

Form 990

# Return of Organization Exempt From Income Tax

# 2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service(77)

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2007 calendar year, or tax year beginning 7/01, 2007, and ending 6/30, 2008

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Termination
  - Amended return
  - Application pending

**C** Please use IRS label or print or type. See specific instructions.

**Missouri Girls Town Foundation, Inc.**  
 8548 Jade Road  
 Kingdom City, MO 65262-0059

**D** Employer Identification Number  
44-0648649

**E** Telephone number

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations.
- H (a)** Is this a group return for affiliates?  Yes  No
- H (b)** If 'Yes,' enter number of affiliates \_\_\_\_\_
- H (c)** Are all affiliates included?  Yes  No (If 'No,' attach a list. See instructions.)
- H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Web site: WWW.MOGIRLSTOWN.ORG

**J** Organization type (check only one)  501(c) 3 (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**I** Group Exemption Number \_\_\_\_\_

**M** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 2,368,938

## Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

<b>1</b> Contributions, gifts, grants, and similar amounts received:				
<b>a</b>	Contributions to donor advised funds	<b>1a</b>		
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	263,211.	
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>	63,175.	
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>		
<b>e</b>	Total (add lines 1a through 1d) (cash \$ <u>326,386.</u> noncash \$ _____)	<b>1e</b>		326,386.
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		2,016,651.
<b>3</b>	Membership dues and assessments	<b>3</b>		
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		3,399.
<b>5</b>	Dividends and interest from securities	<b>5</b>		
<b>6a</b>	Gross rents	<b>6a</b>		
<b>b</b>	Less: rental expenses	<b>6b</b>		
<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>		
<b>7</b>	Other investment income (describe _____)	<b>7</b>		
<b>8a</b>	Gross amount from sales of assets other than inventory	<b>(A) Securities</b>		<b>8d</b>
		<b>(B) Other</b>		
		<b>8a</b>	3,531.	
		<b>8b</b>	7,559.	
<b>c</b>	Gain or (loss) (attach schedule) <u>Statement 1</u>	<b>8c</b>	-4,028.	
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>		-4,028.
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>		
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>		
<b>10a</b>	Gross sales of inventory, less returns and allowances			<b>10c</b>
		<b>10a</b>		
<b>b</b>	Less: cost of goods sold	<b>10b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>		
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		18,971.
<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		2,361,379.
<b>13</b>	Program services (from line 44, column (B))			
		<b>13</b>		1,947,298.
<b>14</b>	Management and general (from line 44, column (C))			
		<b>14</b>		694,255.
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		79,760.
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		
<b>17</b>	<b>Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>		2,721,313.
<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		-359,934.
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		6,637,391.
<b>20</b>	Other changes in net assets or fund balances (attach explanation) <u>See Statement 2</u>	<b>20</b>		-79,136.
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>		6,198,321.

Form 990 (2007) **Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>25a</b> 48,761.	0.	48,761.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b> 0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b> 0.	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 1,729,740.	1,514,235.	150,239.	65,266.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 14,130.		14,130.	
<b>29</b> Payroll taxes	<b>29</b> 11,833.	9,523.	1,958.	352.
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>			
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b> 33,561.	22,974.	9,562.	1,025.
<b>34</b> Telephone	<b>34</b> 27,051.	17,226.	9,825.	
<b>35</b> Postage and shipping	<b>35</b> 6,726.		4,946.	1,780.
<b>36</b> Occupancy	<b>36</b>			
<b>37</b> Equipment rental and maintenance	<b>37</b> 52,877.	32,823.	20,054.	
<b>38</b> Printing and publications	<b>38</b> 9,229.	2,513.	5,145.	1,571.
<b>39</b> Travel	<b>39</b> 45,256.	37,749.	5,777.	1,730.
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b> 189,283.		189,283.	
<b>43</b> Other expenses not covered above (itemize): <b>a</b> See Statement 3	<b>43a</b> 552,866.	310,255.	234,575.	8,036.
<b>b</b> -----	<b>43b</b>			
<b>c</b> -----	<b>43c</b>			
<b>d</b> -----	<b>43d</b>			
<b>e</b> -----	<b>43e</b>			
<b>f</b> -----	<b>43f</b>			
<b>g</b> -----	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b> 2,721,313.	1,947,298.	694,255.	79,760.

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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**Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **RESIDENTIAL CARE FACILITIES**  
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)

**a BOARDING, CARE, AND PROFESSIONAL COUNSELING ARE PROVIDED TO JUVENILE GIRLS WHO ARE WARDS OF THE STATE. FOUNDATION SERVES AN AVERAGE OF 45-50 GIRLS PER YEAR WITH A STAFF OF 65-70.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

1,947,298.

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**e Other program services**  
(Grants and allocations \$ ) If this amount includes foreign grants, check here

1,947,298.

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services)

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**Balance Sheets (See the instructions.)**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
		151,238.	45	336,659.
45	Cash — non-interest-bearing .....	334,711.	46	326,865.
46	Savings and temporary cash investments .....			
47a	Accounts receivable .....	169,080.		
47b	Less: allowance for doubtful accounts .....			
		176,852.	47c	169,080.
48a	Pledges receivable .....			
48b	Less: allowance for doubtful accounts .....			
			49	
49	Grants receivable .....			
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....			
50b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) .....			
51a	Other notes and loans receivable (attach schedule) .....			
51b	Less: allowance for doubtful accounts .....			
		7,337.	52	9,319.
52	Inventories for sale or use .....	8,261.	53	9,405.
53	Prepaid expenses and deferred charges .....	3,034,177.	54a	2,910,522.
54a	Investments — publicly-traded securities ... Stmt. 4 ... <input checked="" type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			
54b	Investments — other securities (attach sch.) ... <input type="checkbox"/> Cost <input type="checkbox"/> FMV			
55a	Investments — land, buildings, & equipment: basis .....			
55b	Less: accumulated depreciation (attach schedule) .....			
		401,060.	56	
56	Investments — other (attach schedule) .....			
57a	Land, buildings, and equipment: basis .....	4,810,279.		
57b	Less: accumulated depreciation (attach schedule) ... Statement 5 .....	2,225,539.		
		2,634,119.	57c	2,584,740.
58	Other assets, including program-related investments (describe ...)			
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	6,747,755.	59	6,346,590.
60	Accounts payable and accrued expenses .....	108,185.	60	148,266.
61	Grants payable .....			
62	Deferred revenue .....			
63	Loans from officers, directors, trustees, and key employees (attach schedule) .....			
64a	Tax-exempt bond liabilities (attach schedule) .....			
64b	Mortgages and other notes payable (attach schedule) .....			
65	Other liabilities (describe ... See Statement 6)	2,179.	65	3.
66	<b>Total liabilities.</b> Add lines 60 through 65 .....	110,364.	66	148,269.
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted .....	2,891,078.	67	2,809,276.
68	Temporarily restricted .....	4,876.	68	4,325.
69	Permanently restricted .....	3,741,437.	69	3,384,720.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds .....			
71	Paid-in or capital surplus, or land, building, and equipment fund .....			
72	Retained earnings, endowment, accumulated income, or other funds .....			
73	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	6,637,391.	73	6,198,321.
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	6,747,755.	74	6,346,590.

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**Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

a		Total revenue, gains, and other support per audited financial statements	a	2,282,243.
b		Amounts included on line a but not on Part I, line 12:		
	b1	1 Net unrealized gains on investments		
	b2	2 Donated services and use of facilities		
	b3	3 Recoveries of prior year grants		
	b4	4 Other (specify):		
		Add lines b1 through b4	b	
c		Subtract line b from line a	c	2,282,243.
d		Amounts included on Part I, line 12, but not on line a:		
	d1	1 Investment expenses not included on Part I, line 6b		79,136.
	d2	2 Other (specify):		
		Add lines d1 and d2	d	79,136.
e		Total revenue (Part I, line 12). Add lines c and d	e	2,361,379.

**Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a		Total expenses and losses per audited financial statements	a	2,721,313.
b		Amounts included on line a but not on Part I, line 17:		
	b1	1 Donated services and use of facilities		
	b2	2 Prior year adjustments reported on Part I, line 20		
	b3	3 Losses reported on Part I, line 20		
	b4	4 Other (specify):		
		Add lines b1 through b4	b	
c		Subtract line b from line a	c	2,721,313.
d		Amounts included on Part I, line 17, but not on line a:		
	d1	1 Investment expenses not included on Part I, line 6b		
	d2	2 Other (specify):		
		Add lines d1 and d2	d	
e		Total expenses (Part I, line 17). Add lines c and d	e	2,721,313.

**Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 plans	(E) Expense account and other allowances
See Statement 7		48,761.	0.	0.



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Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
	b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	N/A	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	c Dues, assessments, and similar amounts from members	85c	N/A
	d Section 162(e) lobbying and political expenditures	85d	N/A
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88a	X
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <u>None</u>		
	b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	69
91 a	The books are in care of <u>EXECUTIVE DIRECTOR</u> Telephone number <u>573-642-5345</u> Located at <u>8548 JADE ROAD KINGDOM CITY MO</u> ZIP + 4 <u>65262</u>		
	b 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	91b	X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

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Yes	No
	X

Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c

If 'Yes,' enter the name of the foreign country.

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here N/A

and enter the amount of tax-exempt interest received or accrued during the tax year. 92 N/A

Analysis of Income-Producing Activities (See the instructions.)

Note: 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) Exclusion code	(D) Amount	
93 Program service revenue:					
a CHILD CARE FEES					1,853,420.
b TREATMENT PLANS					21,003.
c					
d					
e					
f Medicare/Medicaid payments					103,346.
g Fees & contracts from government agencies					38,882.
94 Membership dues and assessments					
95 Interest on savings & temporary cash Invmnts			14	3,399.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop.					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			1	-4,028.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISCELLANEOUS INCOME			1	4,831.	
c THRIFT STORE			5	14,140.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))				18,342.	2,016,651.
105 Total (add line 104, columns (B), (D), and (E))					2,034,993.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A-B	TO PROVIDE NECESSARY CARE, KEEP AND COUNSELING TO JUVENILE GRILS REFERRED BY THE STATE OF MISSOURI SO THAT THEY MAY DEVELOP INTO SELF-SUFFICIENT ADULTS.
93F	TO PROVIDE NECESSARY CARE, KEEP AND COUNSELING TO JUVENILE GIRLS REFERRED BY THE STATE OF MISSOURI SO THAT THEY MAY DEVELOP INTO SELF-SUFFICIENT ADULTS.

Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes  No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

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**Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No

**Please Sign Here**  
 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.  
 Signature of officer: Kathleen A Baker Date: 5/10/09  
 Type or print name and title: KATHLEEN A Becker, Executive Director

**Paid Preparer's Use Only**  
 Preparer's signature: Lynn J Graves, CPA Date: 5/10/09 Check if self-employed:  Preparer's SSN or PTIN (See General Instruction X): N/A  
 Firm's name (or yours if self-employed), address, and ZIP + 4: GRAVES AND ASSOCIATES, CPAS, LLC.  
3702 W TRUMAN BLVD STE 213  
JEFFERSON CITY, MO 65109-6156 EIN: N/A Phone no.: (573) 893-7700

BAA