

Department of the Treasury

Internal Revenue Service

OMB No 1545-0047

2949334229218 Return of Organization Exempt From Income Tax | OMB No. 1545-01

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Go to www.irs gov/Form990for instructions and the latest information.

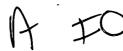
Open to Public Inspection

A F	or the	2017 calendar year, or tax year beginning , 2017	, and ending			, 20
_		C Name of organization		D Employeride	ntificatio	on number
Вс	heck if ap	LEWIS W. <u>HYER</u> TR				
	Addre	Doug husiness as	•	43-602	0535	
	7	change Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone nu		
	Initial	DO DOY OCOA		314 41	8-26	43
\vdash	Final r	City or town, state or province, country, and ZIP or foreign postal code	L		0 20	
	termin Amen	nated		G Gross receipt	s \$	61,900,107.
\vdash	return Applic		•	H(a) is this a group		
L_	_ pendir	ng Programme Pro	σ \	subordinate		→ H
_	T	empt status 501(c)(3) 501(c) () ◀ (insert no) X 4947(a)(1)	<u> </u>	H(b) Are all subord		(see instructions)
			or \$ 527	┥		
		te N/A	L Year of form	H(c) Group exem		legal domicile MO
		of organization Corporation Trust Association Other	L Year of form	ation 195/IVI	State of	iegai domicite [V]()
Pe	rt	Summary				<u> </u>
	1	Briefly describe the organization's mission or most significant activities	TOTIO			
Activities & Governance		PROVIDING GRANTS TOTALING \$8,151,563.00 TO VAR		· · · · · · · · · · · · · · · · · · ·		
Ē	_		1)(A)(iii)			
Š		Check this box ▶ ☐ If the organization discontinued its operations or dispose			1 1	
ğ		Number of voting members of the governing body (Part VI, line 1a)			3	<u> </u>
8		Number of independent voting members of the governing body (Part VI, line 1b) .			4	
ţį	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5	NONE
g	6	Total number of volunteers (estimate if necessary),			6	NONE
⋖		Total unrelated business revenue from Part VIII, column (C), line 12			7a	NONE
	ь	Net unrelated business taxable income from Form 990-T, In RECEIVED) 		7b	NONE
			_യ	Prior Year		Current Year
40	8	Contributions and grants (Part VIII, line 1h)	ା ଧା · · · —			
aun	9	Program service revenue (Part VIII, line 2g)	. ∯ ··· <u></u>		_	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-기氏 · · ·	8,737,2	29	<u>8,432,821</u> .
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 OCDEN: UT	·			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		8,737,2		<u>8,432,821</u> .
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,403,1	.44	<u>8,361,776</u> .
	14	Benefits paid to or for members (Part IX, column (A), line 4)				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).		599,3	56	<u>677,287</u> .
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			_	
ă	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ NO	NE			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		121,4		<u>176,707</u> .
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		9,123,9	\longrightarrow	<u>9,215,770</u> .
	19	Revenue less expenses Subtract line 18 from line 12		-386,7		<u>-782,949</u> .
s or			Begi	inning of Current		End of Year
Net Assets Fund Balan	20	Total assets (Part X, line 16)	· · · · · <u> </u>	156,929,9		156,034,738.
t As	21	Total liabilities (Part X, line 26)			ONE	NONE
<u> 25</u>	22	Net assets or fund balances Subtract line 21 from line 20	<u> </u>	<u> 156,929,9</u>	14	<u>156,034,738</u> .
Pa		Signature Block				<u> </u>
Und	der per	nalties of perjury, I declare that I have examined this return, including accompanying sched ict, and complete. Declaration of preparer (ptherethan officer) is based on all information of wh	ules and statements,	and to the best o	f my kno	owledge and belief, it is
	, сопе	La Man				
C:	_	1 Janona Sway			08/20	18
Sig		Signature of officer		Date		
Hei	е	U.S. BANK, N.A. BY:, TRUSTEE				
		Type or print name and title				
D- '		Print/Type preparer's name Preparer's signature	Date		If PTI	4
Paid		JOSEPH J. CASTRIANO	= 1 1 /08/201	8 self-emplo	<u> </u>	P01251603
	oarer Only	Firm's name ▶ PRICEWATERHOUSECOPPERS LLP		Firm's EIN	13-4	008324
	•	Firm's address ▶ 600 GRANT STREET; PITTSBURGH, PA 15	219	Phone no	412-	355-6000
May	/ the	IRS discuss this return with the preparer shown above? (see instructions))			X Yes No
<u></u>	Daner	work Reduction Act Notice see the senarate instructions				Form 990 (2017)

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	1990 (2017) rage a
Pa	Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
'	PROVIDING GRANTS TOTALING \$8,151,563.00 TO VARIOUS
	SECTION170 (b) (1) (A) (ii) AND SECTION 170 (b) (1) (A) (iii)
	SECTION 170 (b) (1) (A) (11) AND SECTION 170 (b) (1) (A) (111)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported
_	/O /
4a	(Code:) (Expenses \$6,271,332. including grants of \$ 6,271,332.) (Revenue \$)
	P.O. BOX 17
	POINT LOOK OUT, MO 65726-0017
	EIN: 44-0556862
	PURPOSE OF GRANT: GENERAL PURPOSES
	PURPOSE OF GRANT: GENERAL PURPOSES
4b	(Code.) (Expenses \$ 836,178. including grants of \$ 836,178.) (Revenue \$)
	SHRINERS HOSPITAL FOR CHILDREN
	P.O. BOX 31218
	TAMPA, FL 33631-3218
	EIN: 43-6019866
	PURPOSE OF GRANT: GENERAL PURPOSES
_	10 L 10 000 including annual of the 110 000 \/Dayanya ft
4c	(Code.) (Expenses \$ 418,089. including grants of \$ 418,089.) (Revenue \$)
	RANKEN JORDAN HOME
	11365 DORSETT ROAD
	MARYLAND HEIGHTS, MO 63043
	EIN: 43-0666765
	PURPOSE OF GRANT: GENERAL PURPOSES
44	Other program services (Describe in Schedule O.)
+u	(Expenses \$ 836,178. including grants of \$ 836,178.) (Revenue \$)
40	Total program service expenses ► 8,361,777.
- 0	10.01 b. 02.1.00 evbouded b. 0.12.02.1.1.1.1



Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			١.,
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			١
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		١.,
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			١,,
_	"Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	i _ l		,,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			.,
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			v
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	15.		
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			v
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446	v	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44.		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_^
а	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 Te		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		X
12-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		Х
L	Schedule D, Parts XI and XII	140		<u> </u>
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	<u> </u>		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	· •		
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X.
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u> </u>
. 3	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u> </u>		
	If "Yes," complete Schedule G, Part III	19		Х
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Part	Checklist of Required Schedules (continued)		Yes	No
20.	Did the experience energies one or more beautyl facilities? If "Veg " complete Schodule U	20a	163	X
20a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	ĺ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			1
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			١
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25.		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			1
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		Х
20	If "Yes," complete Schedule L, Part I	230		
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			<u></u>
_,	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		_	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			,,
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		v
	Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		X
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	"-		_^ <u>^</u>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
34	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2017)

1 Enter the number reported in Box 3 of form 1096. Enter: 0- if not applicable	Pari				
18 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Check if Schedule O contains a response or note to any line in this Part V	• • •		<u>. X</u>
b Enter the number of Forms W-2G included in line 1s. Enter -0 if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1s and 2s is greater than 250, you may be required to help (see instructions). 3b If we's institutions have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization file all required federal employment tax returns? Note, if the sum of lines 1s and 2s is greater if *No* to line 8, provide an explanation in Schedule 0. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or other financial accounts (rBAR). If *Yes' inter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (rBAR). 5b If *Yes' in line 5a or 5b, did the organization that it was or as a parry to a prohibited tax shelter transaction? 5c If *Yes to line 5a or 5b, did the organization that it was or as a parry to a prohibited tax shelter transaction? 5c If *Yes' in line 5a or 5b, did the organization in Form 88851.* 5c If *Yes' in line 5a or 5b, did the organization file Form 88851.* 5c If *Yes' in line 5a or 5b, did the organization file Form 88851.* 5c If *Yes' in line 5a or 5b, did the organization file Form 88851.* 5c If *Yes' in line to say organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 5c If Yes' indicate the number of Forms 8282 filed during the year 5c Did the organization excived a contribution of qualited inteleculal property, did the organization the say of the organizatio				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and 2 reportable garming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Enter the hamber reported in Box of or form redet Enter of in het application of the second of the s		4T	P.M.
reportable gaming (gambling) winnings to prize winners? Stetements, flied for the calendar year ending with or within the year covered by this return. Settements, flied for the calendar year ending with or within the year covered by this return. Note. It the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see instructions). 3 Did the organization have unrelated business gross income of \$1,000 or more during the year?. 3 Did the organization have unrelated business gross income of \$1,000 or more during the year?. 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial secount in a foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 Dos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5 Did the organization received accurate the very solicitation an express statement that such contributions or gifts were not tax deductible with every solicitation an express statement that such contributions or gifts were not tax deductible with every solicitation and express statement that such contributions or gifts were not tax deductible with every solicitation and express statement that such contributions and services provided to the payor? 7 Organizations fall may receive deductible contributions under section 170(c). 8 Sponsoring organization neceive a contribution of cars, boats, explanes, or otherwise dispose of tangible personal property for which it was required	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 0 5 1 1 1 1 1 1 1 1 1	C	Did the organization comply with backup withholding rules for reportable payments to vendors and		45.27.	
Statements, field for the calendar year ending with or within the year covered by this return. 2a		reportable gaming (gambling) winnings to prize winners?	1c		X
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if this sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form \$90.T for this year? If "No" to line 3b, provide an explanation in Schedule O. 4a At any time during the cellsonder year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. In the control of the	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		煙	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?. 4a 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 in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?. 5b If "Yes," either the name of the foreign country: ▶ 5c enstructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?. 5b If "Yes," did the organization file form 88867. 6c Boes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?. 6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?. 7 Organizations that may receive deductible contributions under section 170(c). 8 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization may the diversion of the value of the goods or services provided? 8 b If "Yes," did the organization may the donor of the value of the goods or services provided? 7 b If "Yes," did the organization may the donor of the value of the goods or services provided? 8 b If "Yes," did the organization ontify the donor of the value of the goods or services provided? 9 b If "Yes," did the organization may the donor of the value of the goods or services provided? 10 b If the organization may the did the property of		Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			ALC:
3a X bit "Yes," has it filed a Form 990-T for this year? If "Not * lone 3b, provide an explanation in Schedule 0. 3b "Yes," has it filed a Form 990-T for this year? If "Not * lone 3b, provide an explanation in Schedule 0. 3b "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account? 5b "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c was the organization approach the organization file form 8886-17. 6c Wes," to line 5e or 5b, did the organization file form 8886-17. 6c was the organization solicit any contributions that were not tax deductible as charitable contributions? 6c was the organization solicit any contributions that were not tax deductible as charitable contributions? 6c was the was the was a party to a prohibited tax shelter transaction of the waste of the form 8886-17. 6c was the organization solicit any contributions that were not tax deductible as charitable contributions? 6c was the waste of the form 8886-17. 6c waste organization solicit any contributions to the value of the goods or services provided? 6c waste organization solicit any contribution of contributions of waste of the organization file form 8893 as re	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
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sponsoring organization have excess business holdings at any time during the year?		-		TIE.	ر جندورد المراجعة المراجعة
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?	•				Х
a Did the sponsoring organization make any taxable distributions under section 4966?. b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?. Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10a 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 22a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand c Enter the amount of reserves on hand d Did the organization receive any payments for indoor tanning services during the tax year? 14a X	9			יגונלו גריים ליני	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	a				Х
Initiation fees and capital contributions included on Part VIII, line 12			9b		X
a Initiation fees and capital contributions included on Part VIII, line 12				4.45.	12 KET
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		Initiation fees and capital contributions included on Part VIII, line 12		2	
a Gross income from members or shareholders	Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
a Gross income from members or shareholders				7	(U)C f
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			Nick No.	ŧņ.	
against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			CHIR		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_			连伦	1
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?	b	If "Yes." enter the amount of tax-exempt interest received or accrued during the year 12b		1 - E	A.
a Is the organization licensed to issue qualified health plans in more than one state?				河南	1
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	a		***	塊粒	371
the organization is licensed to issue qualified health plans	h		推	W. T.	7
c Enter the amount of reserves on hand	-				
14a Did the organization receive any payments for indoor tanning services during the tax year?	•		1 2 2		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	142	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.									
	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sacti	on A. Governing Body and Management			171						
0000	On A. Governing Body and management		Yes	No						
1.	Enter the number of voting members of the governing body at the end of the tax year 1a			. 1						
10	If there are material differences in voting rights among members of the governing body, or									
	if the governing body delegated broad authority to an executive committee or similar									
h	committee, explain in Schedule 0 Enter the number of voting members included in line 1a, above, who are independent 1b									
2										
-	any other officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct									
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		_ X_						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint									
	one or more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,									
_	stockholders, or persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	ı								
	the year by the following:									
а	The governing body?	8a	Χ_	<u> </u>						
	Each committee with authority to act on behalf of the governing body?	8b	Χ							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at									
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code								
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,									
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			أــــا						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X	ــــــ						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give									
	rise to conflicts?	12b		<u>X</u>						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"									
	describe in Schedule O how this was done	12c	X	<u> </u>						
13	Did the organization have a written whistleblower policy?	13	_X_	<u> </u>						
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by									
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			لــــا						
а	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			ليدا						
	with a taxable entity during the year?	16a		<u> X</u>						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its									
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the									
	organization's exempt status with respect to such arrangements?	16b		L						
Secti	on C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►Missouri									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)						
	available for public inspection. Indicate how you made these available Check all that apply.									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	erest	policy	/, and						
	financial statements available to the public during the tax year									
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls: ▶								
· · ·	U.S. BANK N.A. TEL: (314)418-2643		000	(20.17)						
J\$A 7E1042	P.O. BOX 387; ST. LOUIS, MO 63166	Form	330	(2017)						

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orm 990 (2017)	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

Check this box it herther the organization nor	T T T T T T T T T T T T T T T T T T T	o gai	11120			преп	Juic	d diff carrein diffe	cr, director, or true	
(A) Name and Title	(B) Average hours per week (list any	box, office	(C) Position (do not check more the box, unless person is officer and a director.)			e than one is both an		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) US BANK NA			v					677 207	NONE	NONE
TRUSTEE (2)			X					677,287.	NOINE	NONE
(3)					-					,
(4)										
(5)										
(6)										
(7)										
(8)										
(9)				_						
(11)					_					
(12)							_			
(13)										
(14)							-			

Part VII Section A. Officers, Directors, Tru	stees, Key	/ Em	ploy	/ee	s, a	nd Hi	gh	est Compensate	d Employe	es (co	ntinued)
(A) Name and title	(C) Position (do not check more than on box, unless person is both a officer and a director/truster					an ee)	(D) Reportable compensation from	(E) Reportable compensation related		(F) Estimated amount of other	
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatic (W-2/1099-N		compensation from the organization and related organizations
(15)								. =			
(16)											
(17)											
(18)											
(19)											
(20)											<u> </u>
		ļ									
(21)											
(22)											
(23)									<u> </u>		
(24)		-									
(25)											
1b Sub-total	ection A .					· · ·	> > >	677,287	N	IONE	NON
Total number of individuals (including but n reportable compensation from the organization)	ot limited t										
3 Did the organization list any former off employee on line 1a? If "Yes," complete Scheen	cer, direct	or, o	r tr	rust dua	ee, /	key	em	ployee, or highe	st compensa	ated	Yes No
 4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater that r accrue co	n \$1: ompei	50,0 nsat	000 ion	? / fro	f "Ye m any	 , u	complete Sched nrelated organizat	ule J for s ion or indivi	such dual	4 X 5 X
Section B. Independent Contractors											
1 Complete this table for your five highest cor compensation from the organization. Report year	npensated compensat	indep	end or th	ent e c	cor alen	dar ye	ors ear	ending with or wi	thin the orga	nizatio	n's tax
(A) Name and business add	dress							(B) Description of se	rvices	Co	(C) ompensation
							\pm				
					_			Alana Prasidina			
2 Total number of independent contractors received more than \$100,000 of compensations.								those listed abo	ve) wno		

Part	VIII	Statement of Reven Check if Schedule O co			linn in this Dant)	/III	<u>.</u>	
		Creck if Scredule O cc	mains a respon	ise of flote to all	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, and similar amounts not included Noncash contributions included to the contributions in the contribution in the cont						
	9 <u>h</u>	Total Add lines 1a-1f		Business Code				
Program Service Revenue	2a b c d e f	All other program service rev						
	3 4 5		cluding divider tax-exempt bond	proceeds	4,020,545.			
	6a b c	Gross rents	(ı) Real	(II) Personal				
	d 7a b	Net rental income or (loss). Gross amount from sales of assets other than inventory Less, cost or other basis	(i) Securities 57879562	(II) Other				
	c d 8a	and sales expenses Gain or (loss)			4,412,276.	4,412,276.		The state of the s
Other Revenue	O.	events (not including \$ of contributions reported on See Part IV, line 18	line 1c) a	1				
8	b c 9a	Less direct expenses Net income or (loss) from fu Gross income from gaming See Part IV, line 19	indraising events activities.				A STANDARD AND AND AND AND AND AND AND AND AND AN	
	b c	Less direct expenses Net income or (loss) from g	ь					
1	0a b	Gross sales of invent returns and allowances Less cost of goods sold Not propose or (loss) from sale	a					
1	1a	Net income or (loss) from sal Miscellaneous Revenu		Business Code	A CONTRACTOR OF THE PARTY OF TH		(新) 医一种人类性阴道病	
	c d e 2	All other revenue			8,432,821.	8,420,727		

Form 990 (2017) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations mus	st complete column (A	<u>4).</u>

	Check if Schedule O contains a respe	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) \ Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	8,361,776.	8,361,776.		
2	Grants and other assistance to domestic individuals See Part IV, line 22	•			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	. ,	,		
	Benefits paid to or for members	•			
		-		· · · · · · · · · · · · · · · · · · ·	W Freewithert Art, on a receiptable of
5	Compensation of current officers, directors, trustees, and key employees	677,287.		677,287.	,
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		•		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		`		
10	Payroll taxes				
11 a	Fees for services (non-employees) Management	, -	•		
	Legal				
	Accounting	7;480.	_ •	7,480.	
d	Lobbying				
	Professional fundraising services See Part IV, line 17.		也以此一个一个	行の関係の対象の対象	
1	Investment management fees	79,852		79,852.	
	Other (If line 11g amount exceeds 10% of line 25, column	,			ii
_	(A) amount, list line 11g expenses on Schedule 0)		• • •	,	
12	Advertising and promotion			•	
13	Office expenses				
14	Information technology				
15	Royalties	•			•
16	Occupancy				
17	Travel	•			
18				•	
	Conferences, conventions, and meetings		'		
	Interest				`
21					
	Depreciation, depletion, and amortization				
	Insurance				
24	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			THE PARTY OF THE PROPERTY OF T	THE CHARLES AND THE
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
	FOREIGN TAXES	89,375	- 17 5 on I deal blood in the high Khilds	89,375.	
а Ь	· ·	32,273			
ي بہ				•	
a	All other expenses			1 ,	
	Total functional expenses Add lines 1 through 24e	9,215,770	8,361,776.	853,994.	NONE
	Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here			.,	21011
JSA	following SOP 98-2 (ASC 958-720)	·	L		Form 990 (2017)

Balance Sheet Part X (A) End of year Beginning of year 5,589,526. 3,117,235 1 Savings and temporary cash investments 2 3 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10c 11 Investments - publicly traded securities 151,340,388. 11 152,917,503 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 156,929,914. 156,034,738 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 NONE Total liabilities. Add lines 17 through 25..... 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Balances Unrestricted net assets 27 27 28 29 Fund 29 Organizations that do not follow SFAS 117 (ASC 958), check here lacktriangle . X and complete lines 30 through 34. ö Capital stock or trust principal, or current funds 156,034,738. 156,929,914. 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 156,929,914. 33 156,034,738 33 156,034,738. 156,929,914. 34

Form 95	90 (2017)				гау	e 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,43		
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,21	5,7	<u>70.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>-78</u>	2,9	<u>49.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	56,92	9,9	<u> 14.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-11	2,2	<u>27.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	1	56,03	4,7	38.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	<u> </u>	$\Box \bot$
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			12 (3 1) 27 1 1 2 (3 1) 27 1 1 2 (3 1) 2 (3 1) 1		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	ıın		Y.	
	Schedule O				w.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:			陈额		
	Separate basis Consolidated basis Both consolidated and separate basis			* [] [] [] [] [] []		
b	Were the organization's financial statements audited by an independent accountant?			2b	,	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					3-5
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of	versi	ght		-	
	of the audit, review, or compilation of its financial statements and selection of an independent according	ounta	nt?	2c		1
	If the organization changed either its oversight process or selection process during the tax year, ex	xplair	n in		mith Marie	
	Schedule O.			SATAL A		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ı ın	1		
	the Single Audit Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	its.		3b		
				Form S	1907	20171

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990for instructions and the latest information.

OMB No 1545-0047
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

LEW		. HYER							020535
Par	1	Reason f	or Public Cha	rity Status (All o	rganizations must c	omplete	this pa	irt.) See instructions	
The	organi	zation is no	ot a private four	idation because it	is: (For lines 1 throug	n 12, che	eck only	one box.)	•
1	A	church, co	onvention of ch	ırches, or associat	ion of churches descr	ibed in s	ection 1	70(b)(1)(A)(i).	15
2	A	school de	scribed in sectio	on 170(b)(1)(A)(ii).	(Attach Schedule E (Form 99	0 or 990)-EZ))	1-/
3	A	hospital o	r a cooperative	hospital service or	ganization described	n sectio i	n 170(b)	(1)(A)(iii).	1
4	A	medical re	esearch organiz	ation operated in c	onjunction with a hos	pital des	scribed in	section 170(b)(1)(A)	(iii). Enter the
		•	ame, city, and st		- · · - · · - · ·				
5		_	•		a college or universi	ty owner	d or ope	rated by a governme	ntal unit described in
	_			omplete Part II.)					
6		•		_	nmental unit describe				
7		_		-	·	pport fr	om a go	vernmental unit or fro	om the general public
	·		•	(1)(A)(vi). (Compl	•				
8			•		o)(1)(A)(vi). (Complete		_		
9	_	_	-					in conjunction with a	
		-	or a non-land-g	rant college of ag	riculture (see instruction	ons). Ent	er the na	ame, city, and state of	the college or
1		niversity: _							
10	re su	ceipts from	m activities relat n gross investm	ed to its exempt for ent income and ur	unctions - subject to c	ertain ex ble incor	ceptions me (less	ntributions, membersh , and (2) no more than section 511 tax) from Part III)	331/3% of its
11		-	•	•	sively to test for publi				
12									arry out the purposes
				_					ee section 509(a)(3).
				•	* *			ation and complete lu	-
а				•	•			orted organization(s),	
			~	•	= : : : :		jority of	the directors or trusted	es of the
			, ,	•	e Part IV, Sections A				
b								supported organization	
						the sam	e persor	s that control or man	age the supported
		•		•	, Sections A and C.	_			
С								n with, and functional	ly integrated with,
			-		ns). You must comple				
d			•	-				ection with its support	
			•	-	-			ition requirement and	an attentiveness
		•	•		mplete Part IV, Secti				
е	_		_					at it is a Type I, Type II	, Type III
,					ionally integrated sup	_	_		5
T -				•					
<u> </u>					orted organization(s).	Cal tark	organization	(v) Amount of monetary	(vi) Amount of
	(I) Nam	e or supporte	d organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		nt dovervind	support (see	other support (see
					above (see instructions))		ment?	instructions)	instructions)
			· · · · · · · · · · · · · · · · · · ·			Yes	No		
(A)	SE	E PART	VI						
(B)									
(C)									
(D)	-								
(E)		-							
—— Tota	 I			A CALLED	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	m 1 1 6			

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part II Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	tion A. Public Support	· · · ·		······			N/A
Cale	ndar year (orfiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	•					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			•		./	•
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						,
6	Public support. Subtract line 5 from line 4	Denretander a	Under Alle Ale		FARTEFALLUSED K	W. 1554 47 (57 14 14 14 14 14 14 14 14 14 14 14 14 14	
	tion B. Total Support	(0) 2012	(b) 2014 /	(a) 2015	(4) 2016	(0) 2017	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014 /	(c) 2015	(d) 2016	(e) 2017	(r) rotar
·7 8	Amounts from line 4						· ,
9	Net income from unrelated business activities, whether or not the business is regularly carried on						-
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		,			•	
11	Total support. Add lines 7 through 10	小型性的图形	"国际国际国际				
12	Gross receipts from related activities, etc /s					12	
13	First five years. If the Form 990 is f organization, check this box and stop, here	<u> </u>					
Sect	tion C. Computation of Public Sup					T T	
14	Public support percentage for 2017 (II						<u>%</u>
15	Public support percentage from 2016						<u>%</u>
16a	331/3% support test - 2017. If the or	-					
	box and stop here. The organization q						
b	33 1/3% support test 2016. If the org this box and stop here. The organization						
170	10%-facts-and-circumstances test -						
174	10% or more, and if the organization						
	Part VI how the organization meets organization	the "facts-and-c	ircumstances" t	est The organi	zatıon qualıfies	as a publicly si	upported ▶ □
b	10%-facts-and-circumstances test - 15 is 10% or more, and if the org Explain in Part VI how the organizati	anization meets	s the "facts-and	l-circumstances"	test, check t	his bòx and sto	op here.`
,	supported organization						>
18	Private foundation. If the organization instructions	did not check a	a box on line 13	, 16a, 16b, 17a,	or 17b, check	this box and see	
				1		schedule A (Form 99	
	• / • •	•					

Par	Support Schedule for Organ						2/11
	(Complete only if you checke If the organization fails to qua						er Part II.
Sect	tion A. Public Support						N/A
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise		,				•
	sold or services performed, or facilities					/	
	furnished in any activity that is related to the				/	<i> </i>	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf				<u></u>		
5	The value of services or facilities						
	furnished by a governmental unit to the			./			
	organization without charge						
6	Total. Add lines 1 through 5			/			 -
7a	Amounts included on lines 1, 2, and 3						•
.	received from disqualified persons						
U	Amounts included on lines 2 and 3 received from other than disqualified					1	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	Harris a san Harristo	Late a series	Rott to the Santa 5	dar a er kolomaziaka	Later to make the set of the second	
8	Public support. (Subtract line 7c from						-
	line 6)	125/19/19/19/19/19/19/19/19/19/19/19/19/19/	Litter francisco de de la constitución de la consti	1350年4月時間1月1日本 1-	المراجع والمراجع والمراجع المراجع المراجع	· · · · · · · · · · · · · · · · · · ·	
	tion B. Total Support	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2013/	(6) 2014	(0) 2015	(4) 2010	(6/ 2017	(I) IO(a)
9 10 a	Amounts from line 6			·		 	
100	payments received on securities loans,					j	
	rents, royalties, and income from similar						
_	Unrelated business taxable income (less	/					
U	section 511 taxes) from businesses				•		•
	acquired after June 30, 1975		1				
	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is regularly						
10	Carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)	1					
13	Total support Add lines 9, 10c, 11,						
	and 12)						
14	First five years If the Form 990 is t	for the organization	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
• •	organization, check this box and stop here						1 1
Sect	tion C. Computation of Public Sup	· · · · · · · · · · · · · · · · · · ·			•		
15	Public support percentage for 2017 (line 8,			mn (f))		15	%
16	Public support percentage from 2016 Sche					16	%
Sec	tion D. Computation of Investment	Income Perc	entage				
17	Investment income percentage for 2017 (li			3, column (f))	:	17	%
18	Investment income percentage from 2016					18	%
	331/3% support tests - 2017. If the or	ganization did n	ot check the box	on line 14, and	d line 15 is moi	e than 331/3%, ar	nd line
	17 is not more than 331/3%, check th						
ь	331/3% support tests - 2016 If the orga	anization did not	check a box on	line 14 or line 19	9a, and line 16 i	s more than 33 1/3	%, and
	line 18 is not more than 331/3%, check						
20	Private foundation If the organization	did not check	a box on line	14. 19a. or 19b	o, check this bo	ox and see instru	ctions >

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1	Are all of t	the organization's	supported	organizations	listed by	name i	in the	organızati	on's	governing	g
	documents?	If "No," describe	in Part VI h	ow the suppo	rted organi	izations .	are des	signated. It	des	ignated b	y
	class or purp	ose, describe the	designation. If	f historic and co	ntinuing re	lationshi	p, expla	ain			

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in déciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization s supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b -Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	AHT.	kili	
	below, the governing body of a supported organization?	11a 11b		X
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If Yes to a, b, or c, provide detail in Part VI.	11c		X
	on B. Type I Supporting Organizations N/A			
	1,7.1		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1 m	CHI
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			H.
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	胖	X	
	controlled the organization's activities. If the organization had more than one supported organization,			in.
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		EIS	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	CKShri	EMPT.	ELHL
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
•	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	***************************************	
Section	on C. Type II Supporting Organizations N/A			
	•		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
, ,	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	ئلىكىنىڭ •		
Section	on D. All Type III Supporting Organizations	- '- ' -		
Decti	on b. An type in supporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	aligna talya Managaran	TAK:	14136
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			453
	the organization's governing documents in effect on the date of notification, to the extent not previously	XX.	TÜ.	支持
	provided?	1	X	-,- 4
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No;" explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2	X	Himil
•	•	े द्व	A	· (1,434
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	100	14 14 14 14 14 14 14 14 14 14 14 14 14 1	
	supported organizations played in this regard	3	X	MARMANA.
Section	on E. Type III Functionally Integrated Supporting Organizations N/A			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struct	ions).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations Complete line 3 below.	, note	ntional	ı
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	mstrat	Yes	
2	Activities Test. Answer (a) and (b) below.	16.3	12.25	42
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
•	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,	問實	#7.7	#1.54 = 46 TH
	how the organization was responsive to those supported organizations, and how the organization determined	1	444	
	that these activities constituted substantially all of its activities.	2a		. d &
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		2	推动
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			14 A
-	reasons for the organization's position that its supported organization(s) would have engaged in these	21		NAC:
	activities but for the organization's involvement	2b	Light day	出版相
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		attaciri.Scor.id
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		THE	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izati	ons	
1 X Check here if the organization satisfied the Integral Part Test as a qualifying t instructions. All other Type III non-functionally integrated supporting organizations.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount	,	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	CALC.		
instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	20		rational and the same of the same
factors (explain in detail in Part VI)	1200		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035.	6		
7 Recoveries of prior-year distributions	7		-
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	情感等现地四种流	
4 Enter greater of line 2 or line 3.	4	车级对数公司的现在分分元的	
5 Income tax imposed in prior year	5	25780年4月18日2日本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			,
emergency temporary reduction (see instructions)	6		
7 Check here if the current year-is the organization's first as a non-functionally instructions).	integr	rated Type III supporting o	rganization (see

Schedule A (Form 990 or 990-EZ) 2017

Part	y Type III Non-Functionally integrated 509(a)(3)	Supporting Organiza	tions (continuea)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed	
	organizations, in excess of income from activity	- -		
3	Administrative expenses paid to accomplish exempt purpose	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		企成性学运动系统 专用	
2	Underdistributions, if any, for years prior to 2017	THE WAR COLUMN		PARKETATION
	(reasonable cause required-explain in Part VI) See			
	instructions.			
3	Excess distributions carryover, if any, to 2017	法验、安徽、公益、公司、任政、中	Substitution of the state of th	· 查看。"母母"的"
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b	From 2013 NONE	华。沙罗马丁多罗沙连岛	Maria Maria Maria	HEREN TELESTATE
С	From 2014 NONE		LA CARREST MANAGEMENT	HARVE WITE TOO
d	From 2015 NONE	是"神龙神",""神龙神"。	artist with the se	5. 净宝 5.3.200 (And S.)
е	From 2016 NONE	TOWN OF THE PROPERTY.	Paris Property	PURCONORMAN HUSSI
f	Total of lines 3a through e	NONE	REPORTED TO THEFT.	
g	Applied to underdistributions of prior years			at his faithful that the in-
h	Applied to 2017 distributable amount	Maria de la Companya		
ī	Carryover from 2012 not applied (see instructions)	the sound project the	PULTE STATES	
i	Remainder Subtract lines 3g, 3h, and 3i from 3f.	NONE	405 m - 180 mm 17 47 47 47 47 47 47 47 47 47 47 47 47 47	The transfer of the control of the c
4	Distributions for 2017 from	Marital Maria Control	ATTACHE AND AND ADDRESS OF THE PARTY OF THE	CHRISTE FRENCHES
	Section D, line 7:			
а	Applied to underdistributions of prior years			FRANKSTANGSPER
b	Applied to 2017 distributable amount			
С	Remainder, Subtract lines 4a and 4b from 4.	CAA CANADA COLONIA		报过去生态等等等。
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions.			
7	Excess distributions carryover to 2018 Add lines 3j	The state of the s	THE WALL THE PROPERTY OF THE PARTY OF THE PA	trite lifth (Egg) + 1
-	and 4c	NONE		
8	Breakdown of line 7:			
a	Excess from 2013 NONE			TORES AND PROPERTY.
b	Excess from 2014 NONE	respectively and and are	place in a fill the property of the	A TON THE PARTY OF
	Excess from 2015 NONE	THE PARTY OF S	建设有数据数据	THE WALLSON
ď	Excess from 2016 NONE		144411111111111111111111111111111111111	
	Excess from 2017	提高 "国力特殊力		SHAPET MARK
		1 - 1 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3		

Schedule A (Form 990 or 990-EZ) 2017

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Section D Line 3
Two of the three trustees of the Trust are the President of the Board
of Trustees for the school of the Ozarks and the President of the
School of Ozarks. Therefore, the officers and directors of a public
charity supported by the trust have a significant voice in the
investment policies of the trust and all other administrative
decisions.
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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART I (q) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS ______ NAME OF SUPPORTED ORGANIZATION: RANKEN JORDAN HOME EIN: 43-0666765 TYPE OF ORGANIZATION FROM PART I: 3 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES AMOUNT OF SUPPORT: 418,089. NAME OF SUPPORTED ORGANIZATION: SCHOOL OF THE OZARKS EIN: 44-0556862 TYPE OF ORGANIZATION FROM PART I: 2 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES AMOUNT OF SUPPORT: 6,271,332. NAME OF SUPPORTED ORGANIZATION: SHRINERS HOSPITAL EIN: 43-6019866 TYPE OF ORGANIZATION FROM PART I: 3 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES 836,178. AMOUNT OF SUPPORT: NAME OF SUPPORTED ORGANIZATION: AMERICAN CANCER SOCIETY EIN: 44-0552054 TYPE OF ORGANIZATION FROM PART I: 4 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES AMOUNT OF SUPPORT: 418,089. NAME OF SUPPORTED ORGANIZATION: SKAGGS COMMUNITY HOSPITAL EIN: 44-0584290 TYPE OF ORGANIZATION FROM PART I: 3 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES AMOUNT OF SUPPORT: 8,361,777. TOTAL SUPPORT: ========= NONE TOTAL OTHER SUPPORT: ==========

Action Acciden

OMB No 1545-0047

» X

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form

990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

SCHEDULE 1	Grants and Other Assistance to Organizations,	OCETE ON GIMO
(Form 990)	Governments, and Individuals in the United States	7106
	Complete if the organization answered "Ves" on Form 990, Part IV, line 21 or 22.	Open to Publ
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990for the latest information.	Inspection
Name of the organization		Employer identification number
LEWIS W. HYER TR	RIR	43-6020535
Part I General In	Part I General Information on Grants and Assistance	
1 Does the organiza	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees eligibility for the grants or assistance, and	or assistance, and

(h) Purpose of grant or assistance											:		5		Schedule I (Form 990) (2017)
(g) Description of noncash assistance													A	•	Sched
(f) Method of valuation (book, FMV, appraisal, other)					-			,			:				
(e) Amount of non- cash assistance													le		
(d) Amount of cash grant													ed in the line 1 tab		
(c) IRC section (if applicable)		,											rganizations list	1 table	90.
(b) EIN													overnment c	d in the line	s for Form 9
1 (a) Name and address of organization or government	(1) SEE STATEMENT 1	(2)	(3)	(4)	(5)	(9)	(1)	(8)	(6)	(10)	(11)	(12)	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3 Enter total number of other organizations listed in the line 1 table	For Paperwork Reduction Act Notice, see the Instructions for Form 990.

JSA 7E1288 1 000

(a) Type of grant or assistance					
	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
N/A					
EXPLANATION FOR FORM 990, SCHEDULE I,	I, PART 1,	L, LINE 2			
BOOKS ARE IN THE CARE OF U.S. BANK	BANK N.A., P.O	P.O. BOX 387,	ST LOUIS, MO		
				:	
	!				

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www irs gov/Form990for the latest information.

Open to Public Inspection

Employer identification number

LEWIS W. HYER TR 43-6020535 US BANK NA AS THE INSTITUTIONAL TRUSTEE IS THE ONLY COMPENSATED TRUSTEE OF THE LEWIS W HYER TRUST # 098310C THIS FOUNDATION HAS NO IND IVIDUAL EMPLOYEE RECEIVING TOTAL COMPENSATION \$ 426039 EXPLANATION FOR FORM 990, SCHEDULE J 990 PART IV INSTITUTIONAL TRUSTEEFOR INSTITUTIONAL TRUSTEES, FEES FOR SERVICES PAID PURSUANT TO A CONTRACTUAL AGREEMENT OR STATUTORY ENTITLE MENT. WHILE THECOMPENSATION OF INSTITUTIONAL TRUSTEES MUST BE REPORTED ONFORM 990 PART VII. IT NEED NOT BE REPORTED ON SCHEDULE J (FORM 990) EXPLANATION FOR FORM 990, PAGE 2, PART III, LINE 4d AMERICAN CANCER SOCIETY P.O. BOX 720366 OKLAHOMA CITY, OK 73162 EIN: 44-0552054 TOTAL AMOUNT OF GRANT: 418,088.76 HOSPITAL P.O. BOX 650 BRANSON, MO 65615-0650 EIN: 44-0584290 TOTAL AMOUNT OF GRANT: 418,088.76 EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 1a NOT APPLICABLE FORM 990, PAGE 6, PART VI, LINE 2 N/A EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 3 N/A

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
LEWIS W. HYER TR	43-6020535
EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 4	
ENTERNATION FOR FORM 750, FROM 0, FRANT VI, BIND I	
N/A	
EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 5	
N/A	
EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 6	
N/A	
EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 7a	
N/A	
N/A	
EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 7b	
N/A	
EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 8a	
N/A	
EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 8b	
EXPLANATION FOR FORM 950, FAGE 0, FART VI, DINE OD	
N/A	
EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 10b	
N/A	
FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCES	S FOR REVIEW
US BANK IS CO-TRUSTEE OF THE LEWIS W HYER TRUST #09	8310C AND PREPARES
AND FILES THE FORM 990 FOR THIS ENTITY. A OFFICER	OF US BANK KEVIEWS

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization LEWIS W. HYER TR	Employer identification number 43-6020535
THE FORM 990 BEFORE IT IS FILED	.5 0020555
EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 9	
N/A	
EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 12c	
FOLLOWS US BANK'S CORPORATE POLICY & PROCDURES WITH REGARDS	
TO CONFLICT OF INTEREST	
FORM 990, PAGE 6, PART VI, LINE 15b	
N/A	·
FORM 990, PAGE 6, PART VI, LINE 18	
UPON REQUEST	
FORM 990, PAGE 6, PART VI, LINE 19	
FOLLOWS US BANK'S CORPORATE POLICY & PROCEDURES WITH REGARD	S
TO CONFLICT OF INTEREST, GOVERNING DOCUMENTS & FINANCIAL ST	ATEMENTS
ARE AVAILABLE UPON REQUEST	
FORM 990, PAGE 7, PART VII, SECTION A	
US BANK NA CO-TRUSTEE 0 AVERAGE HOURS	
EXPLANATION FOR FORM 990, PART XI, LINE 9	
LAMB WESTON HOLDING ADJ (96,320) WASH SALE ADJ (13,891) COS	T BASIS
ADJ (2,016)	