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Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2020**

**Open to Public Inspection**

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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information

2012

**A** For the 2020 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MISSOURI REFEREE DEVELOPMENT PROGRAM COMPANY</b>		<b>D</b> Employer identification number <b>45-2757121</b>
	Number and street (or P O box, if mail is not delivered to street address) <b>4824 E BRIARWOOD TRAIL</b>		<b>E</b> Telephone number <b>417-848-0233</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>SPRINGFIELD MO 65809</b>		<b>F</b> Group Exemption Number

**G** Accounting Method  Cash  Accrual Other (specify) \_\_\_\_\_ **H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website **www.mrdp.org**

**J** Tax-exempt status (check only one)  501(c)(3)  501(c) ( 7 ) (insert no)  4947(a)(1) or  527

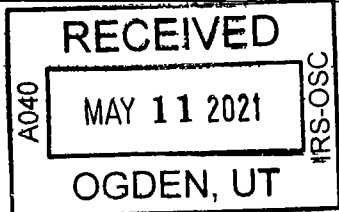
**K** Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 99,129**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21				
Revenue	1	Contributions, gifts, grants, and similar amounts received						99,129																									
	2	Program service revenue including government fees and contracts																															
	3	Membership dues and assessments																															
	4	Investment income																															
	5a	Gross amount from sale of assets other than inventory																															
	b	Less cost or other basis and sales expenses																															
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)																															
	6	Gaming and fundraising events																															
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																															
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																																
c	Less direct expenses from gaming and fundraising events																																
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																
7a	Gross sales of inventory, less returns and allowances																																
b	Less cost of goods sold																																
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)																																
8	Other revenue (describe in Schedule O)																																
9	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																																
Expenses	10	Grants and similar amounts paid (list in Schedule O)																															
	11	Benefits paid to or for members																															
	12	Salaries, other compensation, and employee benefits																															
	13	Professional fees and other payments to independent contractors																															
	14	Occupancy, rent, utilities, and maintenance																															
	15	Printing, publications, postage, and shipping																															
	16	Other expenses (describe in Schedule O)																															
	17	<b>Total expenses.</b> Add lines 10 through 16																															
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)																															
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																															
	20	Other changes in net assets or fund balances (explain in Schedule O)																															
	21	<b>Net assets or fund balances at end of year</b> Combine lines 18 through 20																															



SCANNED APR 22 2022

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2020)

9-7



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ 37a</span>		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	If "Yes," complete Schedule L, Part II, and enter the total amount involved <span style="float:right">38b</span>		
39	Section 501(c)(7) organizations. Enter		
39a	Initiation fees and capital contributions included on line 9 <span style="float:right">500</span>		
39b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">98,629</span>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶</span> _____, section 4912 <span style="float:right">▶</span> _____, section 4955 <span style="float:right">▶</span> _____		
40b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶</span> _____		
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> _____		
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed <span style="float:right">▶</span> <u>None</u>		
42a	The organization's books are in care of <span style="float:right">▶</span> <u>JEFFERY KOLLMEYER</u> Telephone no <span style="float:right">▶</span> <u>417-848-0233</u> 4824 E BRIARWOOD TRAIL CT Located at <span style="float:right">▶</span> <u>SPRINGFIELD</u> MO ZIP + 4 <span style="float:right">▶</span> <u>65809</u>		
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	Yes	No
42c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> <input type="checkbox"/> <span style="float:right">43</span>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	Did the organization receive any payments for indoor tanning services during the year?		X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

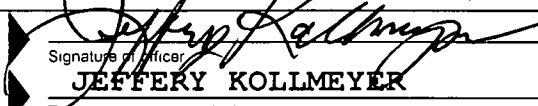
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

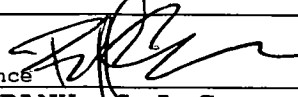
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Date  
  
 Signature of officer: **JEFFERY KOLLMEYER** OFFICER  
 Type or print name and title

Paid Preparer Use Only  
 Print/Type preparer's name: **Paul D. Lawrence**  
 Preparer's signature:   
 Date: **04/07/21**  
 Check  if self-employed  
 PTIN: **P00540848**  
 Firm's name: **MECHSNER, LAWRENCE & COMPANY, L.L.C.**  
 Firm's address: **PO BOX 14710, SPRINGFIELD, MO 65814-0710**  
 Firm's EIN: ▶ \_\_\_\_\_  
 Phone no: **417-862-3374**

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

**SCHEDULE O**  
 (Form 990 or 990-EZ)

 Department of the Treasury  
 Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

 Complete to provide information for responses to specific questions on  
 Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2020**

 Open to Public  
 Inspection

 Name of the organization **MISSOURI REFEREE DEVELOPMENT  
 PROGRAM COMPANY**

 Employer identification number  
**45-2757121**
**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
<b>Expenses</b>	
Office	\$ 2,605
Information Technology	\$ 6,344
Travel	\$ 689
Insurance	\$ 2,700
Non-investment Depreciation	\$ 7,477
<b>Total</b>	<b>\$ 19,815</b>

**Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
Other Decreases	\$ -28,027

**BOOK/TAX ACCOUNTS PAYABLE**
**Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beg. of Year	End of Year
2 MACBOOK PRO LAPTOPS	\$ 0	\$ 7,477
Less Accumulated Depreciation	\$ 0	\$ 7,477
<b>Total</b>	<b>\$ 0</b>	<b>\$ 0</b>

**Form 990-EZ, Part II, Line 26 - Other Liabilities**

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 0	\$ 262

Name of the organization

Employer identification number

MISSOURI REFEREE DEVELOPMENT

45-2757121

Form 990-EZ, Part III - Primary Exempt Purpose

MISSOURI REFEREE DEVELOPMENT PROGRAM COMPANY'S MISSION IS TO ADMINISTER THE  
USSF REFEREE PROGRAM IN MISSOURI SET FORTH IN USSF POLICY 531.

Form 990-EZ, Part III, Line 31 - All Other Accomplishment

PROVIDE TRAINING FOR REFEREES