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Form **990-PF**

**Return of Private Foundation**

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

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](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No 1545-0047

**2019**

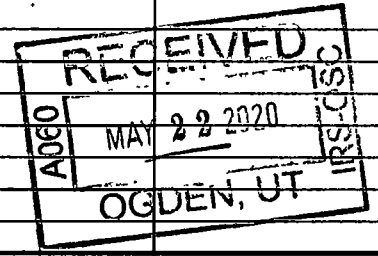
Open to Public Inspection

For calendar year 2019 or tax year beginning

, and ending

Name of foundation <b>BEACON OF HOPE FOUNDATION</b>		A Employer identification number <b>73-1598929</b>
Number and street (or P O box number if mail is not delivered to street address) <b>606 W STEWART RD</b>	Room/suite	B Telephone number <b>573-808-4864</b>
City or town, state or province, country, and ZIP or foreign postal code <b>COLUMBIA, MO 65203</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 1,574,776.</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	248,725.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	1,687.	1,687.		STATEMENT 1
	4 Dividends and interest from securities	30,802.	30,802.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	63,516.			
	b Gross sales price for all assets on line 6a	336,546.			
	7 Capital gain net income (from Part IV line 2)		63,516.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income				
	12 Total Add lines 1 through 11	344,730.	96,005.		
	13 Compensation of officers, directors, trustees, etc.	14,400.	0.		14,400.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees STMT 3	16,480.	0.		16,480.
	c Other professional fees STMT 4	4,138.	4,138.		0.
	17 Interest				
	18 Taxes STMT 5	4,293.	494.		3,799.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	2,614.	0.		2,614.
	22 Printing and publications				
	23 Other expenses STMT 6	1,515.	0.		1,515.
	24 Total operating and administrative expenses Add lines 13 through 23	43,440.	4,632.		38,808.
	25 Contributions, gifts, grants paid	144,968.			144,968.
	26 Total expenses and disbursements Add lines 24 and 25	188,408.	4,632.		183,776.
	27 Subtract line 26 from line 12	156,322.			
	a Excess of revenue over expenses and disbursements				
	b Net investment income (if negative, enter -0-)		91,373.		
	c Adjusted net income (if negative, enter -0-)			N/A	



SCANNED NOV 20 2020

46 Received In AUG 28 2020

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of year amounts only		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	122,076.	131,821.	131,815.
	3 Accounts receivable <input type="checkbox"/> Less: allowance for doubtful accounts <input type="checkbox"/>			
	4 Pledges receivable <input type="checkbox"/> Less: allowance for doubtful accounts <input type="checkbox"/>			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable <input type="checkbox"/> Less: allowance for doubtful accounts <input type="checkbox"/>			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 7	151.	166.	879,672.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis <input type="checkbox"/> Less: accumulated depreciation <input type="checkbox"/>			
	12 Investments - mortgage loans			
	13 Investments - other STMT 8	496,101.	390,771.	563,289.
	14 Land, buildings, and equipment, basis <input type="checkbox"/> Less: accumulated depreciation <input type="checkbox"/>			
	15 Other assets (describe <input type="checkbox"/> <u>DIVIDENDS RECEIVABLE</u> )	325.	0.	0.
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	618,653.	522,758.	1,574,776.
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe <input type="checkbox"/> )	6,268.	2,752.	
	23 Total liabilities (add lines 17 through 22)	6,268.	2,752.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 24, 25, 29, and 30			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 26 through 30			
	26 Capital stock, trust principal, or current funds	0.	0.	
	27 Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds	612,385.	520,006.	
	29 Total net assets or fund balances	612,385.	520,006.	
	30 Total liabilities and net assets/fund balances	618,653.	522,758.	

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	612,385.
2 Enter amount from Part I, line 27a	2	156,322.
3 Other increases not included in line 2 (itemize) <input type="checkbox"/>	3	0.
4 Add lines 1, 2, and 3	4	768,707.
5 Decreases not included in line 2 (itemize) <input type="checkbox"/> <u>ADJUST CONTRIBUTION TO DONOR'S BASIS</u>	5	248,701.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	520,006.

**Part IV Capital Gains and Losses for Tax on Investment Income****SEE ATTACHED STATEMENT**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a			
b			
c			
d			
e	336,546.	273,030.	63,516.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			63,516.

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	63,516.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8	}	3	N/A

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	123,469.	1,334,735.	.092505
2017	67,673.	1,034,156.	.065438
2016	64,461.	989,985.	.065113
2015	62,693.	1,025,246.	.061149
2014	89,269.	1,045,015.	.085424

2 Total of line 1, column (d)	2	.369629
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 50, or by the number of years the foundation has been in existence if less than 5 years	3	.073926
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	1,413,379.
5 Multiply line 4 by line 3	5	104,485.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	914.
7 Add lines 5 and 6	7	105,399.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions	8	183,776.

BEACON OF HOPE FOUNDATION

**Part IV** Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	PIMCO LOW DURATION FUND	P	VARIOUS	01/31/19
b	PIMCO LOW DURATION FUND	P	VARIOUS	01/10/19
c	PIMCO LOW DURATION FUND	P	VARIOUS	01/31/19
d	RBS CTZNS NA PROVIDENCE RI CD	P	01/02/19	07/09/19
e	SANTANDER BANK NATIONAL ASSN	P	07/24/19	10/31/19
f	FRANKLIN TEMPLETON MUTUAL SHARES FD	P	11/15/05	04/29/19
g	FRANKLIN TEMPLETON MUTUAL SHARES FD	P	11/15/05	05/28/19
h	FRANKLIN TEMPLETON MUTUAL SHARES FD	P	11/15/05	06/11/19
i	PIMCO LOW DURATION FUND	P	VARIOUS	01/10/19
j	PIMCO CORPORATE & INCOME OPP FUND	P	03/15/05	01/31/19
k	CH ROBINSON WORLDWIDE INC	D	VARIOUS	10/25/19
l	CAPITAL GAINS DIVIDENDS			
m				
n				
o				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 642.		642.	0.
b 874.		926.	<52.>
c 9,953.		10,411.	<458.>
d 100,000.		100,000.	0.
e 50,000.		50,000.	0.
f 25,000.		22,447.	2,553.
g 20,000.		18,693.	1,307.
h 15,000.		13,728.	1,272.
i 29,126.		29,457.	<331.>
j 27,652.		26,717.	935.
k 49,229.		9.	49,220.
l 9,070.			9,070.
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			0.
b			<52.>
c			<458.>
d			0.
e			0.
f			2,553.
g			1,307.
h			1,272.
i			<331.>
j			935.
k			49,220.
l			9,070.
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	63,516.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6). If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	N/A

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	914.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	914.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5	914.
6 Credits/Payments:			
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a	2,360.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	2,360.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.	
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1,446.	
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax <input checked="" type="checkbox"/> 1,446. Refunded <input type="checkbox"/>	11	0.	

**Part VII-A Statements Regarding Activities**

	Yes	No
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?		X
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		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
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? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions <input checked="" type="checkbox"/> OK, MO		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
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 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

**Part VII-A Statements Regarding Activities** (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>▶ HTTP://BOHFOUNDATION.ORG</b>	X	
14 The books are in care of <b>▶ BARRY J. FRANTZ</b> Telephone no. <b>▶ 319-364-2945</b> Located at <b>▶ 221 3RD AVENUE SE, SUITE 215, CEDAR RAPIDS, IA</b> ZIP+4 <b>▶ 52401</b>		
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 <b>▶ 15</b> N/A		
16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country <b>▶</b>		X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here <b>▶</b> <input type="checkbox"/> N/A		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?		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))		
a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b> _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) <b>▶</b> <input type="checkbox"/> N/A		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. <b>▶</b> _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.) <b>▶</b> <input type="checkbox"/> N/A		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
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 2019?		X

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year, did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions

N/A

Organizations relying on a current notice regarding disaster assistance, check here

☒**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

**6b****X****7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

**7b****8** Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?☐ Yes ☒ No**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 11		14,400.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0



**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	1,387,182.
b	Average of monthly cash balances	1b	47,721.
c	Fair market value of all other assets	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	1,434,903.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,434,903.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	21,524.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,413,379.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	70,669.

**Part XI** Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations; check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	<del>70,669.</del>
2a	Tax on investment income for 2019 from Part VI, line 5	2a	914.
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	914.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	69,755.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	69,755.
6	Deduction from distributable amount (see instructions)	6	0.
7	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	69,755.

**Part 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	183,776.
b	Program-related investments - total from Part IX-B	1b	0.
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:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	183,776.
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	5	914.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	182,862.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				69,755.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014	37,774.			
b From 2015	12,318.			
c From 2016	15,449.			
d From 2017	17,934.			
e From 2018	61,406.			
f Total of lines 3a through e	144,881.			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$	183,776.			
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2019 distributable amount				69,755.
e Remaining amount distributed out of corpus	114,021.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d) the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	258,902.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0.
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)	0.			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7	37,774.			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	221,128.			
10 Analysis of line 9:				
a Excess from 2015	12,318.			
b Excess from 2016	15,449.			
c Excess from 2017	17,934.			
d Excess from 2018	61,406.			
e Excess from 2019	114,021.			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year

Prior 3 years

(a) 2019

(b) 2018

(c) 2017

(d) 2016

(e) Total

1

1

b 85% of line 2a

c 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

e 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:

a "Assets" alternative test - enter (1) Value of all assets

1

1

(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

c "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 XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)****1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).)

**SEE STATEMENT 15**

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ 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

a The name, address, and telephone number or email address of the person to whom applications should be addressed.

**SEE STATEMENT 16**

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

**Part XV** Supplementary Information *(continued)***3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution * *	Amount
<b>a Paid during the year</b>				
AVERI HUTTON 861 PORTLAND STREET VILLARD, MN 56385	NONE	NONE	SCHOLARSHIP FOR HIGHER EDUCATION	5,000.
COLUMBIA CENTER FOR URBAN AGRICULTURE PO BOX 1742 COLUMBIA, MO 65205	NONE	PUBLIC CHARITY	PROVIDED FUNDS FOR PERMANENT STRUCTURE FOR FARMERS MARKET/FOOD BANK	12,500.
DESTINY YOUNG 508 8TH ST NE LITTLE FALLS, MN 56345	NONE	NONE	SCHOLARSHIP FOR HIGHER EDUCATION	5,000.
FAITH ANEZ-ROBINSON 18512 17TH AVENUE LONG PRAIRIE, MN 56347	NONE	NONE	SCHOLARSHIP FOR HIGHER EDUCATION	5,000.
GRANNY'S HOUSE 110 E WORLEY STREET PO BOX 30646 COLUMBIA, MO 65205	NONE	PUBLIC CHARITY	PROVIDED FUNDS FOR SPONSORSHIP OF FUNDRAISING EVENTS AND FOR A SCHOLARSHIP TO A MEMBER OF THE GRANNY'S	17,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>3a</b> 144,968.
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>3b</b> 0.

**Part XV** Supplementary Information

<b>3 Grants and Contributions Paid During the Year (Continuation)</b>				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GRANT ELEMENTARY SCHOOL 10 EAST BROADWAY COLUMBIA, MO 65203	NONE	PUBLIC CHARITY	PURCHASED SCHOOL SUPPLIES AND HOLIDAY GIFTS FOR STUDENTS IN NEED OF FINANCIAL ASSISTANCE.	5,542.
JADE CRAM 705 3RD ST SE LITTLE FALLS, MN 56345	NONE	NONE	SCHOLARSHIP FOR HIGHER EDUCATION	5,000.
LIVE WELL BY FAITH 25 CONLEY ROAD COLUMBIA, MO 65201	NONE	PUBLIC CHARITY	SPONSORED EVENT TO PROMOTE HEALTHY LIVING AND EATING	1,437.
MACK ANEZ 621 AGENCY ROAD MANKATO, MN 56001	NONE	NONE	SCHOLARSHIP FOR HIGHER EDUCATION	5,000.
MONTESSORI SCHOOL OF COLUMBIA 3 ANDERSON AVE COLUMBIA, MO 65203	NONE	PUBLIC CHARITY	PROVIDED FUNDS FOR CLASSROOM SUPPLIES AND REPAIRS AND MAINTENANCE TO SUPPORT THE SCHOOL	430.
SOLVE MATERNITY HOMES 1509 8TH AVENUE WEST BRADENTON, FL 34205-6712	NONE	PUBLIC CHARITY	PROVIDED FUNDS AND SUPPLIES FOR MATERNITY HOMES	2,538.
ST MARY'S STAR OF THE SEA 4280 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228	NONE	PUBLIC CHARITY	PURCHASED SUPPLIES FOR CHURCH RUMMAGE SALE AND OTHER FUNDRAISING EFFORTS	2,368.
TAMARA RHAMES 2022 27TH ST SE APT 302 ST CLOUD, MN 56304	NONE	NONE	SCHOLARSHIP FOR HIGHER EDUCATION	5,000.
UNIVERSITY OF MISSOURI MASTER OF PUBLIC HEALTH 802 LEWIS HALL, UNIVERSITY OF MISSOURI COLUMBIA, MO 65211	NONE	PUBLIC CHARITY	PROVIDED FUNDS FOR SCHOLARSHIPS FOR STUDENTS TO PARTICIPATE IN THE MASTER OF PUBLIC	20,000.
WORLEY STREET ROUNDTABLE PO BOX 62 COLUMBIA, MO 65205	NONE	PUBLIC CHARITY	PROVIDED FUNDS AND SUPPLIES FOR VARIOUS PROGRAMS AND SCHOLARSHIPS	3,000.
<b>Total from continuation sheets</b>				<b>100,468.</b>

**Part XV** Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
REBECCA POLLARD 301 11TH ST SE #219 LITTLE FALLS, MN 56345	NONE	NONE	SCHOLARSHIP FOR HIGHER EDUCATION	5,000.
LEANNE UDY 17553 160TH AVE LITTLE FALLS, MN 56345	NONE	NONE	SCHOLARSHIP FOR HIGHER EDUCATION	2,500.
MEGAN BORASH 10421 110TH AVE LITTLE FALLS, MN 56345	NONE	NONE	SCHOLARSHIP FOR HIGHER EDUCATION	1,000.
NICHOLAS DURFEE 13487 THOMAS DRIVE LITTLE FALLS, MN 56345	NONE	NONE	SCHOLARSHIP FOR HIGHER EDUCATION	1,000.
THOMAS KULA 75 CHERRY AVENUE LITTLE FALLS, MN 56345	NONE	NONE	SCHOLARSHIP FOR HIGHER EDUCATION	1,000.
COMMUNITY PREGNANCY CLINICS 940 5TH AVENUE NORTH NAPLES, FL 34102	NONE	PUBLIC CHARITY	PROVIDED FUNDS TO SUPPORT THE MISSION OF THE PREGNANCY CLINIC AND TO ASSIST MOTHERS AND NEWBORN BABIES.	2,500.
UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE PO BOX 100215 GAINESVILLE, FL 32610-0215	NONE	PUBLIC CHARITY	PROVIDED FUNDS FOR CANCER RESEARCH.	10,000.
ST RAYMOND'S SOCIETY PO BOX 105554 JEFFERSON CITY, MO 65110	NONE	PUBLIC CHARITY	PROVIDED FUNDS TO SUPPORT THE MISSION OF THE ORGANIZATION TO HELP STRUGGLING MOTHERS MAKE A BETTER	10,000.
WEST MIDDLE SCHOOL 401 CLINKSCALES RD COLUMBIA, MO 65203	NONE	PUBLIC CHARITY	PURCHASED BOOKS AND SHOES FOR UNDERPRIVILEGED STUDENTS	6,832.
VOLUNTARY ACTION CENTER 800 N PROVIDENCE RD, STE 220 COLUMBIA, MO 65203	NONE	PUBLIC CHARITY	PROVIDED FUNDS TO ADOPT A FAMILY FOR CHRISTMAS.	189.
Total from continuation sheets				

73-1598929

[illegible]

**Part XV** | **Supplementary Information**

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - GRANNY'S HOUSE

PROVIDED FUNDS FOR SPONSORSHIP OF FUNDRAISING EVENTS AND FOR A  
SCHOLARSHIP TO A MEMBER OF THE GRANNY'S HOUSE LEADERSHIP ACADEMY.

NAME OF RECIPIENT - UNIVERSITY OF MISSOURI MASTER OF PUBLIC HEALTH

PROVIDED FUNDS FOR SCHOLARSHIPS FOR STUDENTS TO PARTICIPATE IN THE  
MASTER OF PUBLIC HEALTH PROGRAM AND PROVIDED FUNDS TO SPONSOR BANQUET  
FOR PARTICIPATING STUDENTS.

NAME OF RECIPIENT - ST RAYMOND'S SOCIETY

PROVIDED FUNDS TO SUPPORT THE MISSION OF THE ORGANIZATION TO HELP  
STRUGGLING MOTHERS MAKE A BETTER LIFE FOR THEM AND THEIR BABIES.

NAME OF RECIPIENT - ST MICHAEL PARISH

PROVIDED FUNDS FOR YOUTH PROGRAMS PROVIDED BY THE CHURCH. THE PROGRAMS  
INCLUDE CAMPS AND MISSION TRIPS TO FEED THE POOR.

**Part XVI-A      Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
		(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments				14	1,687.	
4 Dividends and interest from securities				14	30,802.	
5 Net rental income or (loss) from real estate.						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory				18	63,516.	
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue						
a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal. Add columns (b), (d), and (e)			0.		96,005.	0.
13 Total Add line 12, columns (b), (d), and (e)					96,005.	96,005.

(See worksheet in line 13 instructions to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

[illegible]



**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

Name of the organization

**BEACON OF HOPE FOUNDATION**

Employer identification number

**73-1598929**

Organization type (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 private foundation☐

527 political organization

Form 990-PF

☒

501(c)(3) exempt private foundation

☐

4947(a)(1) nonexempt charitable trust treated as a private foundation

☐

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☒

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**☐

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

**BEACON OF HOPE FOUNDATION****73-1598929****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
<b>1</b>	<b>GAYLE M SOBIECK</b> <b>535 SANCTUARY DRIVE, UNIT A-601</b> <b>LONGBOAT KEY, FL 34228</b>	\$ <b>98,651.</b>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
<b>2</b>	<b>GAYLE M SOBIECK</b> <b>535 SANCTUARY DRIVE, UNIT A-601</b> <b>LONGBOAT KEY, FL 34228</b>	\$ <b>50,174.</b>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
<b>3</b>	<b>RAYMOND G SOBIECK</b> <b>535 SANCTUARY DRIVE, UNIT A-601</b> <b>LONGBOAT KEY, FL 34228</b>	\$ <b>99,900.</b>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

Employer identification number

**BEACON OF HOPE FOUNDATION****73-1598929****Part II** **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>1</u>	1210 SHS OF CH ROBINSON WORLDWIDE STOCK - TRADED ON NASDAQ	\$ <u>98,651.</u>	<u>04/30/19</u>
<u>2</u>	649 SHS OF CH ROBINSON WORLDWIDE STOCK - TRADED ON NASDAQ	\$ <u>50,174.</u>	<u>12/19/19</u>
<u>3</u>	1250 SHS OF CH ROBINSON WORLDWIDE STOCK - TRADED ON NASDAQ	\$ <u>99,900.</u>	<u>01/03/19</u>
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

Employer identification number

**BEACON OF HOPE FOUNDATION****73-1598929****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (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 info. once) ▶ \$

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, 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, 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, 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, and ZIP + 4		Relationship of transferor to transferee

## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
TD AMERITRADE	1,687.	1,687.	
TOTAL TO PART I, LINE 3	1,687.	1,687.	

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
TD AMERITRADE	39,872.	9,070.	30,802.	30,802.	
TO PART I, LINE 4	39,872.	9,070.	30,802.	30,802.	

## FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BOOKKEEPING AND FORM 990-PF PREPARATION	16,480.	0.		16,480.
TO FORM 990-PF, PG 1, LN 16B	16,480.	0.		16,480.

## FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FINANCIAL ADVISOR FEES	4,138.	4,138.		0.
TO FORM 990-PF, PG 1, LN 16C	4,138.	4,138.		0.

## FORM 990-PF

## TAXES

## STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT INCOME TAX - 990-PF	2,697.	0.		2,697.
FOREIGN TAX ON INVESTMENTS	494.	494.		0.
PAYROLL TAXES	1,102.	0.		1,102.
TO FORM 990-PF, PG 1, LN 18	4,293.	494.		3,799.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FILING FEES	11.	0.		11.
OFFICE EXPENSE	1,123.	0.		1,123.
INSURANCE	325.	0.		325.
POSTAGE	54.	0.		54.
BANK SERVICE CHARGES	2.	0.		2.
TO FORM 990-PF, PG 1, LN 23	1,515.	0.		1,515.

## FORM 990-PF

## CORPORATE STOCK

## STATEMENT 7

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CH ROBINSON	166.	879,672.
TOTAL TO FORM 990-PF, PART II, LINE 10B	166.	879,672.

## FORM 990-PF

## OTHER INVESTMENTS

## STATEMENT 8

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
FRANKLIN MUTUAL SHARES FUND	COST	157,046.	172,518.
TWEEDY BROWN GLOBAL VALUE FD	COST	233,725.	390,771.
TOTAL TO FORM 990-PF, PART II, LINE 13		390,771.	563,289.

## FORM 990-PF

## OTHER ASSETS

## STATEMENT 9

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DIVIDENDS RECEIVABLE	325.	0.	0.
TO FORM 990-PF, PART II, LINE 15	325.	0.	0.

## FORM 990-PF

## OTHER LIABILITIES

## STATEMENT 10

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
CREDIT CARDS PAYABLE	5,627.	2,120.
PAYROLL TAX LIABILITIES	641.	632.
TOTAL TO FORM 990-PF, PART II, LINE 22	6,268.	2,752.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RAYMOND G SOBIECK 535 SANCTUARY DRIVE, UNIT A-601 LONGBOAT KEY, FL 34228	CEO 2.00	0.	0.	0.
GAYLE M SOBIECK 535 SANCTUARY DRIVE, UNIT A-601 LONGBOAT KEY, FL 34228	TREASURER 2.00	0.	0.	0.
MARY CLAIRE SOBIECK-HOWE 606 W STEWART RD COLUMBIA, MO 65203	PRESIDENT 10.00	14,400.	0.	0.
RAYMOND M SOBIECK 5023G SOUTH PROVIDENCE ROAD COLUMBIA, MO 65203	DIRECTOR 1.00	0.	0.	0.
ELIZABETH A MILLER 8104 BELLINGHAM CT FAIRFAX STATION, VA 22039	SECRETARY 1.00	0.	0.	0.
CHARLES W SOBIECK 118 HILLANDALE DRIVE SOMERSET, KY 42501	DIRECTOR 1.00	0.	0.	0.
THOMAS A SOBIECK 3252 SOUTH OLD RIDGE ROAD COLUMBIA, MO 65203	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		14,400.	0.	0.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 12

## ACTIVITY ONE

PROVIDED SCHOLARSHIPS FOR HIGHER EDUCATION TO ELEVEN STUDENTS FROM LITTLE FALLS HIGH SCHOOL IN LITTLE FALLS, MN. THE "BULLDOG" SCHOLARSHIP WILL ALLOW STUDENTS TO ATTEND COLLEGE WHO MIGHT OTHERWISE NOT BE ABLE TO AFFORD THE TUITION.

## EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

40,500.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 13

## ACTIVITY TWO

PROVIDED SCHOLARSHIPS FOR THE MASTER OF PUBLIC HEALTH (MPH) PROGRAM AT THE UNIVERSITY OF MISSOURI. THESE SCHOLARSHIPS WILL ALLOW STUDENTS TO PARTICIPATE IN THE MPH PROGRAM. THIS PROGRAM IS USED TO EDUCATE HEALTH PROVIDERS AND GIVE THEM HANDS ON EXPERIENCE IN WORKING IN FREE COMMUNITY HEALTH CLINICS.

## EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

20,000.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 14

## ACTIVITY THREE

PROVIDED FUNDS TO SUPPORT THE MISSION OF GRANNY'S HOUSE. THESE FUNDS WILL BE USED TO EMPLOY A PERSON TO ASSIST WITH THE YOUTH PROGRAMS OFFERED TO UNDERPRIVILEGED CHILDREN. ALSO PROVIDED A SCHOLARSHIP FOR HIGHER EDUCATION AWARDED TO AN UNDERPRIVILEGED STUDENT FROM THE GRANNY'S HOUSE LEADERSHIP ACADEMY.

## EXPENSES

TO FORM 990-PF, PART IX-A, LINE 3

17,000.

FORM 990-PF

PART XV - LINE 1A  
LIST OF FOUNDATION MANAGERS

STATEMENT 15

NAME OF MANAGER

RAYMOND G SOBIECK  
GAYLE M SOBIECK

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION  
PART XV, LINES 2A THROUGH 2D

STATEMENT 16

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NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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MARY-CLAIRE HOWE  
606 W STEWART ROAD  
COLUMBIA, MO 65203

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

573-808-4864

BULLDOG SCHOLARSHIP

EMAIL ADDRESS

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MARYCLAIRE@BOHFOUNDATION.ORG

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FORM AND CONTENT OF APPLICATIONS

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APPLICATIONS NEED TO BE COMPLETED ONLINE AT [HTTP://BOHFOUNDATION.ORG](http://bohfoundation.org).  
APPLICANTS WILL NEED TO SUBMIT ACADEMIC, FINANCIAL, AND PERSONAL  
INFORMATION ON THE APPLICATION. APPLICANTS WILL ALSO BE REQUIRED TO  
PREPARE RESPONSES TO ESSAY QUESTIONS.

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ANY SUBMISSION DEADLINES

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THE DEADLINE FOR SUBMISSION IS THE END OF MARCH OF THE CURRENT SCHOOL YEAR.

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RESTRICTIONS AND LIMITATIONS ON AWARDS

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THE MAXIMUM SCHOLARSHIP IS \$5,000 RENEWABLE FOR THREE ADDITIONAL YEARS IF  
GUIDELINES ARE MET. APPLICANTS MUST BE SENIORS AT LITTLE FALLS HIGH SCHOOL  
IN LITTLE FALLS, MN.