Return of Private Foundation

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

OMB No 1545-0052

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.

Fo	r caler	ndar year 2018 or tax year beginning	, 20	18, and	ending		, 20
	ne of fou				A Employe	er identification numb	er
M)	CHAE	L AND AMY TEETER FAMILY PRIVATE FOUND	DATION		83-2	707134	
Nur	nber and	street (or P O box number if mail is not delivered to street address)	Ro	om/suite	B Telephor	ne number (see instruct	ions)
3.1	02 S	UNSET DR.			(417)540-6980	
		state or province, country, and ZIP or foreign postal code				tion application is pend	ling check here
JC	PLIN	MO 64804				tron application to porto	g, 617661 11676 2
			n of a former pub	lic charity	D 1. Foreig	n organizations, check	here ▶□
		☐ Final return ☐ Amended	•			-	_
		Address change Name cha	nge			n organizations meeting here and attach compi	
Н	Check	type of organization Section 501(c)(3) exempt p	-	1 (7)	E If private	foundation status was	terminated under
		on 4947(a)(1) nonexempt charitable trust			section 5	507(b)(1)(A), check here	▶ [_]
ī		narket value of all assets at J Accounting method			· · · · · · · · · · · · · · · · · · ·		h h
	end of	f year (from Part II, col (c), Other (specify)				indation is in a 60-mont ction 507(b)(1)(B), chec	
	line 16		e on cash basis)				_
·P	art-I			-			(d) Dispursements
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per		investment ncome	(c) Adjusted net	for charitable purposes
		the amounts in column (a) (see instructions))	books	"	ICOMIC	lincome	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	751,000	. 3343	NI STATE		ENGLANCE CO
	2	Check ▶ ☐ if the foundation is not required to attach Sch B		5	* y	2.5	89 F January
	3	Interest on savings and temporary cash investments					NAME OF THE PARTY
	4	Dividends and interest from securities					15 A 18 A
	5a	Gross rents					The Cal
	b	Net rental income or (loss)		3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	50; 5	The state of	整.炎 空流
ā	6a	Net gain or (loss) from sale of assets not on line 10		\$	il and	100 C	第 52 义。4
Revenue	b	Gross sales price for all assets on line 6a		3		MAR SO	1888 (37)
Š	7	Capital gain net income (from Part IV, line 2)		76		图 经	
ď	8	Net short-term capital gain	\$ 554' · 188	17	200		33
	9	Income modifications	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	10a	Gross sales less returns and allowances	ELECTION OF THE	Y Comme		To the House	1
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule) .		国务 党	ig in		MAR. J.W
	11	Other income (attach schedule)					TO THE SERVICE OF THE
	12	Total. Add lines 1 through 11	751,000				建 加加,但在
က	13	Compensation of officers, directors, trustees, etc					
Expenses	14	Other employee salaries and wages .					
ĕ	15	Pension plans, employee benefits					
X	16a	Legal fees (attach schedule)					
ive	٦	Accounting fees (attach schedule)		<u> </u>			
į	_ c	Other professional fees (attach schedule)				·· ·-	
뜵	17	Interest					
Ę.	18	Taxes (attach schedule) (see instructions)		-]			100 500 Color Color Color
Ξ	19	Depreciation (attach schedule) and depletion—RE	CEIVED				MCART CROSS CONTRACTOR
Ad	20		-11	 \$ -			<u> </u>
Þ	21	Travel, conferences, and meetings	1 9.70 2019	<u> </u>			
ā	22	Printing and publications Other expenses (attach schedule) See State	1 2012	121			
ing	23 24			<u> 1</u>			
Operating and Administrat	24	Add lines 13 through 23	DEN, UT				
)ei	25	Contributions, gifts, grants paid	3DC1 V1 20				
ō	25 26	Total expenses and disbursements. Add lines 24 and 25	20		: 1 v.36982653		
	27	Subtract line 26 from line 12	20	·	* 1	15 (2.15)	
	a	Excess of revenue over expenses and disbursements	750,980	1,500			
	b	Net investment income (if negative, enter -0-)	750,980	· Description	NA SECTION SEC		
	C	Adjusted net income (if negative, enter -0-)		L 204828	7100	The second of th	Z Name of the

For Paperwork Reduction Act Notice, see instructions.

REV 02/01/19 PRO

Form **990-PF** (2018)

Cat No 11289X

Pàge 2

Pa	rt II	. Balance Sheets Attached schedules and amounts in the description column	Beginning of year_	jaga tami ja≩-GEnd o	f year'
	•	್ಯಾ ಸ್ವಾಸ್ಟ್ should be for end-of-year amounts only (See instructions)	(a) Book Value \c	- '(b)'Book Value	(c) Fair Market Value
1	1	.Cash – non-interest-bearing.	, , , 1 , , , , , , , , , , , , , , , ,	<u>~</u>	750., 98.0
_	2	Savings and temporary cash investments			
.	3 .	——————————————————————————————————————	1111	15 T. 15 T. 16	
	matra - war 1	Less: allowance for doubtful accounts.			
	4	Pledges receivable.▶			194
	****	Less: allowance for doubtful accounts			
	5	Grants receivable	hwat (त्या । १५ च.	-	
_ = 0	. 6	Receivables due from officers, directors, trustees, and other	(- , - ())))))))))))))))))		anime to the second of
		disqualified persons (attach schedule) (see instructions).		ļ , , , , , , , , , , , , , , , , , , ,	
	7	Other notes and loans receivable (attach schedule) ▶		400	
	1	Less. allowance for doubtful accounts ▶			
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments—U.S. and state government obligations (attach schedule)	-		3
	b	Investments—corporate stock (attach schedule) .	,		
j	C	Investments - corporate bonds (attach schedule)			
i	11	investments- land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	VILLE W. Destroy Wat be Westerney level of Toward W. Housel	WARRANGE WAS ALLES A CONTROL OF	odomowania drebona, in cerusana
	14	Land, buildings, and equipment basis ▶			4.5
		Less accumulated depreciation (attach schedule)	ļ		
	15	Other assets (describe ►)		7-14	
: <u>acc</u> _ac	·16~	*Total* assets (to **be - completed - by all* filers - see the *		ಮಾ (ವಾರ್ಡ್ನಾಯ್, a) :	
_		instructions Also, see page 1, item l)	, , O.,	750,980.	750,980.
	17	Accounts payable and accrued expenses		,	A CONTRACTOR OF THE PARTY OF TH
- ຜູ.	18	Grants payable		14 JE 1 114 J. 1 1 221 J. 14	3.75
iabilities	19	Deferred revenue (Costates and Art. 2016) (Costates to the	1 8 16 1 18 16 1 1 2 16 1	- 40 10 de 25 11 12	
ig	20	Loans from officers, directors, trustees, and other disqualified persons	-		
Ë	21	Mortgages and other notes payable (attach schedule) Other liabilities (describe ▶)	•		
٠.	22 : 23	Total liabilities (add lines 17 through 22)			
	20		, ,		
SO -	,	Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.	; ' .'		1,000
ğ	24	Unrestricted			
nd Balances	25	Temporarily restricted		1 .	11-00-01
ä	26	Permanently restricted		,	70.07
Б		Foundations that do not follow SFAS 117. check here ▶ 🔀			and the same of th
丑		and complete lines 27 through 31.		·	
ō	27	Capital stock, trust principal, or current funds	0.	750,980.	
ţŝ	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Net Assets or Fu	29	Retained earnings, accumulated income, endowment, or other funds		7 '	
ď	30	Total net assets or fund balances (see instructions) .	0.	₹750,980.	
<u>et</u>	31	Total liabilities and net assets/fund balances (see	, to 1,		50 Sec. 1880
~		instructions)	0.	750,980.	\$5.24E
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances		: "	
1		al net assets or fund balances at beginning of year—Part II, colu	ımn (a), line 30 (mu:		
		of-year figure reported on prior year's return)		1 1	: :0.
		er amount from Part I, line 27a		2	750,980.
		er increases not included in line 2 (itemize) ▶	4 		FOR COMPANY
		lines 1, 2, and 3		4	750,980.
		reases_not_included_in line 2 (itemize) >	Death seture 45	5.4	2,710(./s \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	1012	al net assets or fund balances at end of year (line 4 minus line 5)—		ne 30 6	750,980.
					'Form 990-PF (2018)

Part	W Capital Gains and	Losses for Tax on Investn	ent Income			
rart		nd(s) of property sold (for example, real e		(b) How acquired P—Purchase	(c) Date acquired	(d) Date sold
	2-story brick warehou	se, or common stock, 200 shs MLC Co)	D-Donation	(mo , day, yr)	(mo , day, yr)
1a						
b			-			
с				1. (15 50 to		
d		· ·				10
e				'	.`~	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		n or (loss) (f) minus (g))
а	_					
<u>b</u>						
<u>c</u>			***			
d						
е	Complete only for coasts abo	www.g.gov.up.column.(b) and owned	by the foundation	on 10/21/60		
-	Complete only for assets sno	wing gain in column (h) and owned				l (h) gain minus t less than -0-) or
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		rom col (h))
<u>a</u>						
<u>b</u>				•		
<u>c</u>						
<u>d</u>						
<u>е</u>						
2	Capital gain net income of		also enter in Pa , enter -0- in Pai		2	
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c) See instru	ctions If (loss)			-
			· · · · ·	J	3	
Part		er Section 4940(e) for Redu				
(For o	ptional use by domestic pri	vate foundations subject to the	section 4940(a)	tax on net invest	ment income.)	>
If sect	ion 4940(d)(2) applies, leave	e this part blank.	•	• • .,		
		section 4942 tax on the distribu			pase period?	⊔ Yes ⊔ No
		jualify under section 4940(e) Do				
1		ount in each column for each yea	ar, see the instru	actions before m	aking any entries.	(d)
Cale	(a) Base period years endar year (or tax year beginning in	(b) Adjusted qualifying distribution	s Net value o	(c) f noncharitable-use a		(d) tribution ratio divided by col. (c))
	2017					
	2016					
	2015					- · · · · · · · · · · · · · · · · · · ·
	2014					
	2013			•		
2	Total of line 1, column (d)				. 2	
3		for the 5-year base period—divoundation has been in existence			r by 3	
	•		·			
4	Enter the net value of non	charitable-use assets for 2018 f	rom Part X, line	5	. 4	· · · · · · · · · · · · · · · · · · ·
5	Multiply line 4 by line 3				. 5	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6 .	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6	
7	Add lines 5 and 6				7	
8	Enter qualifying distribution of great line 8 is equal to or great line 8.	ons from Part XII, line 4 ater than line 7, check the box ii	 n Part VI, line 1b		. 8	1% tax rate See the
	Part VI instructions.		·	·		5 000 DE 1011

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation with the activities and copies of any materials published or distributed by the foundation with the activities and copies of any materials published or distributed by the foundation with the activities and copies of any materials published or distributed by the foundation managers. ▶ \$ 1c	Form 99	2-PF (2018)						F	age 4
Date of ruling or determination letter (attach copy of letter if necessary—see instructions) b. Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ □ "and either 196-6f-Part Linfe27b" c. Allicither, domestic foundations enter 296-6f Haife27b" 2. Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0 - 2 2. Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0 - 2 3. 'Add films 1, and/2 4. Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0 - 2 3. 'Add films 1, and/2 4. Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0 - 15 5. Tax based on investment income. Subtract line 4 from line 3: if zero or less, enter -0 - 15 6. Credits/Payments: a 2018 estimated tax payments and 2017 overpayment credited to 2018 b. Exempt foreign organizations—tax withheld at source c. Tax paid with application for extension of time to file (Form 8868) b. Exempt foreign organizations—tax withheld at source c. Tax paid with application for extension of time to file (Form 8868) b. Exempt foreign organizations—tax withheld at source c. Tax paid with application for extension of time to file (Form 8868) b. Exempt foreign organizations—tax withheld at source c. Tax paid with application for extension of time to file (Form 8868) b. Exempt foreign organizations—tax withheld at source c. Tax paid with application for extension of time to file (Form 8868) b. Exempt foreign organizations—tax withheld at source c. Tax paid with application or extension of time to file (Form 8868) b. Exempt foreign organizations—tax withheld at source c. Tax paid with application or extension of time to file (Form 8868) b. Exempt foreign organizations—tax withheld at source c. Tax paid with application or extension of the source c. Tax paid with application or extension of the source c. Tax paid with application or exte	Part \	 Excise Tax Based on Investment Income (Section 4940) 	a), 4940	(b), 4940(e), or	4948 <i>-</i> -	see in	stru	ction	ns) *
here ▶ □ □ and einter 1% of Part I infex7 b		Date of ruling or determination letter (attach copy of letter if ne	ecessary-	-see instructions)					
Part "Iner 12, col (b).	1	here ▶ ☐ and enter 1% of Part I line 27b	. 30 3. 4.	162 15 1 20					
3 Add fines 1 and 2 4 Subtitle A (income) tax (domesto section 4947(a)(1) trusts and taxable foundations only, others enter 0- 5 Tax based on investment income. Subtract line 4 from line 3: if zero or less, enter 0- 6 Credits/Payments: a 2018 estimated tax payments and 2017 overpayment credited to 2018 b Exempt foreign organizations—tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Refunded ▶ 11 Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation with the activities c) Did the foundation. ▶ \$ (2) On foundation managers. ▶ \$ 2 Enter the remount (if any) of tax on political expenditures (section 4955) imposed during the year (if "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously perpoted to the IRS? If "Yes," attach a detailed business gross income of \$1,000 or more during the year? 4 Enter the remount firm of the participation of the activities 3 Has the foundation have unrelated business gross income of \$1,000 or more during the year? 5 Was there a liqui	 	'Part I,ʿline'12; col (b). ພາຍສາສາສາກາ ຂອງພອງ ຼົວຄອງ ກໍ່ພະສາກາ ໂພຕອງ ຄອ	10° Xan	July 17-16, 18	si ach	١,	,	- 1	,
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a 2018 estimated tax payments and 2017 overpayment credited to 2018 6b Exeript foreign organizations—tax withheld at source. C Tax paid with application for extension of time to file (Form 8868). d Backup withholding erroneously withheld. Total credits and payments. Add lines 6a through 6d. 8				5 P	- 48.57	100 × 100	1 3	```	
b Exempt foreign organizations—tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount towed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owerpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be Credited to 2019 estimated tax ► Refunded ► 11 Port VIFA Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation more of the activities and copies of any materials published or distributed by the foundation more of the activities and copies of any materials published or distributed by the foundation more of the activities and copies of any materials published or distributed by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ e Enter the amount (if any) offax on political expenditures (section 4955) imposed during the year (1) On the foundation engaged in any activities that have not previously penalty and the provide of the changes. If "Yes," attach a detailed description of the activities. 4 Has the foundation made any chan		<u>.</u>	6a	1	. 3				
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Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount dived 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10 0. Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Refunded ▶ 11 Part VII-A Statements Regarding Activities 1 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition if the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities c Did the foundation fle Form 1120-POL for this year? 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. ▶ \$ Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes. 3 ★ b If "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 6 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 7 Are the requirements of section 508(e) (relating to 'section's 4941'through' 4945) satisfied either: 8 By language in the governing instrument, or 9 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	c	Tax paid with application for extension of time to file (Form 8868)	6c	0.			^ \si		ئم پ اه
8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tāx duē. If the total of lines 5 and 8 is more than line?, enter amount of wed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Refunded ▶ 11 Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities c Did the foundation file Form 1120-POL for this year? 1 (1) On the foundation \$ \$ (2) On foundation managers. ▶ \$ Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year 1 (1) On the foundation managers. ▶ \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 4 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 Has the foundation managers. ▶ \$ 4 Has the foundation manager in any activities that have not previously been reported to the IRS? 3 Has the foundation manager or other similar instruments? If "Yes," attach a conformed copy of the changes. 4 If "Yes," has it filed a tax return on Form 990-T for this year? 4 If "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 6 If "Yes," has it filed a tax return on Form 990-T for this year? 6 Py language in the governing instrument, or 8 By state legislation that effectively amends the governing	d	Backup withholding erroneously withheld	6d		jort	#629 A	· 165		**5
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Form **990-PF** (2018)

, ... (or designate) of each state as required by General Instruction G? If "No," attach explanation

-9---Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV is a contributors during the tax year? If "Yes," attach? a schedule listing their names and addresses

Part	VII-A Statements Regarding Activities (continued)	1 1		<u> </u>
	Control of the second of the s	- 325	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		٠,٠	
42	person had advisory privileges? If "Yes," attach statement: See instructions is 3/12 -		<u>{</u> -ε.	., X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address: N/A · · · · · · · · · · · · · · · · · · ·	, 13 r	<u>``</u>	
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	Located at > 3102 SUNSET; DR: JOPLIN MO ZIR+4 64804		3301	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu-of Form 1041—check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the year 15		٠	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority	<u> </u>	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	P51288-2	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		S. S	
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	STORE.	14, 75	2,52
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	38.37 A	Yes	No
ĺa	During the year, did the foundation (either directly or indirectly)			12
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?	1999		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes 🗵 No	1 424		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			小溪
	(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)?	135		
•	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	013 (c)		1
ι,	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)			33
``	If any answer is "Yes" to 1a(1)-(6); did any of the acts fail to qualify under the exceptions described in			200
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	나위	
	Organizations relying on a current notice regarding disaster assistance, check here		11.6	1
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	127	-32	23
	were not corrected before the first day of the tax year beginning in 2018?	1c.		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
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?			330
•	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		, JA	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		7.7	
्र ेट्ड	*all-years listed, answer "No"}and attach statement = see instructions.)	-2b -	2	* 18. 9690
, с	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
За	▶ 20 , 20 , 20 , 20 . Did the foundation hold more than a 2% direct or indirect interest in any business enterprise .			
Ja	at any time during the year?			7.
 h	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
U	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			[2]
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	2.2		
42 "	foundation had excess business holdings in 2018)	- 3b		,
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	. /4a	46,500	×
<u></u> 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?	1983		233
		4b.) DE	, X
BAA	REV.02/01/19 PRO	orm 99	PF	(2018)

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Part	VII-B Statements Regarding A	ctivities	for W	hich Form	4720 I	May Be R	equire	d (contii	nued)			
5a .	During the year, did the foundation pay	or incur	any amo	ount to		. 1	14 . 4 . 3			6.5	Yes	No
	(1) Carry on propaganda, or otherwise a				n (sect	ion 4945(e))?	Yes	⊠ No	1 3	2.5	
ī	(2) Influence the outcome of any speci-									3,000	1. O. A.	W
	directly or indirectly, any voter regist							☐ Yes	⊠ No			影彩
	(3) Provide a grant to an individual for tr		• • •	ther similar	ournoss.	267		Yes				8,12
	(4) Provide a grant to an individual for tr						ihed in	٠. <u></u>			453	
							inea III			, X	ا ن	°; ° 1
	section 4945(d)(4)(A)? See instruction				- 1.4	· · · · · · · · · · · · · · · · · · ·		Yes	×No	-	501.8	144
	(5) Provide for any purpose other than									12.44		
	purposes, or for the prevention of cr					·: _: _:		Yes	⊠ No		solution,	The south
b	If any answer is "Yes" to 5a(1)-(5), did a								scribed		ETY T	
	in Regulations section 53,4945 or in a ci		-				e instru	uctions		5b		
	Organizations relying on a current notice	e regardı	ng disa	ster assistan	ce, che	ck here .						1 A
С	If the answer is "Yes" to question 5a(4)), does t	he four	ndation claim	exem	otion from	the tax			1000	[*: 3*#] 	D. 500
	because it maintained expenditure respi	onsibility	for the	grant? .			٠.,	☐ Yes	☐ No			200
	If "Yes," attach the statement required b	y Regula	ations s	ection 53.49	45-5(d)	. ;						
6a	Did the foundation, during the year, reci						miums				- " .	, ·
	on a personal benefit contract?	. :			- 1			☐ Yes	⊠ No		1	8800
b	Did the foundation, during the year, pay	 Dremius	ns: dire	ctiv-ocindire	ativ. on	a personal	benefit	.—		6b	2.72.22.22	المنتشدة
-	If "Yes" to 6b, file Form 8870.	ا Ciriidi	,	-1. y -1. 11 man C	, , •					7-4-7-00	* ***	10 Table
7a	At any time during the tax year, was the following	undation	a nartvit	to a probibited	tay ch	elter transac	tion?	☐ Yes	X No		4 . 18 57 2 20	
/a b	If "Yes," did the foundation receive any		-					_	_	7b	<u> </u>	المستعسد
8	is the foundation subject to the section									~/NG384	83788	W. 274
0	remuneration or excess parachute paym							_	□No		14	
Dov						-				V 4 V/A	005	
Par	t VIII Information About Officers	s, Direc	tors, I	rustees, F	Junua	uoii Mani	ayers,	riigiliy t	aiu E	mpioy	cc 5,	
	and Contractors List all officers, directors, trustees, ar	ad \$5	lation -		al the al-		otion S	co inst-	iotions			
-									444444111			
	List all officers, directors, trustees, ar	iu iounc								T		
	(a) Name and address	·	(b) Title	e, and average rs per week	(c) Co	mpensation ot paid,	(d) (_ emplo	Contribution lyee benefit	s to plans.	(e) Expe		
1			(b) Title hou devote	e, and average rs per week ed to position	(c) Co	mpensation	(d) (_ emplo	Contribution	s to plans.	(e) Expe	ense ac allowar	
MIC	(a) Name and address HAEL TEETER		(b) Title hou devote	e, and average rs per week ed to position RUSTEE	(c) Co	mpensation lot paid, ter -0-)	(d) (_ emplo	Contribution lyee benefit	s to plans . ensation	(e) Expe		
MIC	(a) Name and address		(b) Title hou devote CO - TI	e, and average rs per week ed to position RUSTEE	(c) Co	mpensation ot paid,	(d) (_ emplo	Contribution lyee benefit	s to plans.	(e) Expe		
MIC 310 AMY	(a) Name and address HAEL TEETER 2 SUNSET DR. JOPLIN MO 64804 TEETER	1	(b) Title hou devote CO - TI	e, and average rs per week ed to position RUSTEE	(c) Co	mpensation not paid, ter -0-)	(d) (_ emplo	Contribution lyee benefit	plans ensation	(e) Expe		
MIC 310 AMY	(a) Name and address HAEL TEETER 2 SUNSET DR. JOPLIN MO 64804	1	(b) Title hou devote CO - TI	e, and average rs per week ed to position RUSTEE	(c) Co	mpensation lot paid, ter -0-)	(d) (_ emplo	Contribution lyee benefit	s to plans . ensation	(e) Expe		
MIC 310 AMY	(a) Name and address HAEL TEETER 2 SUNSET DR. JOPLIN MO 64804 TEETER	1	(b) Title hou devote CO - TI	e, and average rs per week ed to position RUSTEE	(c) Co	mpensation not paid, ter -0-)	(d) (_ emplo	Contribution lyee benefit	plans ensation	(e) Expe		
MIC 310 AMY	(a) Name and address HAEL TEETER 2 SUNSET DR. JOPLIN MO 64804 TEETER	1	(b) Title hou devote CO - TI	e, and average rs per week ed to position RUSTEE	(c) Co	mpensation not paid, ter -0-)	(d) (_ emplo	Contribution lyee benefit	plans ensation	(e) Expe		
MIC 310 AMY	(a) Name and address HAEL TEETER 2 SUNSET DR. JOPLIN MO 64804 TEETER	1	(b) Title hou devote CO - TI	e, and average rs per week ed to position RUSTEE	(c) Co	mpensation not paid, ter -0-)	(d) (_ emplo	Contribution lyee benefit	plans ensation	(e) Expe		
MIC 310 AMY	(a) Name and address HAEL TEETER 2 SUNSET DR. JOPLIN MO 64804 TEETER 2 SUNSET DR. JOPLIN MO 64804	1	(b) Title houndevote CO - TI	e, and average rs per week ed to position RUSTEE	(c) Coi	mpensation not paid, ter -0-)	(d) (emplo and defe	Contribution tyee benefit terred compe	s to plans ensation	(e) Experother	allowar	
MIC 310 AMY	(a) Name and address HAEL TEETER 2 SUNSET DR. JOPLIN MO 64804 TEETER 2 SUNSET DR. JOPLIN MO 64804 Compensation of five highest-paid e	1	(b) Title houndevote CO - TI	e, and average rs per week ed to position RUSTEE	(c) Coi	mpensation not paid, ter -0-)	(d) (emplo and defe	Contribution tyee benefit terred compe	s to plans ensation	(e) Experother	allowar	
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MIC 310 AMY 310	(a) Name and address THAEL TEETER 2 SUNSET DR. JOPLIN MO 64804 TEETER 2 SUNSET DR. JOPLIN MO 64804 Compensation of five highest-paid e "NONE."	1 1 employe	(b) Title hour devote CO - TI	e, and average rs per week ed to position RUSTEE	(c) Coi (lf r en	uded on li	(d) (emploand defe	see instr (d) Contrib employee	s to plans ensation 0 0 uction utions to benefit deferred	(e) Experience (e) Ex	one,	o. O. enter
MIC 310 AMY 310	(a) Name and address THAEL TEETER 2 SUNSET DR. JOPLIN MO 64804 TEETER 2 SUNSET DR. JOPLIN MO 64804 Compensation of five highest-paid e "NONE."	1 1 employe	(b) Title hour devote CO - TI	e, and average rs per week ed to position RUSTEE	(c) Coi (lf r en	uded on li	(d) (emploand defe	see instr (d) Contrib employee	s to plans ensation 0 0 uction utions to benefit deferred	(e) Experience (e) Ex	one,	o. O. enter
MIC 310 AMY 310	(a) Name and address THAEL TEETER 2 SUNSET DR. JOPLIN MO 64804 TEETER 2 SUNSET DR. JOPLIN MO 64804 Compensation of five highest-paid e "NONE."	1 1 employe	(b) Title hour devote CO - TI	e, and average rs per week ed to position RUSTEE	(c) Coi (lf r en	uded on li	(d) (emploand defe	see instr (d) Contrib employee	s to plans ensation 0 0 uction utions to benefit deferred	(e) Experience (e) Ex	one,	o. O. enter
MIC 310 AMY 310	(a) Name and address THAEL TEETER 2 SUNSET DR. JOPLIN MO 64804 TEETER 2 SUNSET DR. JOPLIN MO 64804 Compensation of five highest-paid e "NONE."	1 1 employe	(b) Title hour devote CO - TI	e, and average rs per week ed to position RUSTEE	(c) Coi (lf r en	uded on li	(d) (emploand defe	see instr (d) Contrib employee	s to plans ensation 0 0 uction utions to benefit deferred	(e) Experience (e) Ex	one,	o. O. enter
MIC 310 AMY 310	(a) Name and address THAEL TEETER 2 SUNSET DR. JOPLIN MO 64804 TEETER 2 SUNSET DR. JOPLIN MO 64804 Compensation of five highest-paid e "NONE."	1 1 employe	(b) Title hour devote CO - TI	e, and average rs per week ed to position RUSTEE	(c) Coi (lf r en	uded on li	(d) (emploand defe	see instr (d) Contrib employee	s to plans ensation 0 0 uction utions to benefit deferred	(e) Experience (e) Ex	one,	o. O. enter
MIC 310 AMY 310	(a) Name and address THAEL TEETER 2 SUNSET DR. JOPLIN MO 64804 TEETER 2 SUNSET DR. JOPLIN MO 64804 Compensation of five highest-paid e "NONE."	1 1 employe	(b) Title hour devote CO - TI	e, and average rs per week ed to position RUSTEE	(c) Coi (lf r en	uded on li	(d) (emploand defe	see instr (d) Contrib employee	s to plans ensation 0 0 uction utions to benefit deferred	(e) Experience (e) Ex	one,	o. O. enter
MIC 310 AMY 310	(a) Name and address THAEL TEETER 2 SUNSET DR. JOPLIN MO 64804 TEETER 2 SUNSET DR. JOPLIN MO 64804 Compensation of five highest-paid e "NONE."	1 1 employe	(b) Title hour devote CO - TI	e, and average rs per week ed to position RUSTEE	(c) Coi (lf r en	uded on li	(d) (emploand defe	see instr (d) Contrib employee	s to plans ensation 0 0 uction utions to benefit deferred	(e) Experience (e) Ex	one,	o. O. enter
MIC: 310 AMY 310 2 NONI	(a) Name and address THAEL TEETER 2 SUNSET DR. JOPLIN MO 64804 TEETER 2 SUNSET DR. JOPLIN MO 64804 Compensation of five highest-paid e "NONE."	employed than \$50,00	(b) Title hour devote CO - TI	e, and average rs per week ed to position RUSTEE	(c) Coi (lf r en	uded on li	(d) (emploand defe	see instr (d) Contrib employee	s to plans ensation 0 0 uction utions to benefit deferred	(e) Experience (e) Ex	one,	o. O. enter

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3 Five highest-paid independent contractors for professional service		NE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensatio
ONE	25/2	
- V	<u> </u>	. ' (
~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(11 1 W
<u> </u>	() (,	-
	<u></u>	
	·	
The state of the s		-
otal number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rele		Expenses
organizations and other beneficiaries served, conferences convened, research papers produc	ced, etc	
1		
	48.11.11	
2		
		-
3		*
4		-
, , ,	·	
,7 - 2,	<i>y</i> 1	
art IX-B Summary of Program-Related Investments (see in		1 1
Describe the two largest program-related investments made by the foundation during the tax	year on lines 1 and 2	Amount
1		
2		
<u> </u>		
All other program-related investments. See instructions		
3		
		-
otal. Add lines 1 through 3	<u> </u>	F 000 DE
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Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn fou	ndations,
	see instructions.)		
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 Average of monthly cash balances	1a	
b	Average of monthly cash balances	1b	•
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	······································
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	0.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see	1 .	0
_	instructions)	4	0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5 XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f	_	0.
Part	and certain foreign organizations, check here ► and do not complete this part.)	Ourida	lions
1	Minimum investment return from Part X, line 6	1	0.
ι 2a	Tax on investment income for 2018 from Part VI, line 5		·- 0.
	Income tax for 2018. (This does not include the tax from Part VI.) 2b		
b	Add lines 2a and 2b	2c	0.
с 3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,	 	
•	line 1	7	.0.
Par	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	•
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
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	
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	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	g whet	her the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		
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Part	XIII 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			,	0.
2	Undistributed income, if any, as of the end of 2018				<u> </u>
а	Enter amount for 2017 only				
	Total for prior years. 20 , 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2018.				
а	From 2013			, ,,,	1 1 11 N N N N N N N N N N N N N N N N
b	From 2014	WADDANIUN ADAMA KE WADDANIUN A MANA	, 63300000 (A.) prin, i		
С	From 2015				
d	From 2016 .	OF COME COM		"	ļ
е	From 2017				
f	Total of lines 3a through e				
4	Qualifying distributions for 2018 from Part XII, line 4 ▶ \$				
а	Applied to 2017, but not more than line 2a			-	
b	Applied to undistributed income of prior years (Election required—see instructions)			•	
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2018 distributable amount				
е	Remaining amount distributed out of corpus	0.	1		
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a)).				4
6	Enter the net total of each column as				<u> </u>
а	indicated below: Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b	Prior years' undistributed income. Subtract 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				
d	Subtract line 6c from line 6b. Taxable amount—see instructions .		0.		
е	Undistributed income for 2017. Subtract line				
	4a from line 2a Taxable amount—see instructions				
٠,		·	78 S.F.	0.	
f	Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be			•	-
	distributed in 2019	ļ			0.
7	Amounts treated as distributions out of corpus				<u> </u>
,	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)		u ba dh	· , ««««» / » (»	440073 ANANONOS ' ' ' ' ' ' ' ' ' ' '
8	Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	0.	n himmiliari a c'impirimini i mini em namenta tati a a animi mir mi	, , , , , , , , , , , , , , , , , , ,	494 4 4 1944 114 114 114 114 114 114 114
9	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	0	m 		
10	Analysis of line 9.		3		
а	Excess from 2014		in the residence of the second se	se coperposate this pole	,
b	Excess from 2015 0.		-		
С	Excess from 2016 0.				
d	Excess from 2017 0 .				
е	Excess from 2018 . 0,	<u> </u>			
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orm 99	0-PF (2018)					Page IU
Part :	XIV Private Operating Founda	tions (see ınstrı	uctions and Part	VII-A, question 9	9)	N/A
1a	If the foundation has received a ruling			private operating		-
	foundation, and the ruling is effective fo			▶		
	Check box to indicate whether the four		e operating founda		ection 📙 4942(j)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	1 40000	(e) Total
	investment return from Part X for	; (a) 2018	(b) 2017	(c) 2016	(d) 2015	
_	each year listed .	, ,				
b	85% of line 2a			1	<u>-</u>	
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly	-,		 		
u	for active conduct of exempt activities					
е	Qualifying distributions made directly		-	 		
C	for active conduct of exempt activities.					
	Subtract line 2d from line 2c	`				
3	Complete 3a, b, or c for the					
	alternative test relied upon		$\mid \times$			
а	"Assets" alternative test - enter					
	(1) Value of all assets .	,				
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)				•	
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in	/				
	Part X, line 6 for each year listed					
С	"Support" alternative test-enter]
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties					`
	(2) Support from general public and 5 or more exempt	,				
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Part		on (Complete t	his part only if	the foundation	had \$5,000 or m	ore in assets at
	any time during the year-					
1	Information Regarding Foundation					
а	List any managers of the foundation					I by the foundation
	before the close of any tax year (but o	only if they have o	contributed more t	han \$5,000) (See	section 507(d)(2))	
	MICHAEL AND AMY TEETER					
b	List any managers of the foundation ownership of a partnership or other e					arge portion of the
	ownership of a partnership of other e	maty) or which the	e louridation rias a	1 1070 of greater in	terest.	
,	Information Regarding Contribution	n Grant Gift La	an Scholarchin	etc Programs:		
2	Check here ► 🗵 if the foundation				organizations and	d does not accept
	unsolicited requests for funds. If the					
	complete items 2a, b, c, and d. See		- ge, g, e	,		•
а	The name, address, and telephone no		ddress of the pers	on to whom applic	ations should be a	ıddressed:
	,		•	• • •		
b	The form in which applications should	d be submitted a	nd information and	d materials they sh	ould include:	
	,					
		·		ı		
C	Any submission deadlines.			1		
						
d		wards, such as	by geographical a	areas, charitable	ields, kinds of in:	stitutions, or other
	factors.					

3 Grants and Contributions Paid During	the Year or Approv	ed for Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation		
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year		. \ '~	, , , , , , , , , , , , , , , , , , ,	
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		,		.#
Total			▶ 3a	
b Approved for future payment				
		٠		
and the second s	in the fact that the	الايو مد الايا	note and the state of the second second	dir.
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				,
	- ~ · ·	. .		-
			:	, 1
Total			▶ 3b	

Par	t XVI	-A Analysis of Income-Producing Ac	tivities				
Ente	gros	s amounts unless otherwise indicated.		isiness income	Excluded by sect	on 512, 513, or 514	(e)
	Ū	and the second second	(a)	(b)	(c)	(d)	Related or exempt function income
4	Drog	ram service revenue.	Business code	Amount	Exclusion code	Amount	(See instructions.)
	a	Tam Service revenue.		. 7.		7	
;	ь –			,	<u> </u>		
	c. –						
•	d _						
	e –			-			
	f -						
	_	ees and contracts from government agencies					
2	_	bership dues and assessments					
3		est on savings and temporary cash investments					
4		lends and interest from securities	·····				
5		rental income or (loss) from real estate					
-		Debt-financed property	`				
		lot debt-financed property					
6		rental income or (loss) from personal property	-		·		
7		er investment income			1		
8		or (loss) from sales of assets other than inventory					
9		ncome or (loss) from special events .					
10		ss profit or (loss) from sales of inventory .					
11		er revenue: a					
	b						
	c -						
	d ¯						
	e		***				
12	Subt	total. Add columns (b), (d), and (e)			1		
		II. Add line 12, columns (b), (d), and (e)				13	
		sheet in line 13 instructions to verify calculation					
Par	rt XV	I-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		
Lin	e No.	Explain below how each activity for which accomplishment of the foundation's exempt put	income is rep	orted in column	(e) of Part XV	I-A contributed ii	mportantly to the
	▼	accomplishment of the foundation's exempt put	rposes (other tha	in by providing fur	nds for such purp	oses) (See instruc	ctions)
				12.212.			
			, , , , , , , , , , , , , , , , , , ,				
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		<u> </u>					000 PE

NICK MYERS,

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Preparer

Use Only

BAA

Form 99									Page 1
Part	XVII	Informatio Organizati		sfers to and Transa	ctions and I	Relationships W	ith Noncha		
1	ın se			engage in any of the fol 501(c)(3) organizations				Y	es No
а	Trans	fers from the rep	porting foundation to	o a noncharitable exemp	ot organization	n of.			
	(1) Ca	ash				• •		1a(1)	X
	(2) 01	ther assets			. •	- <i>.</i>		1a(2)	×
b	Other transactions								
	(1) Sa	ales of assets to	a noncharitable exe	empt organization	·-·			1b(1)	×
	(2) Pu	rchases of asse	ets from a noncharita	able exempt organizatio	n			1b(2)	×
	(3) Re	ental of facilities	, equipment, or othe	er assets		•		1b(3)	×
	(4) Re	eimbursement a	rrangements					1b(4)	×
	(5) Lo	ans or loan gua	rantees					1b(5)	×
	(6) Pe	erformance of se	ervices or membersh	nip or fundraising solicit	ations			1b(6)	×
C	Sharii	ng of facilities, e	quipment, mailing lis	sts, other assets, or pair	d employees			1c	×
d 	value	of the goods, o	ther assets, or servi on or sharing arrang	s," complete the follow ces given by the report ement, show in column	ing foundation (d) the value (If the foundation of the goods, other	received less assets, or se	s than far ervices re	ir marke eceived.
(a) Line	no (I	Amount involved	(c) Name of nonct	naritable exempt organization	(d) Desc	cription of transfers, tran	sactions, and sh	arıng arranç	gements
				····					
						• •			
						3			
						•		1	<u> </u>
		==	<u> </u>						
									
	descr	ibed in section 5		ffiliated with, or related ction 501(c)(3)) or in sec		nore tax-exempt o	rganizations	☐ Yes	⊠ No
		(a) Name of organ	nization	(b) Type of organi	zation	(c) Des	cription of relation	onship	
				<u> </u>					
									
			<u></u>						_
			· · · · · · · · · · · · · · · · · · ·						
		-							
٥:				ed this return, including accompa an taxpayer) is based on all infor			best of my knowle	dge and bel	ef, it is true
Sign Here	X	fullis	Jert	11-15-19	CO-TRUST			IRS discuss preparer should include the contract of the contr	
	*Sign:	ature of officer or tru	name -	* Date	Title	15.			
Paid		Print/Type preparer	r's name	Preparer's signature	4	Date	Check 🔲 if	PTIN	
Prep	arer	NICK MYERS	S CPA	NICK MYERS CP		11/13/2019	self-employed	P00795	131

MO 64804

Firm's EIN ► 43-1627243

Phone no (417) 623-2214 Form **990-PF** (2018)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2018

Name of the organization Employer identification nur			
MICHAEL AND AMY TEETER FAMILY PRIVATE FOUNDATION 83-2707134			
Organization typ	e (check one):	•	
` ,	•	•••	
Filers of:	Section:		
		,	
Form 990 or 990-	EZ 501(c)() (enter number) organization	•	
	4947(a)(1) nonexempt charitable trust not treated as a	a private foundation	
	☐ 527 political organization		
•	527 political organization		
Form 990-PF	★ 501(c)(3) exempt private foundation		
10111133011	S 50 (G/G) exempt private roundation		
	4947(a)(1) nonexempt charitable trust treated as a pri	vate foundation	
	<u> </u>		
	501(c)(3) taxable private foundation		
	_		
Check if your org	anization is covered by the General Rule or a Special Rule.		
Note: Only a sect	tion 501(c)(7), (8), or (10) organization can check boxes for both the Ge	eneral Rule and a Special Rule. See	
instructions.			
General Rule			
-			
	rganization filing Form 990, 990-EZ, or 990-PF that received, during the (in money or property) from any one contributor. Complete Parts I and		
	tor's total contributions.	in. See instructions for determining a	
Continua	tor a total contributions.		
Special Rules			
Opecial Hules			
☐ For an o	rganization described in section 501(c)(3) filing Form 990 or 990-EZ th	at met the 331/3% support test of the	
	ons under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule		
	or 16b, and that received from any one contributor, during the year, to		
\$5,000;	or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 9	90-EZ, line 1. Complete Parts I and II	
☐ For an o	rganization described in section 501(c)(7), (8), or (10) filing Form 990 o	r 990-EZ that received from any one	
	tor, during the year, total contributions of more than \$1,000 exclusively		
	or educational purposes, or for the prevention of cruelty to children or	animals. Complete Parts I (entering	
"N/A" in	column (b) instead of the contributor name and address), II, and III.		
_			
	rganization described in section 501(c)(7), (8), or (10) filing Form 990 o		
	tor, during the year, contributions exclusively for religious, charitable, e		
	tions totaled more than \$1,000. If this box is checked, enter here the t		
	ne year for an exclusively religious, charitable, etc., purpose. Don't con		
	Rule applies to this organization because it received nonexclusively re		
totaling	\$5,000 or more during the year	· · · · · > \$	
0	aliant and the time to a second by the control of t	an decemb file Cabadala D /F : 2000	
Caution: An orga	inization that isn't covered by the General Bule and/or the Special Bule	es apesa i tile Schedule B (Form 990.	

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

MICHAEL AND AMY TEETER FAMILY PRIVATE FOUNDATION

83-2707134

Part I	Contributors' (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	MICHAEL AND AMY TEETER 3102 SUNSET DR. JOPLIN MO 64804	\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			

Name of organization

Employer identification number

MICHAEL AND AMY TEETER FAMILY PRIVATE FOUNDATION 83-2707134 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (c) FMV (or estimate) (a) No. from Description of noncash property given Date received Part I (See instructions) (a) No. (c) (b) (d) FMV (or estimate) (See instructions) from Description of noncash property given Date received Part I (a) No. (c) (b) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions) (a) No. (c) (b) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions) (a) No. ٠ (b) ٠ (d) from Description of noncash property given **Date received** (See instructions) Part I (c) FMV (or estimate) (a) No. (b) (d) from Description of noncash property given Date received (See instructions) Part I

ame or org			Employer identification number				
	AND AMY TEETER FAMILY PR	83-2707134					
Part III	(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)						
	Use duplicate copies of Part III if	additional space is needed.	·				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address	Relationship of transferor to transferee					
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
, · 	(e) Transfer of gift						
	Transferee's name, address	Relationship of transferor to transferee					

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

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	
CHECKS	20.				
Total	20.		•		

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هذا الداخل الماكية المحدد وقيمة معظم فيل الداخل عاد المكاف بدو في يا المكافئة في المستقد الداخل والداخل المكاف معظم وها المحدد المداخل المحدد على الداخل في المداخل المعادل في المكافئة المداخل المكافئة والمعافرة المحدد الم

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