Return of Private Foundation

29 4 9 1 3 3 4 0 1 0 1 2 9 1 545 0052 9 or Section 4947(a)(1) Trust Treated as Private Foundation

2018

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

| Fo | r/caler | ndar year 2018 or tax year beginning | , 20 | 18, and | ending | | , 20 |
|------------------------------|-----------|---|--|--|------------------|--|-------------------------------|
| | ne of fou | | | | | er identification number | |
| ΜZ | Y_EL | LIS PARK TRUST | | | 33-6 | 376603 | |
| | | street (or P.O box number if mail is not delivered to street address) | Roo | m/suite | | ne number (see instruct | ions) |
| PC | BOX | 1225 | | | (573 |)474-4815 | |
| | | , state or province, country, and ZIP or foreign postal code | | | | tion application is pend | ling, check here ▶ □ |
| CC | AMIJ | IA MO 65205 | | | | acii appiicaman is pone | |
| | | | n of a former public | c charity | D 1 Foreig | n organizations, check | here ▶ □ |
| | | ☐ Final return ☐ Amended | | 1 | | - | |
| | | Address change Name cha | | | | in organizations meeting here and attach compl | |
| Н | Check | k type of organization: Section 501(c)(3) exempt p | | OU | | foundation status was | |
| $\ddot{\Box}$ | | on 4947(a)(1) nonexempt charitable trust Other ta | | | section 5 | 507(b)(1)(A), check here | · · · · - [|
| 7 | | narket value of all assets at J Accounting method | | | · | | |
| • | | f year (from Part II, col. (c), Other (specify) | 2. E3 - 90011 - 7 | .00, 44, | | indation is in a 60-mont ection 507(b)(1)(B), chec | |
| | | 6) ► \$ 85,591. (Part I, column (d) must b | e on cash basis.) | | | | |
| P | art I | Analysis of Revenue and Expenses (The total of | 1 | T | L | 1 | (d) Disbursements |
| | <u> </u> | amounts in columns (b), (c), and (d) may not necessarily equal | (a) Revenue and expenses per | | investment | (c) Adjusted net | for charitable |
| | | the amounts in column (a) (see instructions).) | books | " | ncome | income | purposes (cash basis only) |
| _ | 1 | Contributions, gifts, grants, etc., received (attach schedule) | | | | | |
| | 2 | Check ► if the foundation is not required to attach Sch. B | | | | | |
| **** | 3 | Interest on savings and temporary cash investments | | 14年11年 | CHARLES THE TANK | PAT PRESENTATION AND PROPERTY OF THE PARTY O | |
| | 4 | Dividends and interest from securities | 2,040: | | 2,040. | 2,040. | |
| | 5a | Gross rents | 2,040. | + | <u> </u> | 2,040. | |
| | b | Net rental income or (loss) | | | 707 F. S. | | |
| a) | 6a | Net gain or (loss) from sale of assets not on line 10 | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | 1 | | | |
| Revenue | . Р | Gross sales price for all assets on line Ga | | 15735 | | | |
| Ve | 7 | Capital gain net income (from Part IV, line 2) | | 1 | | B | |
| Re | 8 | Net short-term capital gain . ' | | | | 和上述表示的表现已经是一种工作的证明 | |
| | 9 | Income modifications | | Control of the Contro | | | |
| | 10à | Gross sales less returns and allowances | | | | | |
| • | ь | Less: Cost of goods sold | PRACTICAL PROPERTY OF THE PROP | | T/2**/20**A:/1 | | |
| • | C | Gross profit or (loss) (attach schedule) | THE PERSON NAMED OF PERSONS | | | STATES THE STATES OF THE STATE | |
| | 11 | Other income (attach schedule) See. Stmt | 2,113. | 70/20-14/19 | 2,113. | 2,113. | |
| | 12 | Total. Add lines 1 through 11 | 4,153. | | 4,153. | 4.153 | |
| - | 13 | Compensation of officers, directors, trustees, etc. | 4,133. | + | 17200. | 1/133. | |
| penses | 14 | Other employee salaries and wages | | | | | |
| Sus | 15 | Pension plans, employee benefits | | | | | |
| _ | 16a | Legal fees (attach schedule) L-1.6a. Stmt | 413. | | 0. | 0. | 413. |
| Ð | Ь | Accounting fees (attach schedule) L-16b 5tmt | 338. | T | 0. | 0. | 338. |
| <u>×</u> | c | Other professional fees (attach schedule) | | T | <u> </u> | - | |
| rat | 17 | Interest | | | | | |
| str | 18 | Taxes (attach schedule) (see instructions e. \$ Cht | 99. | 1 | 0. | 0. | 99. |
| Operating and Administrative | 19 | Depreciation (attach schedule) and debietion \c.\ | | | | | |
| dπ | 20 | Occupancy | | | | | 7.7 |
| Ž | 21 | Travel, conferences and meetings | | | | | |
| Ē | 22 | Printing and publications | | | | | |
| g g | 23 | Other expenses (attach schedule) See Stmt | 12. | | | 12. | · |
| Ę | 24 | Total operating and administrative expenses. | | | | | |
| ā | } | Add lines 13 through 23 | 862. | | 0. | 12. | 850. |
| þe | 25 | Contributions, gifts, grants paid | 3,610. | | EYS. | Y STATE OF THE STA | 3,610. |
| 0 | 26 | Total expenses and disbursements. Add lines 24 and 25 | 4,472. | | 0. | 12. | 4,460. |
| | 27 | Subtract line 26 from line 12: | | 建筑 | | | |
| | а. | Excess of revenue over expenses and disbursements | -319. | | | | |
| | ь | Net investment income (if negative, enter -0-) . | | 9 | 4,153. | | |
| | | Adjusted net income (if negative, enter -0-) | | | | 4.141. | |

Cat. No 11289X

REV 02/01/19 PRO

For Paperwork Reduction Act Notice, see instructions. BAA



Form **990-PF** (2018)

| Pa | rt II | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | End o | of year |
|-----------------------|----------|--|--|---------------------------------------|--|
| | | should be for end-of-year amounts only (See instructions.) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash—non-interest-bearing | 4,388. | 4,916. | 4,916. |
| | 2 | Savings and temporary cash investments | | | -7,5201 |
| | 3 | Accounts receivable ▶ | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ▶ | | | |
| | - | Less: allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) ▶ | | | |
| | - | Less: allowance for doubtful accounts ▶ | | | NAMES OF TAXABLE PARTY. |
| S | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| 1S | 10a | Investments—U.S. and state government obligations (attach schedule) | <u> </u> | | |
| | b | Investments—corporate stock (attach schedule) | <u> </u> | | |
| | C | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—Land, buildings, and equipment: basis | | | oddiesonies as des Those summillandies as |
| | " | Less: accumulated depreciation (attach schedule) | ar post de deservation de la constant de la constan | | Control of the Contro |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | | | |
| | 14 | | | | |
| | 1-4 | Land, buildings, and equipment: basis ► | | | |
| | 15 | Other assets (describe L-15 Stmt) | 62 662 | 61,815. | 90 675 |
| | | | 62,662. | 01,013. | 80,675. |
| | 16 | Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I) | 67.050 | CC 731 | 05 501 |
| - | 17 | | 67,050. | 66,731. | 85,591. |
| | | Accounts payable and accrued expenses | | | |
| es | 18 | Grants payable | | | |
| Liabilities | 19 | Deferred revenue | | | |
| ğ | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| Ë | 21 | Mortgages and other notes payable (attach schedule) | | | |
| | 22 23 | Other liabilities (describe >) | <u></u> | | |
| _ | | Total liabilities (add lines 17 through 22) | <u> </u> | | |
| Ś | | Foundations that follow SFAS 117, check here > 🗵 | | _ | |
| ances | 0.4 | and complete lines 24 through 26, and lines 30 and 31. | 67.050 | | |
| | 24 | Unrestricted | 67,050. | 66,731. | |
| Ва | 25 | Temporarily restricted | | | |
| Net Assets or Fund Ba | 26 | Permanently restricted | | | |
| בָּן | | Foundations that do not follow SFAS 117, check here ► | | | |
| <u>-</u> | | and complete lines 27 through 31. | | | |
| S | 27 | Capital stock, trust principal, or current funds | | | |
| ë | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| 15 | 29 | Retained earnings, accumulated income, endowment, or other funds | | 66 833 | |
| , t | 30 | Total net assets or fund balances (see instructions) | 67,050. | 66,731. | |
| ž | 31 | Total liabilities and net assets/fund balances (see | 57.050 | 66 731 | |
| | -4111 | instructions) | 67,050. | 66,731. | |
| | rt III | Analysis of Changes in Net Assets or Fund Balances | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |
| 1 | | I net assets or fund balances at beginning of year-Part II, colu | | | 67 050 |
| _ | | of-year figure reported on prior year's return) | | | 67,050. |
| 2 | | r amount from Part I, line 27a | | | -319. |
| 3 | | | | | |
| 4 | | lines 1, 2, and 3 | | 4 | 66,731. |
| 5 | Decr | reases not included in line 2 (itemize) ► I net assets or fund balances at end of year (line 4 minus line 5)— | D. 411 | 5 | |
| 6 | iota | i net assets or fund balances at end of year (line 4 minus line 5)— | raπ II, column (b), lii | ne 30 6 | 66,731. |

Capital Gains and Losses for Tax on Investment Income

Part IV

| | | | | | (c) Date acquire (mo., day, yr.) | d (d) Date sold (mo., day, yr.) |
|------------|---|--|-------------------------------------|-------------------------------|-------------------------------------|---|
| 1a | • | | | | | |
| b | | | | | | |
| c | | | | | | |
| <u> </u> | | | | | | |
| <u>—</u> е | | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | | other basis ense of sale | | Gain or (loss) us (f) minus (g)) |
| <u>a</u> | | | <u>-</u> | | | |
| <u>b</u> | | | | | | · · · · · · · · · · · · · · · · · · · |
| <u>c</u> | | | <u> </u> | | | |
| <u>d</u> | | | | | | |
| <u>е</u> | | | | | | |
| | Complete only for assets sho | owing gain in column (h) and owned | by the foundation | on 12/31/69. | (I) Gains | (Col. (h) gain minus |
| | (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | s of col (I) . (j), if any | col. (k), but | not less than -0-) or es (from col. (h)) |
| a | | | | | | |
| <u>b</u> | | | | | | |
| c | | | | | | ··· |
| d | | | | | <u></u> | |
| <u>e</u> | | | | | | |
| 2 | Capital gain net income o | | also enter in Pa enter -0- ın Pa | | 2 | |
| 3 | Net short-term capital gai | n or (loss) as defined in sections | 1222(5) and (6) | : | | |
| | | I, line 8, column (c). See instruc | | | | |
| | | <u> </u> | | | 3 | |
| Part | V Qualification Und | ler Section 4940(e) for Redu | ced Tax on N | let Investment | Income | |
| Was ti | s," the foundation doesn't o | section 4942 tax on the distribut qualify under section 4940(e). Do | not complete t | his part. | | ☐ Yes ☒ No |
| | Enter the appropriate amo | ount in each column for each yea | ar; see the instru | actions before ma | aking any entrie | es. (d) |
| Cale | Base period years endar year (or tax year beginning in | (b) Adjusted qualifying distributions | Net value o | (c) f noncharitable-use as | ssets (col. | Distribution ratio (b) divided by col. (c)) |
| | 2017 | 3,74 | | 98,2 | | 0.038091 |
| | 2016 | 6,2: | | 87,8 | | 0.070984 |
| | 2015 | 4,5 | | 95,1 | | 0.047745 |
| | 2014 | 6,50 | | 105,3 | | 0.061722 |
| | 2013 | 4,2 | 47.] | 96,6 | 28. | 0.043952 |
| 2 | Total of line 1, column (d) | | | | | 0.262494 |
| 3 | | for the 5-year base period—div oundation has been in existence | | | | 0.052499 |
| 4 | Enter the net value of non | charitable-use assets for 2018 fr | om Part X, line | 5 | . 4 | 97,088. |
| 5 | Multiply line 4 by line 3 | | | | . 5 | 5,097. |
| 6 | Enter 1% of net investmen | nt income (1% of Part I, line 27b) | | | . 6 | 42. |
| 7 | Add lines 5 and 6 | | | | . 7 | 5,139. |
| 8 | | ons from Part XII, line 4 | | | | 4,460. |
| | If line 8 is equal to or great Part VI instructions. | ater than line 7, check the box in | Part VI, line 1b | , and complete t | nat part using a | a 1% tax rate. See the |

| Part ' | VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948- | -see ii | nstructio | ns) |
|---------|---|---------------|-----------|------------------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1. | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary—see instructions) | | | |
| Ь | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | 83. | an or ward |
| | here and enter 1% of Part I, line 27b | | | |
| С | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of J Part I, line 12, col. (b). | | • | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | ↓ | 0. | |
| 3 | Add lines 1 and 2 | | 83. | <u> </u> |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | ↓ | 0. | ļ |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | e (Programen | 83. | |
| 6 | Credits/Payments: | | | |
| a | 2018 estimated tax payments and 2017 overpayment credited to 2018 6a | | | |
| Ь | Exempt foreign organizations—tax withheld at source 6b | | | |
| C | Tax paid with application for extension of time to file (Form 8868) . 6c 99. | | | |
| _d | Backup withholding erroneously withheld | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | | 99. | <u> </u> |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tax due, if the total of lines 5 and 8 is more than line 7, enter amount owed | + | | |
| 9 10 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | + | 16. | + |
| 11 | Enter the amount of line 10 to be: Credited to 2019 estimated tax Refunded 11 | + | 16. | |
| | VII-A Statements Regarding Activities | Т | 10. | ٠ |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or or | did it | Yes | No |
| 10 | participate or intervene in any political campaign? | | 1a | × |
| ь | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See | the | | |
| _ | instructions for the definition | | 1b | × |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mate | erials | | |
| | published or distributed by the foundation in connection with the activities. | | | |
| C | Did the foundation file Form 1120-POL for this year? | . [| 1c | × |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | |
| | (1) On the foundation. ► \$ (2) On foundation managers. ► \$ | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos | sed | | |
| _ | on foundation managers. ► \$ | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | . | 2 | × |
| _ | If "Yes," attach a detailed description of the activities. | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, art of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | 3 | × |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | . [| 4a | × |
| ь | If "Yes," has it filed a tax return on Form 990-T for this year? | . | 4b | <u> </u> |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by $General$ Instruction T . | • | 5 | × |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | |
| | By language in the governing instrument, or | Ì | | |
| | • By state legislation that effectively amends the governing instrument so that no mandatory directions | that | | |
| | conflict with the state law remain in the governing instrument? | | 6 × | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Pa | ıntXV | 7 × | dr to the second |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. ► MO | | | |
| Ь | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Ger (or designate) of each state as required by General Instruction G? If "No," attach explanation | neral | 8b × | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(| 3) or | | |
| _ | 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Y | | | 一つ |
| | complete Part XIV | . [| 9 | x _ Z |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing names and addresses | their | 10 | × |

| Par | VII-A Statements Regarding Activities (continued) | | | |
|------|--|----------|-------------|-------------|
| | | | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of Section 512(b)(13)? If "Yes," attach schedule. See instructions | 11 | | × |
| 12 . | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions | 12 | | × |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | × | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ► DAN HAGAN Telephone no. ► (573) | | | |
| 15 | Located at ► PO BOX 1225 COLUMBIA MO ZIP+4 ► 65205 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here | -122 | <u> </u> | <u> </u> |
| 13 | and enter the amount of tax-exempt interest received or accrued during the year | ٠. | • | |
| 16 | At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority | | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | | × |
| | See the instructions for exceptions and filling requirements for FinCEN Form 114. If "Yes," enter the name of | | | |
| | the foreign country ▶ | | | |
| Par | VII-B Statements Regarding Activities for Which Form 4720 May Be Required | BEGGE AT | | r |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a | During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | | |
| | disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? 🗵 Yes 🗆 No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for | | | |
| | the benefit or use of a disqualified person)? | | | XI. |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days.) | | | |
| ь | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in | | | |
| | Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . | 1b | | × |
| | Organizations relying on a current notice regarding disaster assistance, check here ▶ □ | | | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | | |
| _ | were not corrected before the first day of the tax year beginning in 2018? | 1c | internation | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | | |
| а | At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and | | | |
| | 6e, Part XIII) for tax year(s) beginning before 2018? | | | |
| ь | If "Yes," list the years ▶ 20 , 20 , 20 , 20 | | | |
| D | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | | | |
| | all years listed, answer "No" and attach statement—see instructions.) | 2b | 124-14-13 | × |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | ▶ 20 , 20 , 20 | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | |
| | at any time during the year? | | | |
| ь | If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or | | | |
| | disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of | | | |
| | the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the | | | |
| | foundation had excess business holdings in 2018.) | 3b | armitti | Transf Edit |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | × |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | | |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018? | 4b | | × |

| Pag | e | 6 |
|-----|---|---|
| | | |

| Sa During the year, did the foundation pay or incur any amount to: (1) Carry on propagands, or otherwise attempt to influence (selsistion (section 4945(e))? □ Yes □ No (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, vary voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? □ Yes □ No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions □ Yes □ No (5) Provide for any purpose other than religious, charitable, etc., organization described in section 4945(d)(4)(A)? See instructions □ Yes □ No (6) Provide for any purpose other than religious, charitable, etc., organization described in section 54495 or in a current notice regarding disaster assistance? See instructions □ Yes □ No (7) If Yes □ No (8) Provide for any purpose other than religious, charitable, etc., organization of exceptions described in Regulations section 54495 or in a current notice regarding disaster assistance? See instructions □ Yes □ No (7) If Yes □ No (8) If Yes □ No (8) If Yes □ No (9) If Y | Pari | VII-B Statements Regarding Activitie | es for V | Vhich Form | 4720 | May Be F | Require | ed (conti | nued) | | | _ |
|---|-------|--|--------------|--------------------------------|----------|-------------------------|--------------|------------------------------|---------------|--------------------|-------------------------|------|
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 49450(jd/M)? See instructions Yes No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruent notice regarding disaster assistance? See instructions Yes No (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruent notice regarding disaster assistance? See instructions Yes No (7) If the answer is "Yes" to 54(1)-(5), did any of the transactions fall to qualify under the exceptions described in Repulations section 53.4455 or in a current notice regarding disaster assistance? See instructions Yes No (8) If the answer is "Yes" to 54(1)-(5), did see the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No (9) If the display of the section of the section 4980) Yes No (9) If the condition of the section 4980 tax on payment(s) of more than \$1,000,000 in Yes No (9) Name and address No No No No No No No | 5a | During the year, did the foundation pay or incu | any am | nount to: | | | | | | | Yes N | ю |
| directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes. (5) Provide a grant to an individual for travel, study, or other similar purposes. (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes. (7) If the sale of the | | (1) Carry on propaganda, or otherwise attempt | to influ | ence legislatio | on (sect | tion 4945(e |))? . | ☐ Yes | ⊠ No | | | |
| (4) Provide a grant to an individual for travel, study, or other similar purposes? | | | | | | | | | | | | |
| A Provide a grant to an organization other than a charitable, etc., organization described in section 4945(g/4)(A)/S See instructions Yes No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No No Yes No No No No No No No No | | directly or indirectly, any voter registration of | drive? | | | | | ☐ Yes | ⊠ No | | | |
| section 4945(g)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelity to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53,4945 or in a current notice regarding disaster assistance? See instructions Cryanizations relying on a current notice regarding disaster assistance, check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). B Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870. Ta At any time during the year, say premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. Ta At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? \[\text{Ves} \] to 6b, file Form 8870. Ta At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If I information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address directors, trustees, and foundation managers and their compensation. See instructions. (b) Tile, and average file Compensation (compensation) (co | | (3) Provide a grant to an individual for travel, study, or other similar purposes? | | | | | | | | | | |
| Special Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No | | | | | | | ribed ir |) | | | | 2 |
| purposes, or for the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)—6), did any of the transactions fail to qualify under the exceptions. Organizations relying on a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance, check here. If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes" attach the statement required by Regulations section 53.4945–5(d). Bo Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Is the foundation about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors I List all officers, directors, trustees, and foundation managers and their compensation and Contractors I List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address of each employee paid more than \$50,000 If If (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours, per week devoted to position by the structions. (c) Compensation of five highest-paid employees (other than those included on fine 1—see instructions). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on fine 1—see instructions). If none, enter "NONE." (e) Expense account, other allowances of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position | | | | | | | | | ⊠ No | | | |
| b if any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance, See instructions. Organizations relying on a current notice regarding disaster assistance, check here I the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," attach the statement required by Regulations section 53.4945-5(d). But the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors I List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address of each employee paid more than \$50,000 Description of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (b) Compensation of five highest-paid employees (other than those included on line 1—see instructions. (c) Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." | | | | | | | | l | | | | |
| in Regulations section \$3.4945 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance, check here If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Defendition of the Yes, "attach the statement required by Regulations section \$3.4945-5(d). Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? The Yes to 6b, file Form 8870. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Is the foundation subject to the section 4950 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Part Vill Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address of death employees paid more than \$50,000 TRUSTEE (b) Tile, and average (c) Compensation (d) Contributions to employee benefit plans and deferred compensation. (c) Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Tile, and average house per veek dented to position of the patient of the pa | | • • | | | | | | | _ | 11 . 3 . 4 . 7 . 1 | | |
| Organizations relying on a current notice regarding disaster assistance, check here If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? | b | | | | | | | | scribed | | | |
| c If the answer is "Yes" to question Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? | | _ | | _ | | | | | ▶□ | | | |
| because it maintained expenditure responsibility for the grant? | С | • | _ | | | | the tax | (| | | | |
| bill the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? fr "Yes" to 65, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | | | | | | | | | □No | | | |
| bill the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? fr "Yes" to 65, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | | If "Yes," attach the statement required by Regu | lations : | section 53.49 | 45-5(ď |). | | _ | | | | |
| on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ff "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | 6a | | | | | | emiums | 5 | | 经验 | | |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | | on a personal benefit contract? | | | | | | · Yes | ⊠ No | | | |
| Total number of other employees paid over \$50,000 | b | | ms, dire | ectly or indire | ctly, on | a persona | l benefi | t contract | ? . | 6b | A THE PARTY NAMED | X |
| b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | - | • | | | | . 14 4 | · | □v - | □ | | | |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachitie payment(s) during the year? | | | | | | | | _ | | N. P. Carlotter | | 93 |
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation of their allowances of the analysis of the plans and deferred compensation of the plans and deferred c | _ | | | | | | | | n?, | /D | | 25.6 |
| Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week enter -9. (c) Compensation (find paid, enter -9. (d) Contributions to employee benefit plans and deferred compensation. (e) Expense account, other allowances and deferred compensation. (e) Expense account, other allowances and deferred compensation. (e) Expense account, other allowances (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Expense (e) Expense account, other allowances (e) Expense (e) Expense (e) Expense (e) Expense (e) Expense (e) Expense (e) | 8 | • | • | | | | | | □ Na | | | |
| and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week devoted to position (f) not paid, enter -0-) (e) Expense account, other allowances and deferred compensation (e) Expense account, other allowances and deferred compensation (e) Expense account, other allowances (e) Compensation (e) | Pari | | | | | | | | | 17 | PPS | |
| 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week devoted to position DAN HAGAN PO BOX 1225 COLUMBIA MO 65203 1.00 0.0.0 0.0.0 0.0.0 0.0.0 1 TRUSTEE 1.00 1.00 0.0.0 0.0.0 0.0.0 1 Truste allowances 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee the paid more than \$50,000 (e) Title, and average hours per week devoted to position (e) Expense account, other allowances (e) Compensation (f) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Compensation (f) Compensation (e) Compensation (f) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (f) Title, and average hours per week devoted to position (c) Compensation (e) Compensation (f) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (f) Title, and average hours per week devoted to position (f) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (f) Title, and average hours per week devoted to position (f) Compensation (g) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (f) Title, and average hours per week devoted to position (g) Compensation (h) Title, and average hours per week devoted to position (g) Title, and average hours per week devoted to position (g) Compensation (h) Title, and average hours per week devoted to position (g) Compensation (h) Com | | | 0.0.0, | | Ju | iioii iiiaii | 250.0, | | u.u = | р.оу | 500, | |
| (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (fl not paid, enter -0-) (d) Contributions to enter allowances and deferred compensation of the highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (d) Contributions to enter devoted to position (e) Expense account, other allowances (e) Expense acc | 1 | | dation | managers ar | nd their | compens | ation. | See instru | uctions | | | _ |
| 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation other allowances NONE Total number of other employees paid over \$50,000 | | | (b) Titl | e, and average urs per week | (c) Co | mpensation not paid, | (d) emple | Contribution byee benefit | s to plans | (e) Expe | | |
| PO BOX 1225 COLUMBIA MO 65203 1.00 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | DAN | HAGAN | TRUS | TEE | | | | | | | | _ |
| 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (other allowances) Total number of other employees paid over \$50,000 | | | | 1.00 | | 0. | | | 0. | | (| ٥. |
| "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances other allowances Total number of other employees paid over \$50,000 | | | | | | | ļ | | | | | |
| "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances other allowances Total number of other employees paid over \$50,000 | | | | | | | | | | | | |
| "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances other allowances Total number of other employees paid over \$50,000 | | | | | ŀ | | | | | | | |
| "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances other allowances Total number of other employees paid over \$50,000 | | | | | | ···· | | | | | | |
| "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances other allowances Total number of other employees paid over \$50,000 | | | | | | | | | | | | |
| "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances other allowances Total number of other employees paid over \$50,000 | | | | | l | | | | | <u> </u> | | _ |
| (a) Name and address of each employee paid more than \$50,000 NONE NONE Total number of other employees paid over \$50,000 (c) Compensation employee benefit plans and deferred compensation other allowances (e) Expense account, other allowances employee benefit plans and deferred compensation other allowances Total number of other employees paid over \$50,000 | 2 | | es (oth | er than tho | se incl | uded on li | ne 1— | see instr | uction | s). If no | one, ent | ter |
| (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation plans and deferred compensation other allowances NONE Total number of other employees paid over \$50,000 | | | | (b) Title, and a | everage | | | (d) Contrib | mons to | (a) 5 | | |
| Total number of other employees paid over \$50,000 | (| (a) Name and address of each employee paid more than \$50,0 | 000 | hours per v | veek | (c) Compe | nsation | plans and | deferred | (e) Exper | nse accou illowances | nt, |
| Total number of other employees paid over \$50,000 | NONE | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | _ |
| | | | | | | L | | | | | | |
| | Total | number of other employees paid over \$50,000. | · · | <i>.</i> | <u> </u> | · · · | | | . ▶ | | | |

| | nd Contractors (continued) | npioyees, |
|-------------------|--|--|
| | est-paid independent contractors for professional services. See instructions. If none, enter "NON | |
| | (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 1 |
| | | |
| otal number of | others receiving over \$50,000 for professional services | 0 |
| | Summary of Direct Charitable Activities | |
| | on's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of | F |
| | d other beneficianes served, conferences convened, research papers produced, etc. | Expenses |
| 1 | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| Part IX-B | Summary of Program-Related Investments (see instructions) | <u> </u> |
| | largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
| 1 | | |
| | | |
| | | |
| 2 | | |
| | | 1 |
| | | |
| All other program | -related investments. See instructions. | |
| 3 | | |
| | | |
| | | L |
| otal. Add lines | 1 through 3 | |
| | | Form 990-PF (201 |

| Part | | ign foui | ndations, |
|--------|---|--|-------------------|
| | see instructions.) | Tax Design | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| а | Average monthly fair market value of securities | 1a | 70,518. |
| b | Average of monthly cash balances | 1b | 28,048. |
| С | Fair market value of all other assets (see instructions) | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 98,566. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 98,566. |
| 4 | Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see | | |
| | ınstructions) | 4 | 1,478. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 97,088. |
| 6_ | Minimum investment return. Enter 5% of line 5 | 6 | 4,854. |
| Part | | oundat | ions |
| | and certain foreign organizations, check here ▶ □ and do not complete this part.) | | 4,854. |
| 1 | Minimum investment return from Part X, line 6 | 1 | 4,834. |
| | | | |
| Ь | Income tax for 2018. (This does not include the tax from Part VI.) | C. COLOR | 0.3 |
| C | Add lines 2a and 2b | 2c 3 | 83. 4,771. |
| 3 4 | Recoveries of amounts treated as qualifying distributions | 4 | 4,//1. |
| 5 | Add lines 3 and 4 | 5 | 4,771. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 3,771. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, | | |
| • | line 1 | 7 | 4,771. |
| Part | XII Qualifying Distributions (see instructions) | _ | 27.1.21 |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| а | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 | 1a | 4,460. |
| ь | Program-related investments—total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 4,460. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. | | |
| | Enter 1% of Part I, line 27b: See instructions | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 4,460. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years. | g wheth | er the foundation |
| | | | orm 990-PF (2018) |

| Part : | VIII Undistributed Income (see instruction | ons) | | | |
|------------|--|--|--|--|--|
| | , | (a) Corpus | (b) Years prior to 2017 | (c) 2017 | (d) 2018 |
| 1 | Distributable amount for 2018 from Part XI, line 7 | | | | 4,771. |
| 2 | Undistributed income, if any, as of the end of 2018: | | | | |
| `a | Enter amount for 2017 only | | | SATISFACE STATE OF STREET | |
| Ь | Total for prior years: 20, 20, 20 | | Parting a man artisant summand depart exists | | |
| 'З а | Excess distributions carryover, if any, to 2018: 1 rom 2013 | | | | |
| ь | From 2014 0. | | | | |
| c | From 2015 0. | | | | |
| d | From 2016 | | | | |
| Δ | From 2017 | | | | |
| 4 | Total of lines 3a through e | 0 | | | |
| .' | | | | Same and the Control of the Atlanta of the | |
| 4 | Qualifying distributions for 2018 from Part XII, line 4: \$\ 4,460. | | | | |
| а | Applied to 2017, but not more than line 2a . | | | errore and the contract of the | |
| þ | Applied to undistributed income of prior years (Election required—see instructions) | | | | |
| c | Treated as distributions out of corpus (Election required—see instructions) | - | | | |
| ď | Applied to 2018 distributable amount | | | | 4,460. |
| е | Remaining amount distributed out of corpus | 0. | | | |
| 5 | Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).) | , | | | |
| . 6 | Enter the net total of each column as indicated below: | 1 | | | TOTAL LOCATE THE STATE OF THE S |
| а | Corpus. Add lines 3t, 4c, and 4e. Subtract line 5 | 0. | | Maria bagan ayuncur tepla yar inimumi Ayu | |
| | Prior years' undistributed income. Subtract | | F | | |
| b | line 4b from line 2b | | 0. | | |
| С | 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 | | · | | |
| ď | Subtract line 6c from line 6b. Taxable amount—see instructions | | , 0. | | |
| , e | Undistributed income for 2017. Subtract line 4a from. line 2a. Taxable amount—see | | | , | |
| | instructions | | | 0. | |
| f | Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be | | | | , <u>-</u> 1 |
| | distributed in 2019 | | | | 311. |
| 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 2013 not applied on line 5 or line 7 (see instructions) . | . 0. | | | |
| 9 | Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a | ۵. | | | |
| 10 | Analysis of line 9: | | | | |
| а. | | | | | |
| h | Excess from 2015 0. | | | | |
| , 5 | Excess from 2016 0. | | | | |
| ن اہر . | Excess from 2017 0. | | | | |
| , a | | A GILL BURNEY | | | |
| e | Excess from 2018 0. | The state of the s | The same of the sa | prace and practical distriction of the second secon | pro-reconstructure and representative of |

| Page | 10 | |
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| Part | XIV Private Operating Founda | tions (see ınstru | ctions and Part | VII-A, question 9 |) | N/A |
|------|--|--|--------------------|---------------------------|---------------------|--------------------|
| 1a | If the foundation has received a ruling foundation, and the ruling is effective fo | r 2018, enter the da | te of the ruling. | | | |
| b | Check box to indicate whether the four | | operating foundat | | ection 4942(j)(| (3) or 4942(j)(5) |
| 2a | Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for | Tax year (a) 2018 | (b) 2017 | Prior 3 years (c) 2016 | (d) 2015 | (e) Total |
| | each year listed | | | | | |
| b | 85% of line 2a | | | | | |
| С | Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d | Amounts included in fine 2c not used directly for active conduct of exempt activities | | | | | |
| е | Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| а | "Assets" alternative test - enter: | į | | | | |
| | (1) Value of all assets | | | | | ļ- |
| V | ~(2)-Value-of-assets-qualifying-undor- | | · | | | |
| b | section 4942(j)(3)(B)(i) | | | | | |
| С | Part X, line 6 for each year listed | | | | | |
| U | (1) Total support other than gross | | | | | 1 |
| | investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | · | | l L |
| | (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | L |
| | (3) Largest amount of support from an exempt organization | | | | | <u> </u> |
| | (4) Gross investment income | | | | | |
| Part | Supplementary Information any time during the year- | • | • | ne foundation h | ad \$5,000 or mo | ore in assets at |
| 1 | Information Regarding Foundation | | | | | |
| | List any managers of the foundation of before the close of any tax year (but of | | | | | by the foundation |
| | DAN HAGAN | b 100/ | | le of a composition | /or on on all lo | |
| D | List any managers of the foundation ownership of a partnership or other er | | | | | ge portion of the |
| 2 | Information Regarding Contribution Check here ▶ ☐ if the foundation unsolicited requests for funds. If the fi complete items 2a, b, c, and d. See in | only makes contri oundation makes g | butions to presel | ected charitable of | | |
| а | The name, address, and telephone nu | imber or email add | ress of the persor | to whom applica | tions should be ac | Idressed: |
| | See Supplementary Informat | ion Statement | · | | | |
| | The form in which applications should | | | materials they sho | uld include: | |
| С | Any submission deadlines: | | <u> </u> | | | |
| d | Any restrictions or limitations on aw factors: | vards, such as by | geographical are | eas, chantable fie | llds, kinds of inst | itutions, or other |
| | | | | | | |

Form 990-PF (2018) Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount any foundation manager or substantial contributor contribution recipient Name and address (home or business) a Paid during the year EVANS VALLEY FIRE DISTRICT #6 EXEMPT FUNCTION 8677 E EVANS CREEK RD ROGUE RIVER OR 97537 N/A 2,610. SOUTHERN OR LND CONSERVANCY EXEMPT FUNCTION 84 4TH ST N/A 500. ASHLAND OR 97520 WOODVILLE MUSEUM EXEMPT FUNCTION PO BOX 128 N/A 500. ROGUE RIVER OR 97537

| | 1 | | | |
|-------------------------------|------|----------|----|--------|
| Total | | <u> </u> | 3a | 3,610. |
| b Approved for future payment | | | | |
| NONE | | | | |
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| Ente | r gros | ss amounts unless otherwise indicated. | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income |
| 1 | Prog | gram service revenue: | business code | Amount | LACIUSION COde | Amodit | (See instructions.) |
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| _ | _ | Fees and contracts from government agencies | | | | | |
| 2 | | nbership dues and assessments | | | ļ. <u> </u> | | |
| 3 | | est on savings and temporary cash investments | | | | | |
| 4 | Divid | dends and interest from securities | | | 14 | 2,040. | |
| 5 | Net | rental income or (loss) from real estate: | ************************************** | 美秋明 然(1) | MAKE AND | | 经 资格。""好 |
| | a [| Debt-financed property | • | | | | |
| | b N | Not debt-financed property | | | | | |
| 6 | Net | rental income or (loss) from personal property | | | | | |
| 7 | | er investment income | | | | | |
| 8 | | or (loss) from sales of assets other than inventory | | | | | |
| 9 | | income or (loss) from special events | ļ | | | | <u> </u> |
| | | ss profit or (loss) from sales of inventory | | | | | |
| 10 | | | | | | | |
| 11 | | er revenue: a | | | | | |
| | ь_ | | | | | | |
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| | d | | | | | | |
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| | e _ | | | | | | |
| 12 | e Subt | total. Add columns (b), (d), and (e) | | | ************************************** | 2,040. | |
| | | total. Add columns (b), (d), and (e) | | | | 2,040. 13 | 2,040. |
| 13 (See | Tot a | total. Add columns (b), (d), and (e) | | | | | 2,040. |
| 13 (See | Tot a | total. Add columns (b), (d), and (e) | ns.) | | | | 2,040. |
| 13 (See Par Lin | Tota work t XV No. | total. Add columns (b), (d), and (e) | ns.) Accomplishm | ent of Exemp | t Purposes | 13 | |
| 13 See Par Lin | Tota work t XV | total. Add columns (b), (d), and (e) | ns.) Accomplishm | ent of Exemp | t Purposes | 13 | |
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| 13 See Par Lin | Tota work t XV No. | total. Add columns (b), (d), and (e) | ns.) Accomplishm | ent of Exemp | t Purposes | 13 | |
| 13 See Par Lin | Tota work t XV No. | total. Add columns (b), (d), and (e) | ns.) Accomplishm | ent of Exemp | t Purposes | 13 | |
| 13 See Par Lin | Tota work t XV No. | total. Add columns (b), (d), and (e) | ns.) Accomplishm | ent of Exemp | t Purposes | 13 | |
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| 13 See Par Lin | Tota work t XV No. | total. Add columns (b), (d), and (e) | ns.) Accomplishm | ent of Exemp | t Purposes | 13 | |
| 13 (See Par Lin | Tota work t XV No. | total. Add columns (b), (d), and (e) | ns.) Accomplishm | ent of Exemp | t Purposes | 13 | |
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| Part | XVI | Informatio Organizati | n Regarding Tran ons | sfers to and | Transactio | ns and R | elationsh | ips Wit | h Noncha | ritable | Exe | mp |
|----------|--------------|---|---|---------------------------------|----------------------------------|--|--------------------------|-------------------------|------------------------------|-----------|----------------|--------------|
| 1 | in org | section ·501(c) (c anizations? | directly or indirectly eather than section | 501(c)(3) org | anizations) o | in section | n 527, r | | | | Yes | No |
| а | | | | | | | | | | 1a(1) | | |
| | | Other assets . | | | | | | | | 1a(1) | | × |
| b | ٠. | er transactions: | | | | | | | | 10(2) | ختي | â |
| | | | a noncharitable exe | mnt organizat | ion | | | | | 1b(1) | 1.57 1.4 | × |
| | | | ets from a noncharita | | | | | | | 1b(2) | | × |
| | | | , equipment, or other | • | _ | | | | | 1b(3) | | × |
| | | | rrangements | | | | | | | 1b(4) | | × |
| | | | rantees | | | | | | | 1b(5) | | × |
| | | _ | ervices or membersh | | | | | | | 1b(6) | | × |
| С | Sha | aring of facilities, e | quipment, mailing lis | its, other asse | ts, or paid em | ployees . | | | | 1c | | × |
| | valu valu | ue of the goods, o ue in any transacti | of the above is "Yes other assets, or service on or sharing arrange | ces given by t ement, show i | he reporting f n column (d) t | oundation. he value of | If the four the goods | dation re s, other a | eceived less ssets, or se | than f | air m recei | arke ved. |
| (a) Line | ho | (b) Amount involved | (c) Name of nonch | antable exempt o | rganization | (d) Descri | otion of trans | fers, transa | ctions, and sha | anng arra | ngeme | :nts |
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| 2a b | des | cribed in section 5 | ectly or indirectly af 501(c) (other than sec e following schedule. | ction 501(c)(3) | | | | | | ☐ Ye | s 🗵 | No |
| | | (a) Name of organ | | | oe of organization | | | (c) Descn | ption of relatio | nship | | |
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| <u> </u> | | | declare that I have examine | | | | | | at of my knowled | dge and b | elief, it | is true |
| Sign | l-k | rect, and complete. Deci | aration of preparer (other tha | in taxpayer) is base. | u on an information | от witten prepa | rer nasany Kn | owieuge | May the I | | | |
| Here | ı '— | H | W Ann | 11-7 | | USTEE | | | with the p See instru | | | |
| | Sig | gnature of officer or trus | | Date | Thie | / | | | <u> L </u> | | L | |
| Paid | | Print/Type preparer | 's name | Preparer's sign | eture / | /_ | Date / | / c | heck 🗀 ıf | PTIN | | |

Preparer
Use Only
Firm's name

WILLIAM G STOCKGLAUSNER WILLIAM G STOCKGLAUSNER CPA PC

Firm's address

Z716 FORUM BLVD SUITE 3

WILLIAM G STOCKGLAUSNER CPA PC

Firm's address

Z716 FORUM BLVD SUITE 3

Form 990-PF (2018)

MAY ELLIS PARK TRUST Form 990-PF: Return of Private Foundation Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.

| Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc. | Contribution, Grant, Gift, Loan, Scholar | | Continuation Statement |
|---|--|---------------------------|---|
| Name and Address Information | Form Information | Submission Information | Restrictions |
| MAY ELLIS PARK TRUST C/O DAN HAGAN TRUSTEE PO BOX 1225 COLUMBIA, MO 65205 | SEE WEBSITE FOR FORMS & INSTRUCTIONS (AVAIL DURING APPL SEASON ONLY) | APRIL 15 | SEE WEBSITE FOR SCHOLARSHIP ELIGIBILITY CRITERIA |
| 573-474-4815 | | | |

MAY ELLIS PARK TRUST 33-6376603

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Other Income

Continuation Statement

| Description | Revenue and Expense per Book | Net Investment Income | Adjusted Net Income |
|-----------------|---------------------------------|-----------------------|---------------------|
| ALLOCATED GAINS | 2,113. | 2,113. | 2,113. |
| , Tota | 2,113. | 2,113. | 2,113. |

Form 990-PF: Return of Private Foundation

Taxes

Continuation Statement

| Description | Revenue and Expense per Book | Net Investment Income | Adjusted Net Income | Disbursement for charitable purpose |
|-------------|------------------------------------|-----------------------------|------------------------|-------------------------------------|
| EXCISE TAX | 99. | 0. | 0. | 99. |
| Total | 99. | 0. | 0. | 99. |

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

| Description | Revenue and Expense per Book | Net Investment Income | Adjusted Net Income | Disbursement for charitable purpose |
|--------------|------------------------------------|-----------------------------|------------------------|-------------------------------------|
| BANK CHARGES | 12. | | 12. | |
| Total | 12. | | 12. | |

Legal and Professional Fees

2018

| Name | • | | | | | Employer Identification N | √ 0. |
|------|-------|------|-------|--|------|---------------------------|-------------|
| MAY | ELLIS | PARK | TRUST | | | 33-6376603 | |

Line 16a - Legal Fees

| Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------------------|-----------------------------|-------------------------------------|--|---|
| LEGAL | 413. | 0. | 0. | 413. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| PF Part I Line 16a | 413 | | | 413. |
| | Provided | Provided Paid Per Books LEGAL 413. | Provided Paid Investment Income LEGAL 413. 0. | Provided Paid Investment Income LEGAL 413. 0. 0. |

Line 16b - Accounting Fees

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---|
| WGSCPAPC | ACCTG & TAX | 338. | 0. | 0. | 338. |
| Total to Form 990 | -PF, Part I, Line 16b | 338. | 0. | 0. | 338. |

Line 16c - Other Professional Fees

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---|
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| al to Form 990 | -PF, Part I, Line 16c | <u> </u> | | | |

| Name MAY ELDIS PARK TRUST | | | er Identification No 76603 |
|---|---------------------------------|---------------------------------|---------------------------------------|
| Line 15 - Other Assets: | Beginning Year Book Value | End of Book Value | Year Fair Market Value |
| ASSETS HELD/MANAGED BY HAGAN TRUST | 62,662. | 61,815. | 80,675. |
| MAY ELLIS PARK PROPERTY (6.52A) | 0. | 0. | 0. |
| DEED RESTRICTED-NATURE PARK | 0. | 0. | 0. |
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| Totals to Form 990-PF, Part II, line 15 | 62,662. | 61,815. | 80,675. |
| | | | |
| Line 22 - Other Liabilities: | | Beginning Year Book Value | Ending Year Book Value |
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