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2019

OMB No. 1545-0052

## **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

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

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

Open to Public Inspection

		ndar year 2019, or tax year beginning 01-01-20	)19 , ar	nd ending 12-31		
		ındation AMILY FOUNDATION INC		43-1822804	entification numbe	•
Mirron	har ana	d street (or D.O. hou number if wail is not delivered to street address)	Room/suite	43-1822804		
		d street (or P.O. box number if mail is not delivered to street address) TH JEFFERSON STREET	Roomysuite	<b>B</b> Telephone nu	ımber (see instructior	ns)
City	or town	n, state or province, country, and ZIP or foreign postal code		(573) 581-528	)	
		5 65265		<b>C</b> If exemption	application is pending	g, check here
G Ch	eck al	ll that apply: Initial return Initial return of a	former public charity	<b>D 1.</b> Foreign or	ganizations, check he	re
		Final return Amended return			rganizations meeting k here and attach cor	
		☐ Address change ☐ Name change			undation status was t	· _
_		type of organization: $lacksquare$ Section 501(c)(3) exempt private to 4947(a)(1) nonexempt charitable trust $\Box$ Other taxable			n 507(b)(1)(A), chec	
			Cash Accru	E If the found	ation is in a 60-month	tormination -
of '	year (f	from Part II, col. (c),  ▶\$ 6,020,418  ☐ Other (specify) (Part I, column (d) must			n 507(b)(1)(B), checl	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)				
	2	Check ▶ ☑ if the foundation is <b>not</b> required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	80,071	80,071		
	5a	Gross rents	145,715	145,715		
συ	ь	Net rental income or (loss) 120,162	<b>05-1</b> 00.450			
Ĕ	6a	Net gain or (loss) from sale of assets not on line 10	88,160			
Revenue	р 7	Gross sales price for all assets on line 6a 412,481 Capital gain net income (from Part IV, line 2)		75,585		
~	8	Net short-term capital gain		, 5,505		
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	C	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	15,476	4,014	11,462	
	12	Total. Add lines 1 through 11	329,422	305,385	11,462	
	13	Compensation of officers, directors, trustees, etc.	22,020	1,832		20,188
	14	Other employee salaries and wages				
ses	15	Pension plans, employee benefits				
Ē	16a	, , , , , , , , , , , , , , , , , , ,	<b>65-1</b> 4.210	2.455		2,155
EX	b	Accounting fees (attach schedule) Other professional fees (attach schedule)	4,310 30,048	· ·		3,00!
Хe	_ C	,	30,046	27,043		3,00
<u> </u>	17 18	Interest	<b>%</b> 8,133	897		
<u> </u>	19	Taxes (attach schedule) (see instructions)  Depreciation (attach schedule) and depletion	<b>29</b> 0,133	03,		
<u>=</u>	20	Occupancy				
Ad	21	Travel, conferences, and meetings				
Ē	22	Printing and publications				
Operating and Administrative Expenses	23	Other expenses (attach schedule)	<b>9</b> 27,259	27,259		
at≡	24	Total operating and administrative expenses.				
be		Add lines 13 through 23	91,770	59,186		25,348
0	25	Contributions, gifts, grants paid	271,966			271,966
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	363,736	59,186		297,314
	27	Subtract line 26 from line 12:	·			,
	а	Excess of revenue over expenses and	-34,314			
	ь	disbursements Net investment income (if negative, enter -0-)	-54,514	246,199		
	С	Adjusted net income (if negative, enter -0-)		,233	11,462	
			L	L		

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Form **990-PF** (2019)

Form 990-PF (2019)

Net Assets or Fund Balances

2

3

5

	2	Savings and temporary cash investments						
	3	Accounts receivable ▶						
		Less: allowance for doubtful accounts ▶						
	4	Pledges receivable ▶						
		Less: allowance for doubtful accounts ▶						
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other						
		disqualified persons (attach schedule) (see instructions)						
	7	Other notes and loans receivable (attach schedule)						
		Less: allowance for doubtful accounts ▶						
s	8	Inventories for sale or use						
sets	9	Prepaid expenses and deferred charges						
As	10a	Investments—U.S. and state government obligations (attach schedule)						
	b	Investments—corporate stock (attach schedule)		3,160,274	<u>چي</u>	3,167,473		3,403,868
	С	Investments—corporate bonds (attach schedule)						
	11	Investments—land, buildings, and equipment: basis ▶	_					
		Less: accumulated depreciation (attach schedule) ▶						
	12	Investments—mortgage loans						
	13	Investments—other (attach schedule)						
	14	Land, buildings, and equipment: basis ►						
		Less: accumulated depreciation (attach schedule)		1,680,000	<b>%</b> J	1,680,000		2,608,000
	15	Other assets (describe ▶)	9	78	<b>%</b> J	78	<b>9</b> 5	78
	16	Total assets (to be completed by all filers—see the						
		instructions. Also, see page 1, item I)		4,890,337		4,856,023		6,020,418
	17	Accounts payable and accrued expenses						
	18	Grants payable						
lities	19	Deferred revenue						
三	20	Loans from officers, directors, trustees, and other disqualified persons						

		Less. accumulated depreciation (attach schedule)	1,000,000	1,000,000	
	15	Other assets (describe ▶)	<b>9</b> 78	<b>%</b> 78	<b>%</b> J
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	4,890,337	4,856,023	
	17	Accounts payable and accrued expenses			
	18	Grants payable			1
ies	19	Deferred revenue			1
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			1
	21	Mortgages and other notes payable (attach schedule)			1
	22	Other liabilities (describe			1

Total liabilities (add lines 17 through 22) . Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29 and 30. Net assets without donor restrictions . Net assets with donor restrictions .

23 24 25 Foundations that do not follow FASB ASC 958, check here 🕨 🗹 and complete lines 26 through 30. 26 Capital stock, trust principal, or current funds . . . . 27 Paid-in or capital surplus, or land, bldg., and equipment fund 28

Retained earnings, accumulated income, endowment, or other funds 4,890,337 4,856,023 Total net assets or fund balances (see instructions) . . . . . 4,890,337 4,856,023 4,890,337 **Analysis of Changes in Net Assets or Fund Balances** 

29 30 Total liabilities and net assets/fund balances (see instructions) . 4,856,023 Part III Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with endof-year figure reported on prior year's return) 4,890,337 1 Enter amount from Part I, line 27a 2 -34,314 Other increases not included in line 2 (itemize) 3 Add lines 1, 2, and 3 . . . . . . 4 4,856,023 Decreases not included in line 2 (itemize) ▶ 5 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 6 4.856.023

Page 3

	` '	ee the kind(s) of property sold (e.g., arehouse; or common stock, 200 sh	·	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a							
	<b>(e)</b> Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h <b>)</b> r (loss) ) minus (g)	
a							
b							
С							
d							
e							
Cor	mplete only for assets	s showing gain in column (h) and ow	i i			<u>)</u>	
F	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	<b>(k)</b> of col. (i) l. (j), if any	col. (k), but not	h) gain minus less than -0-) <b>or</b> om col.(h))	
a							
b							
С							
d							
е							
<b>3</b> Ne		gain or (loss) { gain or (loss) as defined in sections ort I, line 8, column (c) (see instruct	ions). If (loss), enter -0	, ,	3	75,585	
Part V	Qualification (	Under Section 4940(e) for Re	educed Tax on Net	Investment In	come		
For option	_	private foundations subject to the se					
·	4940(d)(2) applies, le	•			,		
Vas the fo	oundation liable for th	ne section 4942 tax on the distributant qualify under section 4940(e). Do	, ,		Ye	es 🗌 No	
		nount in each column for each year;			 5.		
Base pe	(a) eriod years Calendar ax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab		(d) Distribution rati (col. (b) divided by c		
	2018 2017						
	2017						
	2015					-	
	2014						
2 Tot	al of line 1, column (	d)		2			
3 Ave num 4 Ente	rage distribution ration ber of years the four	o for the 5-year base period—divide ndation has been in existence if less incharitable-use assets for 2019 from	than 5 years m Part X, line 5	<u>3</u>			
<b>6</b> Ente	6 Enter 1% of net investment income (1% of Part I, line 27b)						
				7			
If lir		ions from Part XII, line 4 , eater than line 7, check the box in P			g a 1% tax rate. Se	e the Part VI	
					Fo	rm <b>990-PF</b> (2019)	

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Ба	During the year did the foundation p	ay or incur any amount to:					Yes	No
	(1) Carry on propaganda, or otherw	ise attempt to influence legisl	ation (section 4945(e))?	☐ Yes	<b>☑</b> №			
	(2) Influence the outcome of any sp	•						
	on, directly or indirectly, any voter registration drive?							
	(3) Provide a grant to an individual	* * * * * * * * * * * * * * * * * * * *		Yes	✓ N	0		
	(4) Provide a grant to an organization in section 4945(d)(4)(A)? See in		· -					
	(5) Provide for any purpose other th			· · L Yes	✓ N	О		
	educational purposes, or for the	•		· · 🗌 Yes	✓ N			
b	If any answer is "Yes" to $5a(1)-(5)$ ,							
	Regulations section 53.4945 or in a			uctions	•	5b		
_	Organizations relying on a current no							
С	If the answer is "Yes" to question 5a tax because it maintained expenditu	` ''	•					
	If "Yes," attach the statement requir	· · · · · · · · · · · · · · · · · · ·		· · L Yes	L N₁	0		
5a	Did the foundation, during the year,	· -		ime on				
Ju	a personal benefit contract?			. —				
b	Did the foundation, during the year,			res	_ <b>✓</b> №	0   6b		No
	If "Yes" to 6b, file Form 8870.	, , ,	,, ,					
7a	At any time during the tax year, was	the foundation a party to a p	prohibited tax shelter trai	nsaction?	<b>✓</b> N	_		
b	If "Yes", did the foundation receive a	any proceeds or have any net	income attributable to the	ne transaction?	· N	7b		
3	Is the foundation subject to the sect	ion 4960 tax on payment(s) o	of more than \$1,000,000	in remuneration or				
	excess parachute payment during th	e year?		· · 🔲 Yes	<b>✓</b> №	ا		
	Information About C	officers, Directors, Trust	tees, Foundation Ma				,	
Pal	and Contractors							
1	List all officers, directors, trustee	s, foundation managers ar	nd their compensation	See instructions				
	(-) Name and address	(b) Title, and average	(c) Compensation (If	(d) Contributions t		e) Exper	nse acc	ount,
	(a) Name and address	hours per week devoted to position	not paid, enter -0-)	employee benefit plans deferred compensati		other a	llowane	ces
ee /	Additional Data Table		,	'				
2	Compensation of five highest-pai	d employees (other than t	hose included on line 1	<del></del>		enter "	NONE	."
'a \	Name and address of each employee	(b) Title, and average		(d) Contributions t employee benefit		e) Expen	50 3000	ount
,	more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		other al		
		devoted to position		compensation				
ON	<u> </u>							
ota	I number of other employees paid over	 er \$50,000 <b></b> .						
		, -,				orm <b>99</b>	0-PF	(2019
								,

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rel organizations and other beneficiaries served, conferences convened, research papers produ	evant statistical information such as the numbe uced, etc.	r of Expenses
1	,	
2		_
3		
4		
Part IX-B Summary of Program-Related Investments (see	instructions)	
Describe the two largest program-related investments made by the foundation during t		Amount
<b>1</b> N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		<b>•</b>
Iotal. Add lines 1 through 3	<del> </del>	Form 900 PE (2010)

1a

1b

2

За 3h

4

5

297,314

297.314

297.314

Form 990-PF (2019)

Part XII

1

2

3

4

5

b

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

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

income. Enter 1% of Part I, line 27b. See instructions.

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

a From 2014. . . . . **b** From 2015. . . . . c From 2016. . . . d From 2017. . . . . e From 2018. . . . .

1 Distributable amount for 2019 from Part XI,

2 Undistributed income, if any, as of the end of 2019:

a Enter amount for 2018 only. . . . . . 3 Excess distributions carryover, if any, to 2019:

f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ a Applied to 2018, but not more than line 2a

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

6 Enter the net total of each column as

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 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a . . . .

10 Analysis of line 9: a Excess from 2015. . . **b** Excess from 2016. . c Excess from 2017. . . . d Excess from 2018. . . e Excess from 2019. . .

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract line 4b from line 2b . . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . **d** Subtract line 6c from line 6b. Taxable amount —see instructions . . . . . . . . . . . . . . . . e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . . . . . . . f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . .

indicated below:

**d** Applied to 2019 distributable amount. . . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

same amount must be shown in column (a).)

14,257

271,957

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t	XIII	

Par

)-PF	(2	01	9	)	
7111			7		

-PF (20	019)	
1111	Undistributed Income (see instruc	tions)
		(a)

ee instructions)				
	(a) Corpus			
line 7	22.6.22			

(b)

Years prior to 2018

(c)

2018

283,057

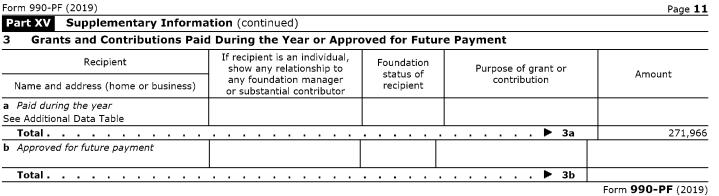
283,057

	286,214

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	art XIV Private Operating Found	lations (see instru	uctions and Part V	II-A, auestion 9)		rage <b></b>
	If the foundation has received a ruling or de foundation, and the ruling is effective for 20	termination letter th	at it is a private oper	rating		
b	Check box to indicate whether the organizat	ion is a private opera	ating foundation desc	cribed in section $\Box$	4942(j)(3) or 🛭	] 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2019	<b>(b)</b> 2018	(c) 2017	(d) 2016	(e) Iotai
	year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
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: "Assets" alternative test—enter:					
d	(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					
Рa	rt XV Supplementary Information			oundation had s	\$5,000 or more	in
1	assets at any time during th		ructions.)			
	List any managers of the foundation who have before the close of any tax year (but only if	ve contributed more				n
b	List any managers of the foundation who ow	n 10% or more of th	e stock of a corporat	ion (or an equally la		
2	ownership of a partnership or other entity) Information Regarding Contribution, Gr					
	Check here \( \bigcap \) if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions					
a	a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:  DAN K ERDEL 100 NORTH JEFFERSON MEXICO, MO 65265 (573) 581-5280					
b	The form in which applications should be su		tion and materials th	ey should include:		
_	Any submission deadlines:	DIVAL INFORMATION				
	Any submission deadlines:  CONTACT ABOVE INDIVIDUAL FOR ADDITION	DNAL INFORMATION				
d	Any restrictions or limitations on awards, su factors:	ch as by geographic	al areas, charitable fi	ields, kinds of institu	itions, or other	

CONTACT ABOVE INDIVIDUAL FOR ADDITIONAL INFORMATION



Enter gross	amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
-	n service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
	<del></del>					
c						
	and contracts from government agencies					
_	rship dues and assessments					
3 Interes investm	t on savings and temporary cash nents					
4 Dividen	ds and interest from securities			14	80,071	
	tal income or (loss) from real estate:					
	financed property					
	ebt-financed property			16	120,162	
	tal income or (loss) from personal property			16	4,014	
	(loss) from sales of assets other than			10	7,017	
invento	• •			14	75,585	12,57
9 Net inc	ome or (loss) from special events:					
0 Gross p	profit or (loss) from sales of inventory					
<b>1</b> Other r						
	ARSHIPS RETURNED			1	9,462	
	LLANEOUS			1	2,000	
	al. Add columns (b), (d), and (e).				291,294	12,57
	Add line 12, columns (b), (d), and (e)			13	3	303,869
(See wo	orksheet in line 13 instructions to verify calcu	ılations.)				
Part XVI	<u>-</u>					
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions.)					
	SALES OF SECURITIES					

orm 9	90-PF	· ,										age <b>13</b>
	: XVII	Exempt Organi	zations						nships With Nor			
		ganization directly or in than section 501(c)(3)								on 501	Yes	No
` ,	•	from the reporting foun	,			, ,	-					
(1	<b>)</b> Cash									. 1a(1	)	No
(2	<b>)</b> Othe	r assets								. 1a(2	)	No
		nsactions:										
-	-	s of assets to a nonchari	•	-						. 1b(1	<del>'                                    </del>	No
-	-	hases of assets from a n			-					1b(2	-	No
-	-	al of facilities, equipmer Ibursement arrangemen	· ·							1b(3	~	No No
-	-	s or loan guarantees.								. 1b(4	4	No
•	•	rmance of services or m								. 1b(6	4	No
•	•	f facilities, equipment, n	•		-					. 1c	1	No
of	the goo any tra	wer to any of the above ds, other assets, or ser nsaction or sharing arra (b) Amount involved	vices given by ngement, shov	the r w in c	eporting f olumn <b>(d</b>	oundation. If the	e foundatio e goods, ot	n receive ther asse	d less than fair marl	ket value ved.	rangemer	nts
(a) Liii	e 140.	(b) Amount involved	(C) Name of the	JIICHAI	itable exell	iipt organizacion	(d) Desi	cription of	transiers, transactions,	and snaring ar	angeme	11.5
	_											
22 Ic	the fou	ndation directly or indire	actly affiliated	with	or rolator	t to one or more	tay-ayam	nt organi	zations			
		in section 501(c) (other	•							es 🔽 No		
		complete the following so		301(0	.)(3)) 01 11	i section 527:				3 110		
וו ט	165, 0	(a) Name of organization		- 1	(b	) Type of organizat	ion	1	(c) Description	of relationship		
										•		
				_								
				$\dashv$								
<b>6</b> '	of m	er penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, cor							ased on all inf	ormatio	n of
Sign Here		*****				2020-07-08	*	****		May the IRS return	discuss t	his
пег	IJ <b>P</b> '	Signature of officer or t	rustee			Date	— <b>)</b> <sub>T</sub>	itle		with the prep below (see instr.)		
	'	Print/Type preparer's	name F	Prepa	rer's Sign	ature	Date			PTIN		
Paid	I	ROBERT COX						-07-08	Check if self- employed ▶ ☐	P004	38990	
Prep	arer Only		ERT COX CPA I	PC					<u> </u>	Firm's EIN ►4	5-2520	 559
JSE	Jilly		1 E MONROE S	ST								
			EXICO MO 65		811				F	Phone no. (57	3) 581-	5510

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position employee benefit plans -0-)

		ŕ	and deferred compensation	
DAN K ERDEL	DIRECTOR	18,318	0	(
100 NORTH REFERSON STREET	000.00			

100 NORTH JEFFERSON STREET MEXICO, MO 65265	000.00			
BEN STEINMAN	DIRECTOR	1,234	0	
112 LUTHER DRIVE	000.00			

MEXICO, MO 65265

BEN STEINMAN	DIRECTOR	1,234	0	0
112 LUTHER DRIVE MEXICO, MO 65265	000.00			
MELODY FARNEN	DIRECTOR	1,234	0	0
and S JEEEERSON STREET	000.00			

MEXICO, MO 65265				
MELODY FARNEN	DIRECTOR	1,234	0	0
909 S JEFFERSON STREET MEXICO, MO 65265	000.00			
RUTH KENT	DIRECTOR	0	0	0

		I -/	_	
909 S JEFFERSON STREET MEXICO, MO 65265	000.00			
RUTH KENT	DIRECTOR	0	0	0
202 W BOULEVARD	000.00			

MEXICO, MO 65265				
RUTH KENT	DIRECTOR	0	0	0
202 W BOULEVARD MEXICO, MO 65265	1 000.00			

RUTH KENT	DIRECTOR	0	0	0
202 W BOULEVARD MEXICO, MO 65265	000.00			

MEXICO, MO 65265				
VIRGINIA PEHLE	DIRECTOR	1,234	0	0
25813 HWY KK	000.00			

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

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

A CARE HOUSE OF WANDALIA	NONE	=>/====	 0.000
a Paid during the year			
Name and address (home or business)	or substantial contributor	recipient	

AGAPE HOUSE OF VANDALIA 209 E ATHEY FARBER, MO 63345	NONE	EXEMPT	FOR GENERAL PROGRAMS	8,800
ALEX HOBBS1 VETERANS WAY	NONE	EXEMPT	FOR MEDICAL BOARDS EXAM	575

FARBER, MO 63345				
ALEX HOBBS1 VETERANS WAY MEXICO, MO 65265	NONE	EXEMPT	FOR MEDICAL BOARDS EXAM	575

ALEX HOBBS1 VETERANS WAY MEXICO, MO 65265	NONE	EXEMPT	FOR MEDICAL BOARDS EXAM	575
ALTRUSAPO BOX 281	NONE	EXEMPT	FOR DICTIONARIES	2,200

MEXICO, MO 65265				
ALTRUSAPO BOX 281 MEXICO, MO 65265	NONE	EXEMPT	FOR DICTIONARIES	2,200

ALTRUSAPO BOX 281 MEXICO, MO 65265	NONE	EXEMPT	FOR DICTIONARIES	2,2

MEXICO, MO 65265		
Total	 3a	271,966

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

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

a Paid during the year				
AUDRAIN COUNTY GENEALOGICAL C/O AUDRAIN COUNTY LIBRAR 305 W JACKSON MEXICO, MO 65265	NONE	EXEMPT	FOR MATCHING GRANT	5,000

305 W JACKSON MEXICO, MO 65265				
AUDRAIN COUNTY SHELTER RESOURCE PO BOX 476 MEXICO, MO 65265	NONE	EXEMPT	FOR HOTEL ROOM FOR NEEDY	2,500

PO BOX 476 MEXICO, MO 65265	NONE	EXEMIT	TOK HOTEL ROOTT OK NEEDT	2,300
AUDRAIN HISTORICAL SOCIETY 501 S MULDROW ST MEXICO, MO 65265	NONE	EXEMPT	FOR PRINTING EXPENSES	1,000

MEXICO, MO 03203				1
AUDRAIN HISTORICAL SOCIETY 501 S MULDROW ST MEXICO, MO 65265	NONE	EXEMPT	FOR PRINTING EXPENSES	1,000
Total			▶ 3a	271,966

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

271,966

any foundation manager

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
BEAUTY FOR ASHES MINISTRY PO BOX 712 PLATTE CITY, MO 64079	NONE	EXEMPT	FOR GENERAL PROGRAMS	3,000

FEATTE CITT, MO 04079				
CANCER RESEARCH CENTER 1310 OLD 63 S 5 COLUMBIA, MO 65201	NONE	EXEMPT	FOR GENERAL PROGRAMS	5,000
CENTRAL METHODIST UNIVERSITY	NONE	EXEMPT	FOR SCHOLARSHIPS	2,000

COLUMBIA, MO 65201				
CENTRAL METHODIST UNIVERSITY 411 CENTRAL METHODIST FAYETTE, MO 65248	NONE	EXEMPT	FOR SCHOLARSHIPS	2,000

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

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

1				
CHILDREN'S THERAPY & EARLY ED 408 S MISSOURI ST MEXICO, MO 65265	NONE	EXEMPT	FOR GENERAL PROGRAMS	10,000
COMMUNITY HEALTH MINISTRY TEAM	NONE	EXEMPT	FOR GENERAL PROGRAMS	4,000

COMMUNITY HEALTH MINISTRY TEAM 122 E PROMENADE ST MEXICO, MO 65265	NONE	EXEMPT	FOR GENERAL PROGRAMS	4,000
CUB SCOUTS C/O FIRST PRESBYTERIAN CH	NONE	EXEMPT	FOR GENERAL PROGRAMS	1,000

MEXICO, MO 65265				
CUB SCOUTS C/O FIRST PRESBYTERIAN CH 400 LAKEVIEW MEXICO, MO 65265	NONE	EXEMPT	FOR GENERAL PROGRAMS	1,000

CUB SCOUTS C/O FIRST PRESBYTERIAN CH 400 LAKEVIEW MEXICO, MO 65265	NONE	EXEMPT	FOR GENERAL PROGRAMS	1,000
Total			▶ 3a	271,966

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

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

or substantial contributor

Name and address (home or business)

a Paid during the year				
FOOD BANK FOR CENTRAL & NE MO 2101 VANDIVER DR COLUMBIA, MO 65202	NONE	EXEMPT	FOR FOOD FOR NEEDY	5,000

COLUMBIA, MO 65202				
HANNIBAL LAGRANGE UNIVERSITY 2800 PALMYRA ROAD HANNIBAL, MO 63401	NONE	EXEMPT	FOR SCHOLARSHIPS	2,000
KING'S DAUGHTERS	NONE	EXEMPT	FOR GENERAL PROGRAMS	2,400

2800 PALMYRA ROAD HANNIBAL, MO 63401	NONE	EXEMPT	FOR SCHOLARSHIPS	2,000
KING'S DAUGHTERS 620 W BOULEVARD ST MEXICO, MO 65265	NONE	EXEMPT	FOR GENERAL PROGRAMS	2,400

HANNIBAL, MO 63401				
KING'S DAUGHTERS 620 W BOULEVARD ST MEXICO, MO 65265	NONE	EXEMPT	FOR GENERAL PROGRAMS	2,400
Total			<b>&gt;</b> 3a	271,966

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

a raid during the year				
LINCOLN UNIVERSITY820 CHESTNUT ST JEFFERSON CITY, MO 65101	NONE	EXEMPT	FOR SCHOLARSHIPS	2,000
MARTINSBURG ATHLETIC ASSN	NONE	EXEMPT	FOR SPORTS PROGRAMS	850

MARTINSBURG ATHLETIC ASSN PO BOX 113 MARTINSBURG, MO 65264	NONE	EXEMPT	FOR SPORTS PROGRAMS	850
MARYVILLE UNIVERSITY 650 MARYVILLE UNIVERSITY	NONE	EXEMPT	FOR SCHOLARSHIPS	2,000

MARTINSBURG, MO 65264				
MARYVILLE UNIVERSITY 650 MARYVILLE UNIVERSITY ST LOUIS, MO 63141	NONE	EXEMPT	FOR SCHOLARSHIPS	2,000

271,966

MARYVILLE UNIVERSITY	NONE	EXEMPT	FOR SCHOLARSHIPS	2,00
650 MARYVILLE UNIVERSITY				
ST LOUIS, MO 63141				

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

Recipient

If recipient is an individual, show any relationship to status of contribution

Purpose of grant or contribution

▶ 3a

271,966

any foundation manager

or substantial contributor

Name and address (home or business)

122 E PROMENADE ST MEXICO, MO 65265

	or substantial contributor			
a Paid during the year				
MEXICO HIGH SCHOOL 639 N WADE STREET MEXICO, MO 65265	NONE	EXEMPT	FOR MENTOR GRANT	3,000
MEXICO MIDDLE SCHOOL 1200 W BOULEVARD MEXICO, MO 65265	NONE	EXEMPT	FOR TUTORING PROGRAM	8,584
MEXICO UNITED METHODIST CHURCH	NONE	EXEMPT	FOR CAPITAL IMPROVEMENTS	37,500

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

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

a Paid during the year				
MISSOURI MILITARY ACADEMY 204 N GRAND STREET MEXICO, MO 65265	NONE	EXEMPT	FOR SCHOLARSHIPS	3,752

MEXICO, MO 65265				
MISSOURI STATE UNIVERSITY 901 S NATIONAL AVENUE SPRINGFIELD, MO 65897	NONE	EXEMPT	FOR SCHOLARSHIPS	•

MISSOURI STATE UNIVERSITY 901 S NATIONAL AVENUE SPRINGFIELD, MO 65897	NONE	EXEMPT	FOR SCHOLARSHIPS	6,000
MISSOURI WESTERN STATE UNIVERSITY 4525 DOWNS DR	NONE	EXEMPT	FOR SCHOLARSHIPS	2,000

SPRINGFIELD, MO 65897				
MISSOURI WESTERN STATE UNIVERSITY 4525 DOWNS DR ST JOSEPH, MO 64507	NONE	EXEMPT	FOR SCHOLARSHIPS	2,00

3a

271,966

<u>'</u>				
MISSOURI WESTERN STATE UNIVERSITY 4525 DOWNS DR ST JOSEPH, MO 64507	NONE	EXEMPT	FOR SCHOLARSHIPS	2,0
	I	ı	1	I

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

271,966

any foundation manager

Name and address (home or business)

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
MOBERLY AREA COMMUNITY COLLEGE 101 COLLEGE AVENUE MOBERLY, MO 65270	NONE	EXEMPT	FOR SCHOLARSHIPS	24,000
MOBERLY AREA COMMUNITY COLLEGE 2900 DORELI LN MEXICO MO 65265	NONE	EXEMPT	FOR NURSING SCHOLARSHIPS	22,500

MOBERLY, MO 65270				
MOBERLY AREA COMMUNITY COLLEGE 2900 DORELI LN MEXICO, MO 65265	NONE	EXEMPT	FOR NURSING SCHOLARSHIPS	22,500
MONTGOMERY COUNTY R-II 418 N HIGHWAY 19	NONE	EXEMPT	FOR GENERAL PROGRAMS	2,500

2900 DORELI LN MEXICO, MO 65265				,
MONTGOMERY COUNTY R-II 418 N HIGHWAY 19 MONTGOMERY CITY, MO 63361	NONE	EXEMPT	FOR GENERAL PROGRAMS	2,500

MONTGOMERY COUNTY R-II 418 N HIGHWAY 19 MONTGOMERY CITY, MO 63361  NONE EXEMPT FOR GENERAL PROGRAMS 2,500	MEXICO, MO 65265				
	418 N HIGHWAY 19	NONE	EXEMPT	FOR GENERAL PROGRAMS	2,500

418 N HIGHWAY 19		
MONTGOMERY CITY, MO 63361		

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

Recipient

If recipient is an individual, show any relationship to status of contribution

Purpose of grant or contribution

▶ 3a

271,966

any foundation manager

or substantial contributor

Name and address (home or business)

a Paid during the year				
NORTHWEST MO STATE UNIVERSITY 800 UNIVERSITY DR MARYVILLE, MO 64468	NONE	EXEMPT	FOR SCHOLARSHIPS	2,000
OLIVET NAZARENE UNIVERSITY 1 UNIVERSITY AVE	NONE	EXEMPT	FOR SCHOLARSHIPS	2,000

1 UNIVERSITY AVE BOURBONNAIS, IL 60914	NONE	EXEMPT	FOR SCHOLARSHIPS	2,000
OZARK TECHNICAL COLLEGE 1001 E CHESTNUT EXPRESS SPRINGFIELD, MO 65802	NONE	EXEMPT	FOR SCHOLARSHIPS	2,000

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

a Paid during the year				
PRESSER PERFORMING ARTS CENTER 900 S JEFFERSON MEYICO MO 65255	NONE	EXEMPT	FOR CAPITAL CAMPAIGN	8,000

MEXICO, MO 65265				
RAINBOW HOUSE1611 TOWNE DR COLUMBIA, MO 65202	NONE	EXEMPT	FOR GENERAL PROGRAMS	2,000
RED RIBBON WEEK	NONE	EXEMPT	FOR RED RIBBONS	451

COLUMBIA, MO 65202				
RED RIBBON WEEK 1100 LITTLEBY ROAD MEXICO, MO 65265	NONE	EXEMPT	FOR RED RIBBONS	451

Total .

▶ 3a

271,966

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount contribution show any relationship to status of

▶ 3a

271,966

any foundation manager

or substantial contributor

Name and address (home or business)

222 CHURCH ST RUSH HILL, MO 65280

	or substantial contributor			
a Paid during the year				
RESEARCH MEDICAL CENTER 2316 E MEYER BLVD KANSAS CITY, MO 64132	NONE	EXEMPT	FOR SCHOLARSHIPS	2,000
ROCKHURST UNIVERSITY 1100 ROCKHURST RD KANSAS CITY, MO 64110	NONE	EXEMPT	FOR SCHOLARSHIPS	2,000

ROCKHURST UNIVERSITY 1100 ROCKHURST RD KANSAS CITY, MO 64110	NONE	EXEMPT	FOR SCHOLARSHIPS	2,000
RUSH HILL COMMUNITY CHURCH	NONE	EXEMPT	FOR GENERAL PURPOSES	17,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager

or substantial contributor

Name and address (home or business)

recipient

	or substantial contributor			
a Paid during the year				
SAINT LOUIS UNIVERSITY DUBOURG HALL ROOM 121 ST LOUIS, MO 63103	NONE	EXEMPT	FOR SCHOLARSHIPS	4,000
SCATTERING FORK OUTDOOR CENTER	NONE	EVEMBT	EOB ALL CITIE	204

ST LOUIS, MO 63103				
SCATTERING FORK OUTDOOR CENTER 15559 AUDRAIN ROAD 821 MEXICO, MO 65265	NONE	EXEMPT	FOR 4H CLUB	204

SCATTERING FORK OUTDOOR CENTER 15559 AUDRAIN ROAD 821 MEXICO, MO 65265	NONE	EXEMPT	FOR 4H CLUB	204
SHOES FROM THE HEARTPO BOX 171 MACON, MO 63552	NONE	EXEMPT	FOR SHOES FOR MEXICO AREA	1,500

15559 AUDRAIN ROAD 821 MEXICO, MO 65265				
SHOES FROM THE HEARTPO BOX 171	NONE	EXEMPT	FOR SHOES FOR MEXICO AREA	1,5

MEXICO, MO 65265				
SHOES FROM THE HEARTPO BOX 171 MACON, MO 63552	NONE	EXEMPT	FOR SHOES FOR MEXICO AREA KIDS	1,50

SHOES FROM THE HEARTPO BOX 171 MACON, MO 63552	NONE	EXEMPT	FOR SHOES FOR MEXICO AREA KIDS	1,500
Total			▶ 3a	271,966

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

SOUTHERN IL UNIVERSITY 1263 LINCOLN DR CARBONDALE, IL 62901	NONE	EXEMPT	FOR SCHOLARSHIPS	2,000
ST CHARLES COMMUNITY COLLEGE	NONE	EXEMPT	FOR SCHOLARSHIPS	6,000

ST CHARLES COMMUNITY COLLEGE 4601 MID RIVERS MALL DR COTTLEVILLE, MO 63376	NONE	EXEMPT	FOR SCHOLARSHIPS	6,000
ST PAUL CME614 E PARK ST	NONE	EXEMPT	FOR SEWER REPAIRS	1,500

COTTLEVILLE, MO 63376				
ST PAUL CME614 E PARK ST MEXICO, MO 65265	NONE	EXEMPT	FOR SEWER REPAIRS	1,500

Total .

271,966

3a

Recipient If recipient is an individual, show any relationship to status of contribution status of contribution status of contribution

▶ 3a

271,966

any foundation manager

or substantial contributor.

Name and address (home or business)

3201 W 6TH ST SEDALIA, MO 65301

	or substantial contributor			
a Paid during the year				
ST VINCENT DE PAUL 615 S WASHINGTON MEXICO, MO 65265	NONE	EXEMPT	FOR GENERAL PROGRAMS	5,000
ST MARY'S FOUNDATION 620 EAST MONROE MEXICO, MO 65265	NONE	EXEMPT	FOR HEART TO HEART LUNCHEON	1,000
STATE FAIR COMMUNITY COLLEGE	NONE	EXEMPT	FOR SCHOLARSHIPS	2,000

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

TURNING BOTHE DECOVER	NONE	EVENABE	FOR SEMERAL BROSERAMS	1 000
100 E NORMAL STREET KIRKSVILLE, MO 63501				
TRUMAN STATE UNIVERSITY MCCLAIN HALL 103	NONE	EXEMPT	FOR SCHOLARSHIPS	6,000

KIKKSVILLE, MO 03301				
TURNING POINT RECOVER 201 E MONROE ST MEXICO, MO 65265	NONE	EXEMPT	FOR GENERAL PROGRAMS	1,000
UNIVERSITY OF CENTRAL MISSOURI 108 W SOUTH STREET	NONE	EXEMPT	FOR SCHOLARSHIPS	6,000

UNIVERSITY OF CENTRAL MISSOURI	NONE	EXEMPT	FOR SCHOLARSHIPS	6,000
108 W SOUTH STREET WARRENSBURG, MO 64093				
Total			▶ 3a	271,966

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

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

UNIVERSITY OF MISSOURI-COLUMBIA 15 JESSE HALL COLUMBIA, MO 65211	NONE	EXEMPT	FOR SCHOLARSHIPS	9,150
UNIVERSITY OF MISSOURI-KANSAS CITY 112 ADMINISTRATIVE OFFICE	NONE	EXEMPT	FOR SCHOLARSHIPS	4,000

UNIVERSITY OF MISSOURI-KANSAS CITY 112 ADMINISTRATIVE OFFICE 5115 OAK STREET KANSAS CITY, MO 64112	NONE	EXEMPT	FOR SCHOLARSHIPS	4,000
UNIVERSITY OF MISSOURI-ST LOUIS	NONE	EXEMPT	FOR SCHOLARSHIPS	2,000

5115 OAK STREET KANSAS CITY, MO 64112				
UNIVERSITY OF MISSOURI-ST LOUIS 1 UNIVERSITY BLVD ST LOUIS, MO 63121	NONE	EXEMPT	FOR SCHOLARSHIPS	2,000

271,966

3a

UNIVERSITY OF MISSOURI-ST LOUIS 1 UNIVERSITY BLVD ST LOUIS, MO 63121	NONE	EXEMPT	FOR SCHOLARSHIPS	2,0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

271,966

any foundation manager

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
VANDALIA RECREATION CORPORATION PO BOX 91 VANDALIA, MO 63382	NONE	EXEMPT	FOR GENERAL PROGRAMS	2,000
WELLSVILLE AQUATIC SWIMMING POOL	NONE	EXEMPT	FOR SWIMMING LESSONS	2,000

WELLSVILLE AQUATIC SWIMMING POOL 118 WILSON STREET WELLSVILLE, MO 63384	NONE	EXEMPT	FOR SWIMMING LESSONS	2,000
PO BOX 91 VANDALIA, MO 63382				·

V/((VD/(L1/(,110 03302				
WELLSVILLE AQUATIC SWIMMING POOL 118 WILSON STREET WELLSVILLE, MO 63384	NONE	EXEMPT	FOR SWIMMING LESSONS	2,000
WESTMINSTER COLLEGE 501 WESTMINSTER AVE	NONE	EXEMPT	FOR SCHOLARSHIPS	2,000

WELLSVILLE AQUATIC SWIMMING POOL 118 WILSON STREET WELLSVILLE, MO 63384	NONE	EXEMPT	FOR SWIMMING LESSONS	2,000
WESTMINSTER COLLEGE 501 WESTMINSTER AVE FULTON, MO 65251	NONE	EXEMPT	FOR SCHOLARSHIPS	2,000

WELLSVILLE, MO 63384				
WESTMINSTER COLLEGE 501 WESTMINSTER AVE FULTON, MO 65251	NONE	EXEMPT	FOR SCHOLARSHIPS	2,000

WESTMINSTER COLLEGE	NONE	EXEMPT	FOR SCHOLARSHIPS	2,000
501 WESTMINSTER AVE				
FULTON, MO 65251				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

271,966

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
WILLIAM WOODS UNIVERSITY	NONE	EXEMPT	FOR SCHOLARSHIPS	8,000

<u> </u>				
WILLIAM WOODS UNIVERSITY	NONE	EXEMPT	FOR SCHOLARSHIPS	
1 UNIVERSITY AVE				
FULTON MO 65251		l		

any foundation manager

WILLIAM WOODS UNIVERSITY	NONE	EXEMPI	FOR SCHOLARSHIPS	8,0
1 UNIVERSITY AVE FULTON, MO 65251				,

efile GRAPHIC print - DO NOT F	PROCESS A	As Filed Data -		DI	LN: 93491197019440			
TY 2019 Accounting Fees Schedule								
Name: GRIFFIN FAMILY FOUNDATION INC EIN: 43-1822804								
Category	Amou		Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

2,155

2,155

4,310

ACCOUNTING FEES

Note: To capture the full content of this document, please select landscape mode (11" $\times$ 8.5") when printing.	
TY 2019 Gain/Loss from Sale of Other Assets Schedule	

Name: GRIFFIN FAMILY FOUNDATION INC

**EIN:** 43-1822804

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

Gain Loss Sale Other		l: 43-18228( le	J4							
Name	Date Acquired	How A cquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
EDWARD JONES - RYAN; LT		PURCHASE		1	84,527	81,223			3,304	1
EDWARD JONES - GEESON; ST		PURCHASE			10,692	14,613			-3,921	
EDWARD JONES - GEESON; LT		PURCHASE			240,859	228,485			12,374	
BASIS ADJUSTMENT		PURCHASE			818		1		818	1

DLN: 93491197019440

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TY 2019 Investments Corporate Stock Schedule						
	ODJECTNI CANATINA	COUNDATION INC				

3,403,868

3,167,473

Name:	GRIFFIN FAMILY FOUNDATION INC
EIN:	43-1822804

EIN:	43-1822804
Investments Corporation Stock Schedule	

INVESTMENTS-SECURITIES

Investments Corporation Stock Schedule		
Name of Stock	End of Year Book	End of Year Fair
	Value	Market Value

TY 2019 La Schedule	and, Etc.		

Depreciation

Name: GRIFFIN FAMILY FOUNDATION INC.

Category / Item	Cost / Other	Accumulated	Во
E	<b>IN:</b> 43-1822804		
1 1411			

Basis

1,680,000

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**FARMLAND** 

1,680,000

End of Year Fair

2,608,000

**Market Value** 

DLN: 93491197019440

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As Filed Data -

Name: GRIFFIN FAMILY FOUNDATION INC.

PARTONAGE DIVIDEND EQUITY

**EIN:** 43-1822804

Other Assets Schedule Description

End of Year - Book

78

Value

End of Year - Fair Market Value

DLN: 93491197019440

Beginning of Year -

**Book Value** 

78

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491197019440		
TY 2019 Other Expenses Schedule						
Name	e: GRIFFIN FAMIL	Y FOUNDATION I	NC			
<b>EIN:</b> 43-1822804						
Other Expenses Schedule		i.				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
FARM						
FARM RENTAL INSURANCE	144	144				
MISCELLANEOUS FARM EXPENSE	22,751	22,751				

2,658

38

166

709

793

2,658

38

166

709

793

REAL ESTATE TAXES

MISCELLANEOUS

OFFICE EXPENSE

INSURANCE

EXPENSES
BANK FEES

TY 2019 Ot	her Income Schedul	le	

DLN: 93491197019440

Name: GRIFFIN FAMILY FOUNDATION INC

**EIN:** 43-1822804

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## Other Transmis Cale do

Other Income Schedule				
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income	
U.S. DEPT. OF A GRICULTURE	4,014	4,014		
SCHOLARSHIPS RETURNED	9,462		9,462	
MISCELLANEOUS	2,000		2,000	

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491197019440								
TY 2019 Other Professional Fees Schedule								
Name: GRIFFIN FAMILY FOUNDATION INC								
<b>EIN:</b> 43-1822804								
Category	Amount	Net Investment	Adjusted Net	Disbursements				

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

27,043

30,048

BROKERAGE FEES

efile GRAPHIC print - DO NOT PR	OCESS As Filed Data	-	DLN: 93491197019440	
TY 2019 Taxes Schedule				
Name: GRIFFIN FAMILY FOUNDATION INC  EIN: 43-1822804  Category Amount Net Investment Adjusted Net Disbursements				
		Income	Income	for Charitable Purposes
FOREIGN TAX	897	897		
2019 ESTIMATES	7,236			