509(a)(1)$ and $170(b)(1)(A)(vi)$ , that checked Schedule A (Form 990 or 990-EZ), Parny one contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 one 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	rt II, line 13, 1	6a, or 16b, and that				
during the year,	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III						
during the year, If this box is che purpose Do no	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received contributions exclusively for religious, charitable, etc., purposes, but no such contributions that were received during the year for an exceeded, enter here the total contributions that were received during the year for an exceeded any of the parts unless the <b>General Rule</b> applies to this organization behalve, etc., contributions totaling \$5,000 or more during the year	ributions totale <i>xclusively</i> relig ecause it recei	ed more than \$1,000 glous, charitable, etc, lived <i>nonexclusively</i>				
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Special Rules does not file So t it <b>must</b> answer "No" on Part IV, line 2, of its Form 990, or check the box on line H Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of S	l of its					
For Paperwork Reduction for Form 990, 990-EZ, or 9		e B (Form 990, 9	990-EZ, or 990-PF) (2016)				

Name of organization MFA OIL FOUNDATION		Employer identification 43-1831800	Employer identification number 43-1831800	
Part I	Contributors (see instructions) Use duplicate copies of Part I if add	litional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	MFA OIL COMPANY MFA OIL COMPANY		Person 🗸	
	ONE RAY DRIVE  COLUMBIA, MO65201	\$ 300,000	Noncash	
(a)	(b)	(c)	(Complete Part II for noncash contributions )  (d)	
Νο.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
-		\$	Person  Payroll  Noncash	
			(Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			Person	
-			Payroll	
		\$	Noncash	
			(Complete Part II for noncash contributions )	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			Person	
-			Payroll	
			Noncash	
			(Complete Part II for noncash contributions )	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			Person	
-	-		Payroll	
		\$	Noncash	
			(Complete Part II for noncash contributions )	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			Person	
-			Payroll	
		\$	Noncash	
			(Complete Part II for noncash contributions )	

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page <b>3</b>
Name of organization MFA OIL FOUNDATION		Employer identification number	
THE CIL TOOK BETTON		43-18	31800
Part II	Noncash Property		
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
_	-	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)