2016 Exempt Org. Return prepared for:

EAST CENTRAL COLLEGE FOUNDATION, INC. POST OFFICE BOX 387

UNION, MO 63084

DO NOT MAIL

Unnerstall and Unnerstall, CPA, P.C.

18 West Second Street Washington, MO 63090-2531

UNNERSTALL AND UNNERSTALL, CPA, P.C. **18 WEST SECOND STREET WASHINGTON, MO 63090-2531** (636) 239-6439

November 6, 2017

EAST CENTRAL COLLEGE FOUNDATION, INC. POST OFFICE BOX 387 UNION, MO 63084

Dear Angela:

Enclosed for your review:

Form 990 2016 Return of Organization Exempt from Income Tax

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

Unnerstall and Unnerstall, CPA, P.C.

IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2016, or fiscal year beginning	, 2016, and ending	, 20

Department of the Treasury Internal Revenue Service	s.gov/form8879eo.	2016 Peo.		
Name of exempt organization			Employer id	entification number
EAST CENTRAL COL	LEGE FOUNDATION, INC		43-106	2435
Name and title of officer			•	
SUSAN MILLER WAR		PRESIDENT		
	rn and Return Information	,		
check the box on line 1a , 2 leave line 1b, 2b, 3b, 4b, c	2a. 3a. 4a. or 5a. below, and the	form 8879-EO and enter the applicable amount on that line for the return being lank (do not enter -0-). But, if you enter ne in Part I.	a filed with this form	was blank, then
1 a Form 990 check here	b Total revenue, i	f any (Form 990, Part VIII, column (A),	line 12)	1b 741,012.
		ue, if any (Form 990-EZ, line 9)		2 b
3a Form 1120-POL ched		(Form 1120-POL, line 22)		3 b
4a Form 990-PF check	nere ▶	on investment income (Form 990-PF, P	art VI, line 5)	4 b
5 a Form 8868 check he	re ▶ b Balance Due (Fo	orm 8868, line 3c		5 b
				
	and Signature Authorizati			
electronic return and accom I further declare that the a intermediate service provi- the IRS (a) an acknowledg refund, and (c) the date of funds withdrawal (direct do organization's federal taxe contact the U.S. Treasury authorize the financial inst answer inquiries and resol	panying schedules and statements mount in Part I above is the am der, transmitter, or electronic referent of receipt or reason for reany refund. If applicable, I authority entry to the financial institutes owed on this return, and the francial Agent at 1-888-353-45 itutions involved in the processive issues related to the paymen	f the above organization and that I have and to the best of my knowledge and belia ount shown on the copy of the organizaturn originator (ERO) to send the organize ejection of the transmission, (b) the real orize the U.S. Treasury and its designation account indicated in the tax preparainancial institution to debit the entry to 137 no later than 2 business days prior in g of the electronic payment of taxes to t. I have selected a personal identificationization's consent to electronic funds we	ef, they are true, corre- ation's electronic retu- ization's return to the son for any delay in- ted Financial Agent ration software for pa- this account. To revu- to the payment (sett) o receive confidentia ion number (PIN) as	ect, and complete. Jurn. I consent to allow my e IRS and to receive from processing the return or to initiate an electronic ayment of the loke a payment, I must lement) date. I also I information necessary to
Officer's PIN: check one by authorize UNNER:	OX ONLY STALL AND UNNERSTALL ERO firm name	CPA, P.C. to enter my	PIN 5190 Enter five num	bers, but
	julating charities as part of the I	rn. If I have indicated within this return tha RS Fed/State program, I also authorize	t a copy of the return	is being filed with
indicated within this re	nization, I will enter my PIN as my turn that a copy of the return is y PIN on the return's disclosure	signature on the organization's tax year 2 being filed with a state agency(ies) reg consent screen.	016 electronically filed ulating charities as p	d return. If I have part of the IRS Fed/State
Officer's signature		Date ►		
Part III Certification	and Authentication			
	ur six-digit electronic filing identi		-	
number (EFIN) followed by	your five-digit self-selected PIN	١		43047718701
				do not enter all zeros
above. I confirm that I am su	meric entry is my PIN, which is r ubmitting this return in accordance iders for Business Returns.	my signature on the 2016 electronically with the requirements of Pub. 4163 , Moder	filed return for the o nized e-File (MeF) Inf	rganization indicated ormation for
ERO's signature ►		Date ►		
		t Retain This Form — See Instructions	o Do So	

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

Form 990

Return of Organization Exempt From Income Tax

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

2016

OMB No. 1545-0047

Open to Public Inspection

► Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Information about Form 990 and its instructions is at www.irs.gov/form990. 2016, and ending For the 2016 calendar year, or tax year beginning D Employer identification number Check if applicable: EAST CENTRAL COLLEGE FOUNDATION, INC. Address change 43-1062435 POST OFFICE BOX 387 Name change UNION, MO 63084 Initial return 636-583-5195 Final return/terminated **G** Gross receipts \$ 873,997. Amended return H(a) Is this a group return for subordinates **F** Name and address of principal officer: Application pending Yes **H(b)** Are all subordinates included? If 'No,' attach a list. (see instructions) SAME AS C ABOVE 4947(a)(1) or Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no.) 527 Website: ► HTTP://WWW.EASTCENTRAL.EDU/ECC/FOUNDATION **H(c)** Group exemption number ▶ X Corporation Form of organization: Trust Association L Year of formation: 1975 M State of legal domicile: MO Summary Part I Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 3 ∽ઇ Number of independent voting members of the governing body (Part VI, line 1b). Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary)..... 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T. line 34...... Prior Year **Current Year** Contributions and grants (Part VIII, line 1h). 369,587. 516,258. Program service revenue (Part VIII, line 2g) . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d 150,390. 116,133 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 11 89,599. 74,364. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 575,319 741,012. Grants and similar amounts paid (Part IX, column (A), lines 1-3). 119,038 13 177,339. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 132,152 134,952 16a Professional fundraising fees (Part IX, column (A), line 11e)... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 44,865 39,482 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... 296,055. 351,773. Revenue less expenses. Subtract line 18 from line 12..... 279,264 389,239. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16)..... 5,271,977. 5,947,489 Total liabilities (Part X. line 26)..... 21 3,029 4,688 22 Net assets or fund balances. Subtract line 21 from line 20...... 5,268,948. 5,942,801 Part II Signature Block 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 Date Sign Here SUSAN MILLER WARDEN PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date self-employed STEVEN G. UNNERSTALL, C.P.A **Paid** P00368222 Preparer ► UNNERSTALL AND UNNERSTALL, CPA, P.C. Use Only Firm's address Firm's EIN ► 20-0141333 18 WEST SECOND STREET

WASHINGTON, MO 63090-2531

May the IRS discuss this return with the preparer shown above? (see instructions).....

(636) 239-6439

Yes

) (Revenue \$

including grants of

250,141.

(Expenses

4 e Total program service expenses

Part IV 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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
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, 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 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
(Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
(Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D. Part IX.	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a	Х	
ı	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
I	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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 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 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	_	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

Form 990 (2016) EAST CENTRAL COLLEGE FOUNDATION, INC. 43-1062435 Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	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	
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 2? If 'Yes,' complete Schedule I, Parts I and III.	22	Х	
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 employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
	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 through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	r Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
k	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 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, 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):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
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		Х
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? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
k	olf '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		
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	Х	
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
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	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V						
				Yes	No		
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	L				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b)				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?	eportable gaming	1 c		Х		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a	2				
h	If at least one is reported on line 2a, did the organization file all required federal employmen		2 b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see in						
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year	•	3 a		Х		
	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0.</i>		3 b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other f		4 a		Х		
b If 'Yes,' enter the name of the foreign country: ►							
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year?	5 a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf	er transaction?	5 b		Χ		
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c				
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	6 a		Х		
b If 'Yes,' 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).		6 b				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made payment in excess	partly for goods and	7 a	Х			
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b	X			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it						
	Form 8282?	l	7с		Х		
	If 'Yes,' indicate the number of Forms 8282 filed during the year.	7d			37		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		X		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7 f		Λ		
_	If the organization received a contribution of qualified intellectual property, did the organization file as required?		7 g				
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?		7 h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained						
•	organization have excess business holdings at any time during the year?		8				
	Sponsoring organizations maintaining donor advised funds.		0.0				
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related per		9 a 9 b				
	Section 501(c)(7) organizations. Enter:	JOITE	30				
	Initiation fees and capital contributions included on Part VIII, line 12	10 a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
	Section 501(c)(12) organizations. Enter:		_				
	Gross income from members or shareholders.	11 a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).	11 b					
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a				
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b					
	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note. See the instructions for additional information the organization must report on Schedu	le 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.	13b					
	Enter the amount of reserves on hand	13c					
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х		
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14b				
ΛΛ	TEE 0010EL 11/16/16		Form	aan 7	(2016)		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 27 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 committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ... SEE SCHEDULE 0 2 Χ 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Χ b 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?....... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 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? a The organization's CEO, Executive Director, or top management official..... 15 a Χ **b** Other officers or key employees of the organization..... 15 b 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 with a taxable entity during the year?..... Χ 16 a 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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE 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 interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

UNION MO 63084 (636) 583-5195

ANGELA SIEBERT 1964 PRAIRIE DELL ROAD

Form 990 (2016)	FAST	CENTRAL.	COLLEGE	FOUNDATION	TNC
1 01111 330 (2010)	$\Gamma \Gamma \Gamma \Gamma \Gamma \Gamma$	CTIVITION		T OOMDATTON.	TINC.

43-1062435

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII.....

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

- 1 a 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and Title	(B) Average hours per			(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation				
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) ROGER ARCHIBALD	5									
TREASURER	0	Х		Χ				0.	0.	0.
(2) MARY BRUNJES	5									
DIRECTOR	0	Х					7	0.	0.	0.
(3) DONALD KAPPELMANN	5									
DIRECTOR	0	X				ŀ		0.	0.	0.
(4) DEBORAH KLAK	5		,							
DIRECTOR	0	X						0.	0.	0.
(5) CHRIS BOONE	5									
DIRECTOR	0	Х						0.	0.	0.
(6) SANDY LUCY	5									
DIRECTOR	0	Χ						0.	0.	0.
(7) ANN_HARTLEY	5									
DIRECTOR	0	Χ						0.	0.	0.
(8) MINDI MCCOY	5]								
DIRECTOR	0	Х						0.	0.	0.
(9) AUDREY FREITAG	5]								
DIRECTOR	0	Х						0.	0.	0.
(10) TIMOTHY BAKER	5]								
DIRECTOR	0	Х						0.	0.	0.
(11) BONNIE ECKELKAMP	5									
DIRECTOR	0	Х						0.	0.	0.
(12) SUSAN ECKELKAMP	5]								
DIRECTOR	0	Х						0.	0.	0.
(13) MICHAEL ELLIOTT	5]								
DIRECTOR	0	Χ						0.	0.	0.
(14) JIM FROELKER	5									
DIRECTOR	0	X						0.	0.	0.

· u	t VII Section A. Officers, Directors, Tru		ney	⊏m	_		es,	and	a riignest Com	pensated Emp	oyees	(conti	nued)
		(B)			((•							
	(A) Name and title	Average hours per week (list any	offic	, unle cer an	ss pe nd a d	erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	amo	(F) stimated unt of ot appensati rom the	ther on
		hours for related organiza - tions below dotted line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1033-MIGO)	(#21033-11100)	org ar	janizatio id relate anizatio	on d
(15)	TONY_KRUETZ SECRETARY	<u>5</u>	Х		Х				0.	0.			0.
(16)	SCOTT BRECKENKAMP DIRECTOR	5	Х						0.	0.			0.
(17)	DAVID STRUBBERG DIRECTOR	5	Х						0.	0.			0.
(18)	JANET HOVEN VICE PRESIDENT	<u>5</u>	Х		Х				0.	0.			0.
(19)		<u>5</u>	X						0.	0.			0.
(20)	ROBERT DOBSCH DIRECTOR	<u>5</u>	X						0.	0.			0.
(21)	ERIC PARK DIRECTOR	<u>5</u>	X						0.	0.			0.
(22)	JOSEPH PURSCHKE DIRECTOR	<u>5</u>	X						0.	0.			0.
(23)	JAMES STRUBBERG DIRECTOR	<u>5</u>	X					. 1		0.			0.
(24)	CATHY THOMPSON DIRECTOR	<u>5</u>	X			1	1		0.	0.			0.
(25)	KURT VOSS DIRECTOR	5	X			1			0.	0.			0.
	Sub-total. Total from continuation sheets to Part VII, Section)						>	0.	0.		0 /	0.
d	Total (add lines 1b and 1c)							>	71,175. 71,175.	0.		9,6	674. 674.
2	Total number of individuals (including but not limited from the organization $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
3	Did the organization list any former officer, direc	tor, or tru	stee,	key	em e	plo	yee,	or h	nighest compensat	ed employee	3	Yes	No
4	on line 1a? If 'Yes,' compléte Schedule J for suc For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportab er than \$1	le co 50,00	mpe 00?	ensa If '}	ition ∕ <i>es,</i>	and com	oth <i>ple</i>	er compensation t te Schedule J for	rom			X
5	Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e compen	satio	n fro	om	anv	unre	late	ed organization or	individual			X
	tion B. Independent Contractors												
1	Complete this table for your five highest compen compensation from the organization. Report compen	sated inde sation for	epen the c	dent alend	coı dar <u>j</u>	ntra year	ctors endi	tha ng v	t received more the vith or within the org	nan \$100,000 of ganization's tax year			
Name and business address							Description o	f services	Compe	C) ensatio	n		
2	Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	o tho	se I	isted	d abo	ve)	 who received more	than			

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

EAST CENTRAL COLLEGE FOUNDATION, INC.

Employler Identification number

43-1062435

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Highest Compensated Employees											
(A)	(B)	(C) Position (check all that apply)		(D)	(E)	(F)					
Name and Title	Average hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
SUSAN MILLER WARDEN	5	.,		37				0	0	0	
PRESIDENT DIANA JAMES	5	Х		Х				0.	0.	0.	
DIRECTOR	0	Х						0.	0.	0.	
SHANNON M GRUS EXECUTIVE DIRECTOR	<u>40</u> 0				Χ			71,175.	0.	9,674.	
		-						-4/1			
						~	1	Mr.		_	
			1								
	-V	V									
										_	
		<u> </u>									
		<u> </u>									
		-								Form 990 Cont 2016	

Form 990 (2016) EAST CENTRAL COLLEGE FOUNDATION, INC. 43-1062435 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or exempt function revenue (D) Revenue excluded from tax under sections 512-514 (C) Unrelated business (A) Total revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1 a **b** Membership dues..... 1 b c Fundraising events..... 1 c **d** Related organizations..... 1 d 157,897 e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above . . . 358 361

Total Add lines 1a-1f Separation Separ	E E	g Noncash contributions included in lines 1a-1f: \$	358,361.				
Business Code Business Code	털	g Noncash contributions included in lines 1a-11: \$_		F16 0F0			
2a	<u>ਹ ਫ</u>	n Iotal. Add lines Ta-II	Business Code	516,258.			
3 Investment income (including dividends, interest and other smilar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties	nge		Business Code				
3 Investment income (including dividends, interest and other smilar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties	e¥e						
3 Investment income (including dividends, interest and other smilar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties	č	b					
3 Investment income (including dividends, interest and other smilar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties	. <u>ĕ</u>	c					
3 Investment income (including dividends, interest and other smilar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties	Š.						
3 Investment income (including dividends, interest and other smilar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties	Ë	1 _					
3 Investment income (including dividends, interest and other smilar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties	gra	f All other program service revenue					
3 Investment income (including dividends, interest and other smilar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties	ဥ		>				
## Income from investment of tax-exempt bond proceeds. 5 Royalties. 6 Royalties. 7 Royalti							
## Income from investment of tax-exempt bond proceeds. 5 Royalties. 6 Royalties. 7 Royalti		other similar amounts)		117 671			117 671
Second S				11170111			117,071.
Company Comp		1	·				
Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses							
Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses			(1)		- 111		
Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses					V M		
Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses		·		-T			
Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses		, ,		$O \setminus 1$			
132,045 132,				U .			
b Less: cost or other hasis and sales expenses 99, 330. c Gain or (loss)		/ a Gross amount from sales of					
and sales expenses		assets other than inventory 132,049.	10				
C Gain or (loss)							
## A Purple of the properties							
8 a Gross income from fundraising events (not including\$ of contributions reported on line 1c). See Part IV, line 18		c Gain or (loss)					
(not including. \$ of contributions reported on line 1c). See Part IV, line 18		d Net gain or (loss)	▶	32,719.	32,719.		
(not including. \$ of contributions reported on line 1c). See Part IV, line 18	Φ	8a Gross income from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	Ž	(not including\$					
9 a Gross income from gaming activities. See Part IV, line 19	ķ	of contributions reported on line 1c).					
9 a Gross income from gaming activities. See Part IV, line 19	æ	See Part IV, line 18 a	108.019.				
9 a Gross income from gaming activities. See Part IV, line 19	ē	b Less: direct expenses					
9 a Gross income from gaming activities. See Part IV, line 19	둦		00/0001	74 364			74 364
b Less: direct expenses	0			74,504.			74,304.
b Less: direct expenses		See Part IV. line 19					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		1					
and allowances			103				
b Less: cost of goods soldb c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions b 741,012. 32,719. 0. 192,035.		10a Gross sales of inventory, less returns and allowances					
c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b c d All other revenue. e Total. Add lines 11a-11d. 12 Total revenue. See instructions. P 741,012. 32,719. 0. 192,035.							
Miscellaneous Revenue							
11a							
b							
c d All other revenue e Total. Add lines 11a-11d b 12 Total revenue. See instructions 741,012 32,719 0 192,035							
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 741,012. 32,719. 0. 192,035.		~					
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 741,012. 32,719. 0. 192,035.		d All other revenue					
12 Total revenue. See instructions 741, 012. 32,719. 0. 192,035.		_	-				_
711/0121 02/7131 01 132/0001			<u> </u>		·		
EAA TEEA0109L 11/16/16 Form 990 (2016)		I			32,719.	0.	
	RAA	•	TEEA01	09L 11/16/16			Form 990 (2016)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a r	· .			
Do i 6b,	not include amounts reported on lines 7b, 8b, 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	21,422.	21,422.	3	·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	155,917.	155,917.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	·	·		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	80,849.	36,382.	8,085.	36,382.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	31,560.	14,202.	3,156.	14,202.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,288.	1,930.	428.	1,930.
9	Other employee benefits	13,706.	6,168.	1,370.	6,168.
10	Payroll taxes	4,549.	2,046.	457.	2,046.
11	Fees for services (non-employees):	4,349.	2,040.	437.	2,040.
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees			\ <u>\</u>	
	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	10,950.	4,050.	2,850.	4,050.
13	Office expenses	1,820.	784.	225.	811.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,855.	835.	185.	835.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,			
19 20	Conferences, conventions, and meetings				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,134.		2 124	
24		2,134.		2,134.	
ā	MISCELLANEOUS	11,711.	1,564.	9,868.	279.
ŀ	PRINTING AND PUBLICATIONS	7,864.	3,424.	1,018.	3,422.
(REPAIRS AND MAINTENANCE	3,148.	1,417.	315.	1,416.
C		5,110.	-, ' •	010.	_,
•	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	351,773.	250,141.	30,091.	71,541.
26	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 ► ☐ if following SOP 98-2 (ASC 958-720)	,	.,	22,2221	. = , = . = .

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing.	93,976.	1	119,776.
	2	Savings and temporary cash investments	1,343,761.	2	1,342,714.
	3	Pledges and grants receivable, net	68,124.	3	305,453.
	4	Accounts receivable, net		4	<u> </u>
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	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 organizations (see instructions). Complete Part II of Schedule L		6	
ts	7	Notes and loans receivable, net.		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges.	992.	9	758.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	0.		
	b	Less: accumulated depreciation	89,000.	10 c	89,000.
	11	Investments – publicly traded securities.		11	4,068,848.
	12	Investments – other securities. See Part IV, line 11		12	<u> </u>
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11	,	15	20,940.
	16	Total assets. Add lines 1 through 15 (must equal line 34).	5,271,977.	16	5,947,489.
	17	Accounts payable and accrued expenses		17	4,688.
	18	Grants payable		18	
	19	Deferred revenue		19	
'n	20	Tax-exempt bond liabilities		20 21	
tie	21			21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule		25	
	26	Total liabilities. Add lines 17 through 25	3,029.	26	4,688.
ဖွ		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
8		lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets.	= 1	27	1,559,127.
Ba	28	Temporarily restricted net assets.	,	28	1,268,009.
pu	29	Permanently restricted net assets.	3,122,985.	29	3,115,665.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	
Š	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
fet	33	Total net assets or fund balances	5,268,948.	33	5,942,801.
~	34	Total liabilities and net assets/fund balances		34	5,947,489.

BAA Form **990** (2016)

BAA

Form **990** (2016)

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI.					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		743	1,0	12.
2	Total expenses (must equal Part IX, column (A), line 25)	2		35:	1,7	73.
3	Revenue less expenses. Subtract line 2 from line 1	3		389	9,2	39.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	, 268		
5	Net unrealized gains (losses) on investments	5				14.
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	5	, 942	2,8	01.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					П
				Y	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain					
	in Schedule O.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	ed on a				
	separate basis, consolidated basis, or both:	ou on u				
	Separate basis Consolidated basis Both consolidated and separate basis					
	b Were the organization's financial statements audited by an independent accountant?		2	2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ	ate				
	basis, consolidated basis, or both:					
	X 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 oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	t,			37	
				2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single					
-	Audit Act and OMB Circular A-133?		:	За		Χ
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		:	3 b		

TEEA0112L 11/16/16

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number EAST CENTRAL COLLEGE FOUNDATION, INC. 43-1062435 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 |X| An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 12 Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. С **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

Part II 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 III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	156,070.	164,226.	68,169.	208,388.	358,361.	955,214.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	156,070.	145,421.	155,408.	161,199.	157,897.	775,995.
4	Total. Add lines 1 through 3	312,140.	309,647.	223,577.	369,587.	516,258.	1,731,209.
5	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)						0.
6	Public support. Subtract line 5 from line 4						1,731,209.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	312,140.	309,647.	223,577.	369,587.	516,258.	1,731,209.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	99,303.	108,496	123,165.	116,133.	117,671.	564,768.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		JNC		·	·	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	V					0.
	Total support. Add lines 7 through 10						2,295,977.
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's first, second, th	ird, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	>
	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20						75.40 %
	Public support percentage from 2						72.86%
16a	33-1/3% support test—2016. If the and stop here. The organization	he organization di qualifies as a pub	d not check the b licly supported or	ox on line 13, and rganization	d line 14 is 33-1/3	8% or more, checl	this box
b	33-1/3% support test—2015. If the and stop here. The organization	e organization did qualifies as a pul	I not check a box olicly supported o	on line 13 or 16a rganization	a, and line 15 is 33	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	e. Explain in Part	t VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	ind-circumstances est. The organiza	s' test, check this ation qualifies as a	box and stop her a publicly support	e. Explain in Parted organization.	t VI how the ►
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	13, 16a, 16b, 17a,	, or 17b, check thi	is box and see ins	structions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization

	fails to qualify under the te	313 H31CG DCIOW,	piease complete	i ait ii.)				
Sec	tion A. Public Support							
Calend	lar year (or fiscal year beginning in) >	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	5	(f) Total
1	Gifts, grants, contributions,							
	and membership fees received. (Do not include							
2	any 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services							
	performed, or facilities							
	furnished in any activity that is							
	related to the 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							
5	its behalf The value of services or							
5	facilities furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							i
	Amounts included on lines 1,							
	2, and 3 received from disqualified persons							
b	Amounts included on lines 2						- 	
	and 3 received from other than							
	disqualified 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							
	Public support. (Subtract line				All			
	7c from linė 6.)				Air			
Sec	tion B. Total Support			11				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	5	(f) Total
9	Amounts from line 6		J 111.					
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	D.						
b	Unrelated business taxable							
-	income (less section 511							
	taxes) from businesses							
_	acquired after June 30, 1975 Add lines 10a and 10b							
	Net income from unrelated business							
• • • • • • • • • • • • • • • • • • • •								
	activities not included in line 10b,							
	whether or not the business is							
10	whether or not the business is regularly carried on							
12	whether or not the business is regularly carried on Other income. Do not include							
12	whether or not the business is regularly carried on							
	whether or not the business is regularly carried on							
13	whether or not the business is regularly carried on							
13	whether or not the business is regularly carried on	s for the organiza	ation's first, secon	nd, third, fourth, o	r fifth tax year as	a section 50	01(c)(3)	
13 14	whether or not the business is regularly carried on	stop here		nd, third, fourth, o	r fifth tax year as	a section 50	01(c)(3)	> []
13 14 Sec	whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	stop here Support P	ercentage					
13 14 Sec 15	whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20	stop here Dlic Support P 16 (line 8, colum	Percentage n (f) divided by lir	ne 13, column (f))			15	%
13 14 Sec 15 16	whether or not the business is regularly carried on	stop here blic Support P 16 (line 8, colum 2015 Schedule A,	Percentage n (f) divided by lir Part III, line 15.	ne 13, column (f))				
13 14 Sec 15 16	whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20	stop here blic Support P 16 (line 8, colum 2015 Schedule A,	Percentage n (f) divided by lir Part III, line 15.	ne 13, column (f))			15 16	00
13 14 Sec 15 16	whether or not the business is regularly carried on	stop here	Percentage n (f) divided by lir Part III, line 15 ne Percentage	ne 13, column (f))			15	00 00
13 14 Sec 15 16 Sec 17	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	stop here	Percentage n (f) divided by lir Part III, line 15 ne Percentage column (f) divide	ne 13, column (f))	mn (f))		15 16	00
13 14 Sec 15 16 Sec 17 18	whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage from 13-1/3% support tests—2016. If the sale of the support tests—2016. If the sale of the sale o	stop here	Percentage n (f) divided by lir Part III, line 15 ne Percentage column (f) divide le A, Part III, line lid not check the I	ne 13, column (f)) d by line 13, colu 17 box on line 14, an	mn (f))d line 15 is more	than 33-1/3	15 16 17 18 %, and	% %
13 14 Sec 15 16 Sec 17 18 19a	whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage from 133-1/3% support tests—2016. If t is not more than 33-1/3%, check	stop here	Percentage n (f) divided by lir Part III, line 15 me Percentage column (f) divide le A, Part III, line lid not check the I p here. The organ	ne 13, column (f)) d by line 13, colu 17 box on line 14, an aization qualifies a	mn (f))d line 15 is more	than 33-1/3'	15 16 17 18 %, and lozation	% % % line 17
13 14 Sec 15 16 Sec 17 18 19a b	whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage from 13-1/3% support tests—2016. If the sale of the support tests—2016. If the sale of the sale o	stop here	Percentage In (f) divided by ling Part III, line 15. In Percentage column (f) divided le A, Part III, line lid not check the lephere. The organist ont check a boand stop here. The	ne 13, column (f)) d by line 13, colu 17 box on line 14, an aization qualifies a x on line 14 or line organization qu	mn (f))d line 15 is more as a publicly supp e 19a, and line 1 alifies as a public	than 33-1/3' orted organiz is more that y supported	15 16 17 18 %, and zation . an 33-1/ organiz	% % % line 17 ► [] 3%, and ration ► []

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
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.	3b		
С	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.	3с		
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.	4 a		
b	Did the organization have ultimate control and discretion in deciding 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.	4b		
С	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.	4c		
5a	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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in Part VI</i> .	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
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 .	9b		
С	: 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 .	9с		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.	10a		
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.)	10b		

Par	t IV	Supporting Organizations (continued)			
11	∐ac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
		rning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
•	or ele	ext at least a majority of the organization's directors or trustees at all times during the tax year? If 'l\0,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. The organization had more than one supported organization, describe how the powers to appoint and/or remove			
	direct	tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, ied to such powers during the tax year.	1		
2	Did th	he organization operate for the benefit of any supported organization other than the supported organization(s)			
	bene	operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ich of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sac		D. All Type III Supporting Organizations	-		
<u> </u>		D. All Type III Supporting Organizations		Yes	No
1	Did the	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization'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 the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	orgai	ilization's governing documents in elect on the date of notification, to the extent not breviously provided:			
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No.' explain in Part VI how			
	the o	nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice	eason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at			
		mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
	H	The organization is the parent of each of its supported organizations. <i>Complete line's below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see in Part VI how you supported entity (see in Par</i>	actruo	tions)	
C	' Ш'	The organization supported a governmental entity. Describe in Fait VI now you supported a government entity (see in	istiuc	110115).	•
2	Activi	ities Test. Answer (a) and (b) below.		Yes	No
а	suppo organ	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was			
		onsive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a		
b		he activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for			
	the o	organization's position that its supported organization(s) would have engaged in these activities but for the Dization's involvement.	2b		
,		nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
		the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
a	each	of the supported organizations? Provide details in Part VI.	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2016 EAST CENTRAL COLLEGE FOUNDATION, INC 43-1062435 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A — Adjusted Net Income (optional) 1 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 (B) Current Year Section B — Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b **b** Average monthly cash balances 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 factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount) see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 Section C — Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A)

	temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integ	grated	d Type III supporting org	anization

2

3

4 5

BAA

Enter 85% of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Schedule A (Form 990 or 990-EZ) 2016

Sche	dule A (Form 990 or 990-EZ) 2016 EAST CENTRAL COLLEGE	FOUNDATION, IN	IC. 43-106	52435	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organizat	t ions (continued)		
Sec	tion D - Distributions			Current Ye	ear
1	Amounts paid to supported organizations to accomplish exempt put	rposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organizations	,		
3	Administrative expenses paid to accomplish exempt purposes of su	ipported organizations			
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 Part VI). See instructions.	on is responsive (provide	details		
9	Distributable amount for 2016 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributa Amount for	
1	Distributable amount for 2016 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2016 (reasonable				

Section E — Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	(III) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e		. 4	
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount	AND	112	
i Carryover from 2011 not applied (see instructions)	7 111		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
а			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

BAA

Schedule A (Form 990 or 990-EZ) 2016

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Employer identification number

EAST CENTRAL COLLEGE FOUNDATI	ON, INC.	43-1062435
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priv	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the General	Rule or a Special Rule.	
, ,	anization can check boxes for both the General Rule and a S	Special Rule. See instructions.
General Rule For an organization filing Form 990, 990-Ez property) from any one contributor. Comple	 c, or 990-PF that received, during the year, contributions total te Parts I and II. See instructions for determining a contribu- 	aling \$5,000 or more (in money or itor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi).	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supported that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, ne year, total contributions of the greater of (1) \$5,000 or (20-EZ, line 1. Complete Parts I and II.	16a, or 16b, and that
For an organization described in section 50	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received	from any one contributor
during the year, total contributions of more	than \$1,000 exclusively for religious, charitable, scientific, lichildren or animals. Complete Parts I, II, and III.	terary, or educational
during the year, contributions exclusively fo \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete ar	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received r religious, charitable, etc., purposes, but no such contributione total contributions that were received during the year for any of the parts unless the General Rule applies to this organole, etc., contributions totaling \$5,000 or more during the year	ons totaled more than an <i>exclusively</i> religious, iization because
990-PF), but it must answer 'No' on Part IV, lin	he General Rule and/or the Special Rules doesn't file Scheo e 2, of its Form 990; or check the box on line H of its Form filing requirements of Schedule B (Form 990, 990-EZ, or 99	990-EZ or on its Form 990-PF,

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page

1 of

1 of Part I

EAST CENTRAL COLLEGE FOUNDATION, INC.

Employer identification number

43-1062435

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR AND MRS JOSEPH STROETKER 108 TOBIAS LANE SULLIVAN, MO 63080	\$10,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization

Page

1 of Part II

Employer identification number

EAST CENTRAL COLLEGE FOUNDATION, INC. 43-1062435

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		ŝ	
		·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No.	(b)	(c)	(d)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
BAA	Sch	edule B (Form 990, 990-E2	Z. or 990-PF) (2016

TEEA0703L 08/09/16

to

of Part III

Name of organization EAST CENTRAL COLLEGE FOUNDATION, INC.

Employer identification number

43-1062435

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)											
(a) No. from Part I												
	N/A											
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held								
			- 	· ·								
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee								
		TON										
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held								
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held								
			-									
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee								

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

	EAST CENTRAL COLLEGE FOUNDATION, INC.	43-1062435
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Fur Complete if the organization answered 'Yes' on Form 990, Part IV, line	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line	6.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in do are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant function for charitable purposes and not for the benefit of the donor or donor advisor, or for any other impermissible private benefit?	ds can be used only purpose conferring Yes No
Dai		
Pa	Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line	7
1		7.
٠		of a historically important land area
		of a certified historic structure
	Preservation of open space	n a certifica filotofic stractare
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	n of a conservation easement on the
_	last day of the tax year.	in or a conservation casement on the
		Held at the End of the Tax Year
	a Total number of conservation easements	2a 1
	b Total acreage restricted by conservation easements.	2b 52
•	Number of conservation easements on a certified historic structure included in (a)	2c
•	Number of conservation easements included in (c) acquired after 8/17/06, and not on a histor structure listed in the National Register	ric 2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year ►	ne organization during the
4	Number of states where property subject to conservation easement is located ►	L
5	Does the organization have a written policy regarding the periodic monitoring, inspection, har	
	and enforcement of the conservation easements it holds?	L
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
7	. 1	vation easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of seand section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expeninclude, if applicable, the text of the footnote to the organization's financial statements that disconservation easements. SEE PART XIII	se statement, and balance sheet, and lescribes the organization's accounting for
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' on Form 990, Part IV, line	Other Similar Assets. 8.
1:	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rever	nue statement and halance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in full Part XIII, the text of the footnote to its financial statements that describes these items.	urtherance of public service, provide,
-	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items:	erance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1.	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for finan amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	cial gain, provide the following
;	a Revenue included on Form 990, Part VIII, line 1	
-	b Assets included in Form 990, Part X	▶\$

Part III Organizations Maintaining Colle	Cuons of Art	, mistorica	Treasures, or C	Miler Similar ASS	ets (Conti	nueu)						
3 Using the organization's acquisition, accession, a items (check all that apply):	nd other records,	check any of t	he following that are	a significant use of its	collection							
a Public exhibition												
b Scholarly research												
c Preservation for future generations												
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.												
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?												
Part IV Escrow and Custodial Arrangen line 9, or reported an amount on	nents. Comple Form 990, P	ete if the o art X, line	rganization ansv 21.	vered 'Yes' on Fo	orm 990, F	Part IV,						
1 a Is the organization an agent, trustee, custodia	ın or other intern	nediary for co	ntributions or other	assets not included								
on Form 990, Part X?					Yes	No						
· · · · · ·	·	-			Amount							
c Beginning balance				1 c								
d Additions during the year				1 d								
e Distributions during the year				. 1 e								
f Ending balance				. 1 f								
2a Did the organization include an amount on Fo	rm 990, Part X,	line 21, for es	scrow or custodial ad	count liability?	Yes	No						
b If 'Yes,' explain the arrangement in Part XIII.	Check here if the	e explanation	has been provided	on Part XIII		. П						
Part V Endowment Funds. Complete if	the organizat	ion answer	red 'Yes' on Forr	<u>n 990, Part IV, Iii</u>	ne 10.							
(a) Current		Prior year	(c) Two years back	(d) Three years back	(e) Four y	ears back						
1 a Beginning of year balance 3,647	,629. 3,3	324,743.	3,266,528.	3,080,256		7,242.						
b Contributions	,699.	337,342.	72,448.	218,415	. 19	2,469.						
c Net investment earnings, gains,												
and losses 7	,632.	64,542.	120,402.	111,467		2,455.						
d Grants or scholarships	,423.	78,998.	134,635.	143,610	. 13	1,910.						
e Other expenditures for facilities and programs			/An-	0								
f Administrative expenses												
g End of year balance	537. 3,	647,629.	3,324,743.	3,266,528	. 3,08	0,256.						
2 Provide the estimated percentage of the curre	nt year end bala	nce (line 1g,	column (a)) held as	:								
a Board designated or quasi-endowment	10.00 %											
b Permanent endowment ► 86.00												
c Temporarily restricted endowment ►	4.00%											
The percentages on lines 2a, 2b, and 2c should e	qual 100%.											
3 a Are there endowment funds not in the possession	of the organization	on that are hel	d and administered fo	or the								
organization by:	or the organization	orr triat are rior	a ana aaniinistoroa re		Ye	s No						
(i) unrelated organizations					3a(i)	X						
(ii) related organizations					3a(ii)	X						
b If 'Yes' on line 3a(ii), are the related organiza		•			. 3b							
4 Describe in Part XIII the intended uses of the	organization's er	ndowment fur	nds. SEE PART	XIII								
Part VI Land, Buildings, and Equipmen												
Complete if the organization ans	wered 'Yes' o	n Form 99	0, Part IV, line 1	1a. See Form 99	0, Part X,	line 10.						
Description of property	(a) Cost or other (investmen	r basis (b)	Cost or other casis (other)	(c) Accumulated depreciation	(d) Book	value						
1 a Land		000.	2.3.5 (50.161)	30p. 301411011	Ş	39,000.						
b Buildings	0,7					,						
c Leasehold improvements												
d Equipment												
e Other												
Total. Add lines 1a through 1e. (Column (d) must e		Part Y colum	n (P) lino 10c)	>		39,000.						

BAA Schedule **D** (Form 990) 2016

Part VII		- Other Securities.		N/A	
		•	'Yes' on Form 990	, Part IV, line 11b. See Form 9	990, Part X, line 12
(a) Desc	ription of security or cate	egory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financ	ial derivatives				
(2) Closely	/-held equity interes	sts			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
<u>(l)</u>					
		90, Part X, column (B) line 12.) 🕨			
Part VIII	Investments –	- Program Related.	IV	N/A	000 David V 15-a 10
	(a) Description of		(b) Book value	Part IV, line 11c. See Form 9(c) Method of valuation: Cost or end	
(1)	(a) Description of	lilvestillerit	(b) book value	(c) Method of Valuation. Cost of end	1-01-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(10)					
	nn (h) must equal Form 9	90, Part X, column (B) line 13.) ►			
Part IX	Other Assets.		N/A	1411	
	Complete if the		'Yes' on Form 990	, Part IV, line 11d. See Form 9	
		(a) Des	cription		(b) Book value
(1)		$-$ 0 \cup	-		
(2)		U			
(3)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
			3) line 15.)		
Part X	Other Liabilitie	es.	000 D. d. IV I'm 11	11(O F 000 P1 V I' 00	
		ganization answered Yes on Fo tion of liability	(b) Book value	e or 11f. See Form 990, Part X, line 25	
(1) Fede	ral income taxes	tion of hability	(b) book value		
(2)	Tal Illcollic taxes				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)	<i>a</i>	100 D 114 1 177 177			
		190, Part X, column (B) line 25.)	-		Baltille, factor and the
				nancial statements that reports the organization's	
1000.00010			provided in Full Alli		

BAA

Part XI Reconciliation of Revenue per Audited Financial Statement	s With Rev	enue per Re	turn.	
Complete if the organization answered 'Yes' on Form 990, Pa	art IV, line	12a.		
1 Total revenue, gains, and other support per audited financial statements			1	1,059,281.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2 a	284,614.		
b Donated services and use of facilities	2 b			
c Recoveries of prior year grants d Other (Describe in Part XIII.) SEE PART XIII	2 c			
d Other (Describe in Part XIII.) SEE PART XIII	2 d	33,655.		
e Add lines 2a through 2d			2 e	318,269.
3 Subtract line 2e from line 1			3	741,012.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b.	4 a			
b Other (Describe in Part XIII.)	4 b			
c Add lines 4a and 4b			4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	741,012.
Part XII Reconciliation of Expenses per Audited Financial Statemen	its With Exp	enses per F	Return	
Complete if the examination anguered Weel on Form 000 D	art IV/ ling '	12a		
Complete if the organization answered 'Yes' on Form 990, Pa	art iv, iiic	. <u>_</u> u.		
1 Total expenses and losses per audited financial statements		1	1	385,428.
· · · · · · · · · · · · · · · · · · ·		1	1	385,428.
1 Total expenses and losses per audited financial statements		1	1	385,428.
1 Total expenses and losses per audited financial statements2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	1	385,428.
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses.	2 a	1	1	385,428.
1 Total expenses and losses per audited financial statements	2a 2b	1	1	385,428.
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses.	2 a 2 b 2 c 2 d	33,655.	1 2e	385,428. 33,655.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) SEE PART XIII	2 a 2 b 2 c 2 d	33,655.		
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2 a 2 b 2 c 2 d	33,655.	2 e	33,655.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.	2 a 2 b 2 c 2 d 4 a	33,655.	2 e	33,655.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2 a 2 b 2 c 2 d 4 a	33,655.	2e 3	33,655.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.	2 a 2 b 2 c 2 d 4 a 4 b	33,655.	2 e	33,655.

Part XIII | Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS

THE CONSERVATION EASEMENT IS STATED ON THE BALANCE SHEET AT THE APPRAISED VALUE AT THE TIME THE EASEMENT WAS DONATED.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

TO PROVIDE CURRENT INCOME TO MEET A PORTION OF THE FOUNDATION'S NEEDS AND APPRECIATION TO ENHANCE THE FUTURE RESOURCES AVAIABLE TO THE FOUNDATION

BAA Schedule **D** (Form 990) 2016

Part XIII | Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990		
EXPENSES INCLUDED IN NET SPECIAL EVENTS	\$ \$	33,655. 33,655.
SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S		

EXPENSES INCLUDED IN NET SPECIAL EVENTS. \$ 33,655. TOTAL \$ 33,655.



BAA Schedule **D** (Form 990) 2016 TEEA3305L 08/15/16

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number EAST CENTRAL COLLEGE FOUNDATION, INC. 43-1062435 **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (i) Name and address of individual (iii) Did fundraiser (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 HOT MAN 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

R E			(a) Event #1 PATRONS OF THE (event type)	(b) Event #2 FRIENDS OF THE (event type)	(c) Other events 1 (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	45,519.	39,238.	23,262.	108,019.
Ē	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	45,519.	39,238.	23,262.	108,019.
	4	Cash prizes				
_	5	Noncash prizes			3,417.	3,417.
D R E C T	6	Rent/facility costs	1,350.	1,750.	3,635.	6,735.
	7	Food and beverages	4,896.	8,386.	1,780.	15,062.
E X P	8	Entertainment	400.			400.
EXPENSES	9	Other direct expenses	5,826.	1,592.	623.	8,041.
S	10 11	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro	-			33,655. 74,364.
Par	tIII		tion answered 'Yes			
R E V E N U E		\$15,500 CHT CHII 550 EZ, IIIC Cd.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
U E	1	Gross revenue	.10	J lan		
_	2	Cash prizes.	Ole			
D X I P R R N C S T S	3	Noncash prizes	,			
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes 8	Yes 8	Yes%	
	7	Direct expense summary. Add lines 2 thre	ough 5 in column (d)		▶	
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)		
а	Is th	er the state(s) in which the organization cone organization licensed to conduct gaming o,' explain:	g activities in each of th			
		e any of the organization's gaming license				

Sche	edule G (Form 990 or 990-EZ) 2016 EAST CENTRAL COLLEGE FOUNDATION, INC. 43-	-1062435	Page 3
	Does the organization conduct gaming activities with nonmembers?		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	····· Yes	No
13	Indicate the percentage of gaming activity conducted in:		
a	a The organization's facility	13a	%
ŀ	b An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
ŀ	a Does the organization have a contract with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party \$ c If 'Yes,' enter name and address of the third party:		es No
	Name ►		
	Address ►		I
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	□Ye	es No
ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th		- Ш
	organization's own exempt activities during the tax year ► \$		
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, colu and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information. See instructions	mns (iii) and additional	l (v);

SCHEDULE I (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 43-1062435 EAST CENTRAL COLLEGE FOUNDATION, INC. Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?..... No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II 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. (c) IRC section (d) Amount of cash grant (f) Method of valuation 1 (a) Name and address of organization (b) EIN (e) Amount of non-cash (a) Description of (h) Purpose of grant (book, FMV, appraisal, noncash assistance or government assistance or assistance (1) JR COLLEGE DIST OF EAST CENTR 1964 PRAIRIE DELL RD DEPARTMENTAL UNION, MO 63090 43-0910391 21,422. O. AMOUNTS PAID GRANTS DO NOT MAIL

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.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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
SCHOLARSHIPS AND FINANCIAL 1 ASSISTANCE TO STUDENTS OF					
E.C.C. 2	126	155,917.			
3					
4					
5					
6					
7					

Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION

THE AMOUNT SHOWN AS GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS CONSISTS OF SCHOLARSHIPS AND FINANCIAL ASSISTANCE GIVEN ON BEHALF OF VARIOUS STUDENTS OF EAST CENTRAL COLLEGE.

BAA Schedule I (Form 990) (2016)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

EAST CENTRAL COLLEGE FOUNDATION, INC.

Employer identification number
43-1062435

FORM 990. PART I. LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE ORGANIZATION ACTS AS A CONDUIT BY RECEIVING DONATIONS FROM THE PUBLIC AND DISTRIBUTING SCHOLARSHIPS TO STUDENTS ATTENDING EAST CENTRAL COLLEGE, UNION, MO. THE ORGANIZATION ALSO SUPPORTS THE COLLEGE'S LIBRARY THROUGH IMPROVEMENTS AND BOOK PURCHASES. THE ORGANIZATION ALSO SUPPORTS EDUCATION AND FINE ARTS AT THE COLLEGE. THE DONATIONS CONSIST OF SUPPORT FOR VARIOUS ORGANIZATIONS AND CLASSES HELD AT THE COLLEGE.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE ORGANIZATION ACTS AS A CONDUIT BY RECEIVING DONATIONS FROM THE PUBLIC AND DISTRIBUTING SCHOLARSHIPS TO STUDENTS ATTENDING EAST CENTRAL COLLEGE, UNION, MO. THE ORGANIZATION ALSO SUPPORTS THE COLLEGE'S LIBRARY THROUGH IMPROVEMENTS AND BOOK PURCHASES. THE ORGANIZATION ALSO SUPPORTS EDUCATION AND FINE ARTS AT THE COLLEGE. THE DONATIONS CONSIST OF SUPPORT FOR VARIOUS ORGANIZATIONS AND CLASSES HELD AT THE COLLEGE.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

TWO BOARD MEMBERS ARE RELATED BY MARRIAGE

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

BEFORE THE 990 IS SUBMITTED TO THE INTERNAL REVENUE SERVICE, THE EXECUTIVE DIRECTOR AND TREASURER REVIEW THE FORM FOR COMPLETENESS AND ACCURACY.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO UPDATE AND SIGN THE POLICY EACH YEAR

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ALL INFORMATION IS AVAILABLE BY REQUEST AT EAST CENTRAL COLLEGE IN UNION, MISSOURI

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2016

OMB No. 1545-0047

Open to Public Inspection

Name of the organization					Employer identificat	on number	
EAST CENTRAL COLLEGE FOUNDATION, INC.					43-1062435		
Part I Identification of Disregarded Entities.	Complete if the organiza	ation answered 'Ye	s' on Form 990), Part IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded e	ntity (b)	ctivity Legal dom	c) nicile (state n country)	(d) Total income Er	(e) nd-of-year assets	(f) Direct contr entity	rolling
<u>(1)</u>							
<u>(2)</u>							
(3)							
	 		All-				
Part II Identification of Related Tax-Exempt O one or more related tax-exempt organiz	rganizations. Complete ations during the tax ye	TEUIC OLUANIZACION	answered 'Ye	es' on Form 990, F	Part IV, line 34 bed	ause it h	ıad
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu (if section 501(c)(3	us Direct controlling entity		(g) 12(b)(13) led entity
(1) EAST CENTRAL COLLEGE 1964 PRAIRIE DELL ROAD UNION, MO 63084						Yes	
43-0910391 (2)	JUNIOR COLLEGE	MO			N/A		X
<u>(3)</u>							
<u>(4)</u>							

Part III	Identification of Related because it had one or mo	Organizations Taxable	as a Partnership	Complete if the org	ganization answere	ed 'Yes' on Form 990	, Part IV, line 34
	because it had one of mo	ne relateu organization	s treateu as a parti	nership during the	lax year.		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	Dispi tior alloca	h) ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)) ral or iging ner?	(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
(1)												
<u>, </u>												
(2)												
(3)												
						11						

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
		Country)	entity	or trust)				Yes	No
<u>(1)</u>	<u> </u>								
(2)									
-									
(3)									
	1								
	†								

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

b Gift, grant, or capital contribution to related organization(s)			. 1b	Χ	
c Gift, grant, or capital contribution from related organization(s).				X	
d Loans or loan guarantees to or for related organization(s).				21	X
e Loans or loan guarantees by related organization(s).					X
<u> </u>					71
f Dividends from related organization(s)			. 1f		Х
g Sale of assets to related organization(s)					X
h Purchase of assets from related organization(s)			. 1h		Χ
i Exchange of assets with related organization(s)			. 1i		X
j Lease of facilities, equipment, or other assets to related organization(s)			. 1j		X
k Lease of facilities, equipment, or other assets from related organization(s)			. 1 k		Х
l Performance of services or membership or fundraising solicitations for related organization(s)			. 11		Χ
m Performance of services or membership or fundraising solicitations by related organization(s)			. 1 m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			. 1n		X
o Sharing of paid employees with related organization(s)			. 1o		X
MAIL					
p Reimbursement paid to related organization(s) for expenses			. 1p		Χ
q Reimbursement paid by related organization(s) for expenses.			. 1q		Χ
o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses. q Reimbursement paid by related organization(s) for expenses. r Other transfer of cash or property to related organization(s).					
r Other transfer of cash or property to related organization(s)			. 1r		Χ
s Other transfer of cash or property from related organization(s)			. 1s		Χ
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cover	ed relationships and trans	saction thresholds.			
(a) Name of related organization	(b) Transaction	(c) Amount involved M	d) ethod of c) latarm	ninina
Name of related organization	type (a-s)	Amount involved	amount i		
(1) EAST CENTRAL COLLEGE	В	21,422.D	RECTLY	Y PA	ID
		,			
(2) EAST CENTRAL COLLEGE	С	157,897.D	RECTL	Z PA	TD
- High Childin Connection	Ŭ	131,031.	тинотн.		
(3)					
9					
(4)					
(5)					
(6)					
BAA TEEA5003L 09/09/16		Schedule	R (Form	1 990)	2016

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under	Are all	partners tion (c)(3) cations?	Share of total income	(g) Share of end-of-year assets	Dispi	h) ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging ner?	(k) Percentage ownership
			from tax under sections 512-514)	Yes	No			Yes	No	(Yes	No	İ
<u>(1)</u>													
_(2)													
]												
(2)													
	-												
]					- 11							
(4)			D0			MAN							
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	1												
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	1												
(8)													
	1												
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BAA TEEA5004L 09/09/16 Schedule **R** (Form 990) 2016

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.



2016 FEDERAL EXEMPT ORGAN	PAGE 1							
EAST CENTRAL COLLEGE FOUNDATION, INC.								
REVENUE	2016	2015	DIFF					
CONTRIBUTIONS AND GRANTS INVESTMENT INCOME. OTHER REVENUE.	516,258 150,390 74,364	369,587 116,133 89,599	146,671 34,257 -15,235					
TOTAL REVENUE	741,012	575,319	165,693					
EXPENSES GRANTS AND SIMILAR AMOUNTS PAID SALARIES, OTHER COMPEN., EMP. BENEFITS OTHER EXPENSES	177,339 134,952 39,482	119,038 132,152 44,865	58,301 2,800 -5,383					
TOTAL EXPENSES	351,773	296,055	55,718					
NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES. TOTAL ASSETS AT END OF YEAR TOTAL LIABILITIES AT END OF YEAR. NET ASSETS/FUND BALANCES AT END OF YEAR.	389,239 5,947,489 4,688 5,942,801	279,264 5,271,977 3,029 5,268,948	109,975 675,512 1,659 673,853					

