For Paperwork F	Reduction Act	Notice,	see t
EEA			

Form **990**

Tami R Benus	02-13-2023		self-
enus Associates LLC		Firm's I	EIN
l State Rd J		Phone	no.
ton MO 65251			
rer shown above? See instructions			
he separate instructions.			

Depa	rtment of th	ne Treasury	Do not er	nter social security numbe	ers on this form a	s it may be	e made put	olic.		to Public
Inter	nternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									pection
Α	For the	2021 calenda	ar year, or tax year begin	ning	10-01	, 2021, a	nd ending		09-30 , 20	22
В	Check if a	oplicable:	C Name of organization F	riends of Mid Mis	souri Fisher	House	Inc	DE	mployer identificat	ion number
Ц.	Address cl	nange	Doing business as						83-0762	2172
Ц	Name cha	nge	Number and street (or F	P.O. box if mail is not delivered to str	eet address)		Room/suite	ET	elephone number	
Ц	Initial retur	n	PO Box 30681						(573) 72	23-1092
Ц	Final retur	n/terminated	City or town, state or pr	ovince, country, and ZIP or foreign p	oostal code			G	Gross receipts	
Ц	Amended	return	Columbia, MO	65205				\$		<u>173,048</u>
	Application	n pending	F Name and address of p	rincipal officer: L Stephen	Gaither		H(a	a) Is this a group re	turn for subordinates?	Yes X No
			Same as C abo				H(1	b) Are all subord	linates included?	Yes No
I	Tax-exemp	ot status: X	501(c)(3) 501(c) () 🗲 (insert no.) 📃 4947	(a)(1) or 527			If "No," attach	a list. See instructio	ns
J	Website:	_	.midmofisherhous	e.org			H(c) Group exemp	tion number 🕨 🕨	
		-		ssociation 🗌 Other 🕨	LY	ear of formatio	on: 2018	M State c	of legal domicile:	MO
Pa	rt I	Summar								
	1	Briefly descri	e the organization's miss	ion or most significant activi	ties: <u>To he</u>	lp rais	e funds	& suppo	rt the Fis	her House
ce		schedule	i to be construc	ted on the ground	s of the Hai	ry S T	ruman Me	emorial V	Veterans' '	Hospital
an		by 2023.	In addition to	construction cost	, we will co	ntinue	to supp	port the	House onc	<u>e built b</u>
Activities & Governance		_	g incidentals &							
20				n discontinued its operation				1	. 1	
8	3			erning body (Part VI, line 1a)					3	17
es	4			rs of the governing body (Pa		• • • • •			1	17
iviti	5			n calendar year 2021 (Part \	/, line 2a) •	• • • • •			5	0
Acti	6	Total number	of volunteers (estimate if	necessary)				6	3	25
	7a	Total unrelate	d business revenue from	Part VIII, column (C), line 12	2			7	'a	0
	b	Net unrelated	business taxable income	from Form 990-T, Part I, lin	e 11			7	'b	0
							Р	Prior Year	Curre	ent Year
			and grants (Part VIII, line					1,146,82	1	168,774
une	9	Program serv	ice revenue (Part VIII, line	e 2g)						0
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)			•	5,97	'5	4,274
Re	11	Other revenu	ə (Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10c, and ´	11e) • • • • •		·			0
_	12	Total revenue	- add lines 8 through 11	must equal Part VIII, colum	n (A), line 12)			1,152,79	6	173,048
	13	Grants and s	milar amounts paid (Part	IX, column (A), lines 1-3)			·			0
	14	Benefits paid	to or for members (Part I	K, column (A), line 4)			•			0
s	15	Salaries, othe	r compensation, employe	e benefits (Part IX, column	(A), lines 5-10)					0
Expenses	16a	Professional	fundraising fees (Part IX,	column (A), line 11e) • •			•			0
bei	b		ing expenses (Part IX, co			16,417				
ш	17	Other expense	es (Part IX, column (A), li	nes 11a-11d, 11f-24e)			•	10,39	95	23,962
	18	Total expense	s. Add lines 13-17 (must	equal Part IX, column (A), I	ine 25) • • • •			10,39	95	23,962
	19	Revenue less	expenses. Subtract line	18 from line 12				1,142,40	1	149,086
ŗ	ces						Beginnin	g of Current Ye	ar End	of Year
Net Assets or	<u>la</u> 20	Total assets (Part X, line 16)					1,266,98	1 :	1,394,043
As	^m _2 21	Total liabilities	(Part X, line 26)							0
			fund balances. Subtract	line 21 from line 20				1,266,98	1 :	1,394,043
Pa	art II	Signatu	re Block							
				urn, including accompanying schedu ficer) is based on all information of t			f my knowledge	e and belief, it is		
					which preparer has any	knowledge.				
<u> </u>		LSt	ephen Gaither							
Sig	in	Signatur	e of officer						Date	
He	re	L St	ephen Gaither, B	oard Chair						
		Type or p	rint name and title							
		Print/Type pre	parer's name	Preparer's signature	C	ate		Check X	if PTIN	
Ра	id	Tami R	Benus	Tami R Benus	0	2-13-20	23	self-employed	P0004	9428
	eparer		T Benus	Associates LLC			Firm's	s EIN 🕨		
Us	e Only	Firm's address	3451 St	ate Rd J			Phon	e no.		
				MO 65251				57	3-607-3290)
Мау	the IRS	discuss this r	eturn with the preparer sh	own above? See instructior	ıs				۰ X ۱	Yes 🗌 No

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

17

Form 990 (2021)

1	OMB No. 1545-004

Form	990 (2021) Friends of Mid Missouri Fisher House Inc	83-0762172	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	To help raise funds & support the Fisher House scheduled to be constructed on	the ground	is of the
	Harry S Truman Memorial Veterans' ' Hospital by 2023. In addition to construct	ion cost, w	ve will
	continue to support the House once built by providing incidentals & upkeep		
2	Did the organization undertake any significant program services during the year which were not listed on the	_	_
	prior Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b	у	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	S,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,615 including grants of \$) (Revenue	\$ 17:	3,048)
	To help raise funds & support the Fisher House scheduled to be constructed on	the ground	is of the
	Harry S Truman Memorial Veterans' ' Hospital by 2023. In addition to construct		
	continue to support the House once built by providing incidentals & upkeep		
			_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
			/
			_
			_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
	((· · · · · · · · · · · · · · · · · ·	•	,
44	Other program convince (Describe on Schedule O.)		
4d	Other program services (Describe on Schedule O.)	``	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1,615)	
4e	Total program service expenses 1,615	F	

Form 990 (2	2021)
Part IV	•

1)	Friends	of	Mid	Missouri	Fisher	House	Inc
Checklist of							

			V	NI-
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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? If "Yes," complete Schedule D, Part II	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		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>x</u>
С	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	11c		X
d	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	11d		<u> </u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	115		••
12-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		
12a	Schedule D. Parts XI and XII	12a		v
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		<u>x</u>
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			<u> </u>
	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		x
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		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
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

Form	990 (2021)	Friends o	of Mid	Missouri	Fisher	House	Inc
Par	t IV Checklist of	Required \$	Schedı	lles (continu	ıed)		
22	Did the organization report	more than \$5,	000 of gra	ants or other as	sistance to	or for dor	nestic individuals on

			Yes	No
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	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		x
b	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
~~	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a 28b		X X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	200		
Ũ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			<u> </u>
	complete Schedule N, Part II	32		x
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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			┍┷┷╧
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4-		
	reportable gaming (gambling) winnings to prize winners?	1c Form	X 990 (2	2021)
EEA		LOUU	330 (v	2UZI)

83-0762172 Page 4

Yes No

Form	990 (2021) Friends of Mid Missouri Fisher House Inc 83-0762	172	F	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	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 2a)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a		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).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7-		
h		. 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		
d	If "Yes," indicate the number of Forms 8282 filed during the year	. 7c		x
d		. 7e		v
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			X
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • •			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	. ,		X
U	sponsoring organization have excess business holdings at any time during the year?	. 8		v
9	Sponsoring organizations maintaining donor advised funds.			X
a	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		x
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:	-		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	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 Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. 17		
	If "Yes," complete Form 6069.			

For		07621		Р	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "N	0″		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	S.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			. X
Se	ction A. Governing Body and Management				
		ſ		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	17			
	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 on Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	17			
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?	• • •	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct		•		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	1	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	1	5		X
6 7-	Did the organization have members or stockholders?	• • •	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		7-		
	one or more members of the governing body?	• • •	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		76		
	stockholders, or persons other than the governing body?	• • •	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
-	the year by the following:		8a	v	
a b	The governing body?		8b	X	v
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	•••	00		X
5	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u>···</u>	•		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		x
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	t i	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done		12c		х
13	Did the organization have a written whistleblower policy?		13		х
14	Did the organization have a written document retention and destruction policy?		14		х
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		х
b	Other officers or key employees of the organization		15b		х
	If "Yes" to line 15a or 15b, describe the process on 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?		16a		х
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				
0	organization's exempt status with respect to such arrangements?	• • •	16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.				
40	X Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on 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.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	L Stephen Gaither (573)723-1092, PO Box 30681, Columbia, MO 65205				

Form 990 (202	,	83-0762172	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com Independent Contractors	pensated Employee	es, and
_	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		
1a Complete I	his table for all persons required to be listed. Report compensation for the calendar year ending with or within th	e	
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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

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

				((C)					
(A)	(B)	Position		(D)	(E)	(F)				
Name and title	Average	(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated amount		
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations W-2/	compensation from the
	(list any hours for	or	Ins	Office	Бe	em Hig	Fo	1099-MISC/	1099-MISC/	organization and
	related	lividu direc	tituti	icer	y em	ghes!	Former	1099-NEC)	1099-NEC	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee t con				
	below	Jstee	trust		ee	Ipen				
	dotted line)		ee			Highest compensated employee				
						<u>a</u>				
(1) Jackie Rodgers Jr	1.00									
Board Member		х						0	0	0
(2) Eileen Scrivner	1.00									
Board Member		х						0	0	0
(3) Gary Powell	1.00									
Board Member		х						0	0	0
(4) Richard Rice	<u>1.00</u>									
Board Member		х						0	0	0
(5) Blaine Alberty										
Board Member		х						0	0	0
(6) Dennis Bond										
Board Member		Х						0	0	0
(7) Nevada Shelkey	1.00									
Board Member		х						0	0	0
(8) Rebecca Stafford	<u>1.00</u>									
Board Member		х						0	0	0
(9) Mary Paulsell	<u>1.00</u>									
Board Member		х						0	0	0
(10)Laura DeVenney	1.00									
Board Member		х						0	0	0
(11)Sylvia Jcakson	1.00									
Board Member		х						0	0	0
(12)Chad_Massman	<u>1.00</u>									
Board Member		Х						0	0	0
(13)Larry_Long	<u>1.00</u>									
Board Member		х						0	0	0
(14)John_Cassels	<u>1.00</u>									
Vice Chair		Х		Х				0	0	0
FFA										Form 990 (2021)

Form 990 (2021)

Form 990 (2021) Friends of Mid M:	issouri F	'ishe	r H	ous	se	Inc			83-0	76217	2	Page 8
Part VII Section A. Officers, Directors, Trustees	, Key Employ	/ees, a	and H	ligh	est (Comp	ensa	ated Employees (c	ontinued)			
(A) Name and title	(B) Average hours per week (list envi	box	, unles	Pos eck m s per	son is	nan one s both ar /trustee)		(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (V		(F) Estimated ar of othe compensa from the	er ation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)		organization elated organ	n and
15)L Stephen Gaither Board Chair	<u> </u>	x		x				0		0		0
16)Beverly Semar Secretary	1.00			x				0		0		0
17)Mary Diblasi	1.00			~				Ŭ		-		
'reasurer		x		x				0		0		0
18)												
19)												
20)												
21)												
22)												
23)												
24)												
25)												
1b Subtotal		• • •	• • •	• •	• •		• •					
c Total from continuation sheets to Part VII, Sec		• • •	• • •	• •	• • •	• • •	• •					
d Total (add lines 1b and 1c)										0		0
2 Total number of individuals (including but not limite reportable compensation from the organization			ove) v	wno	rece	eived r	nore	e than \$100,000 of				
3 Did the organization list any former officer, directo											Yes	No
employee on line 1a? <i>If "Yes," complete Schedule</i>For any individual listed on line 1a, is the sum of respectively.	eportable com	ipensa	tion a	and	othe	r com	oens				3	x
organization and related organizations greater thar individual											4	x
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes,"</i>	-		-			-	nizat	tion or individual			5	x
Section B. Independent Contractors											-	
1 Complete this table for your five highest compensation from the organization. Report comp	-									ar		
(A)			enuar	yee		iung v		(B)		u.	(C)	
Name and business addre	ss							Description of service	es	Con	npensation	
2 Total number of independent contractors (includin	-		nose	liste	d ab	ove) v	vho					

►

received more than \$100,000 of compensation from the organization

Form 99			ds of Mid M	issouri Fisher H	louse Inc		83-07621	. 72 Page 9
Part	VIII	Statement of Rev	venue					
		Check if Schedule O co	ntains a response	or note to any line in this		1		_ _
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .		1a				
ളം	b	Membership dues	[1b				
Contributions, Gifts, Grants and Other Similar Amounts	с	Fundraising events	[1c				
D Q	d	Related organizations .	[1d				
ar A	е	Government grants (contr	ibutions)	1e				
inil, O	f	All other contributions, gift	s, grants,					
rtior Pr Si		and similar amounts not ir	ncluded above	1f 168,774				
othe	g	Noncash contributions inc	luded in					
nd		lines 1a-1f		1g \$				
σα	h	Total. Add lines 1a-1f		<u></u>	168,774			
				Business Code				
e	2a							
ωŽ	b							
Se	С							
am eve	d							
Program Service Revenue	е							
đ		All other program service re						
	g	Total. Add lines 2a-2f						
	3	Investment income (includi	ng dividends, inter	est, and				
		other similar amounts) .			4,274	4,274		
		Income from investment of						
	5	Royalties		<u></u> ►				
			(i) Real	(ii) Personal				
		Less: rental expenses • •	6b					
		Rental income or (loss)	6c					
	d	Net rental income or (loss)		<u></u>				
	7a	Gross amount from	(i) Securities	s (ii) Other	-			
		sales of assets						
		other than inventory	7a					
Ð	b	Less: cost or other basis						
		and sales expenses • •						
eve		Gain or (loss)						
Other Revenu		Net gain or (loss)		•••••• •				
the		Gross income from fundrais	-					
0		events (not including \$ _						
		of contributions reported or 1c). See Part IV, line 18		8a				
	h	Less: direct expenses		8b				
		Net income or (loss) from f						
		Gross income from gaming	•					
		activities, See Part IV, line		9a				
		Less: direct expenses		9b				
		Net income or (loss) from g						
			-					
		Gross sales of inventory, le returns and allowances		10a				
		Less: cost of goods sold		10b				
		Net income or (loss) from s						
	Ť			Business Code				
S	11a							
not	b							
ella ven	c							
Miscellanous Revenue		All other revenue						
Σ		Total. Add lines 11a-11d						
		Total revenue See instruct			172 049	1 274	0	0

(2021) Friends of Mid Missouri Fisher House Inc K Statement of Functional Expenses

Secti	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 response or note to a	any line in this Part IX			[]					
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)					
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and									
	foreign individuals. See Part IV, lines 15 and 16 • • • •									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees									
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)				ļ					
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (nonemployees):									
a	Management									
b	Legal	2 075		2 075						
c d	Accounting	3,875		3,875						
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column									
5	(A) amount, list line 11g expenses on Schedule O.)									
12	Advertising and promotion									
13	Office expenses	1,412	1,346	66						
14	Information technology									
15	Royalties									
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23		1,989		1,989						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а		16,417			16,417					
b	Fund Raising Misc	269	269		10,41/					
c		209	209							
d										
e	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	23,962	1,615	5,930	16,417					
26	Joint costs. Complete this line only if the				<u>_</u>					
	organization reported in column (B) joint costs from a combined educational campaign and									
	fundraising solicitation. Check here									
	following SOP 98-2 (ASC 958-720)									

Form 990 (2021)	Friends	of	Mid	Missouri	Fisher	House	Inc
Part X Balance She	ot						

762173

Page 11

Par		Dalance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,266,981	1	1,394,043
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,266,981	16	1,394,043
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	_
Liabilities	22	Loans and other payables to any current or former officer, director,			
ilid		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 25			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		25	
	26	of Schedule D	0	25 26	
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 	0	20	0
ŝ		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	101 001	27	67,514
ala	28	Net assets with donor restrictions	<u> 191,981 </u>	28	1,326,529
Б	20	Organizations that do not follow FASB ASC 958, check here	1,075,000	20	1,320,329
'n		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
its	30	Paid-in or capital surplus, or land, building, or equipment fund		30	<u> </u>
sse	31	Retained earnings, endowment, accumulated income, or other funds		31	<u> </u>
μ	32	Total net assets or fund balances	1,266,981	32	1,394,043
Ne	33	Total liabilities and net assets/fund balances	1,266,981	33	1,394,043
			1,200,901		Eorm 990 (2021)

EEA

Form **990** (2021)

Form	990 (2021) Friends of Mid Missouri Fisher House Inc	83-076217	2	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		173,	048
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			962
3	Revenue less expenses. Subtract line 2 from line 1	. 3		149,	086
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	1,	266,	981
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9		(22,	024)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10	1,	394,	043
Pai	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash 🛛 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	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?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	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?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2021)

SCHEDULE	Α
(Form 990)	

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.

Department of the Treasury Internal Revenue Service

	Attach to Form 990 or Form 990-EZ.
۲	Go to www.irs.gov/Form990 for instructions and the latest information.

ort t charitable trust. tion. Employer identification number 0MB No. 1545-0047 2021 Open to Public Inspection

Name of the organization Employer identification number									
Frie	Friends of Mid Missouri Fisher House Inc 83-0762172								
Par			I organizations mus	st comple	ete this p				
The or	ganization is not a private foundation be	-							
1	A church, convention of churches, or	association of chur	ches described in section	1 170(b)(1)	(A)(i).				
2	A school described in section 170(b)(1)(A)(ii). (Attach S	Schedule E (Form 990).)						
3	A hospital or a cooperative hospital s			(b)(1)(A)(ii	i).				
4	A medical research organization ope					(A)(iii). Enter the			
	hospital's name, city, and state:								
5	An organization operated for the ber	nefit of a college or	university owned or opera	ated by a q	overnment	al unit described in	_		
-	section 170(b)(1)(A)(iv). (Complete	0							
6	A federal, state, or local government		it described in section 17	0(b)(1)(A)	(v).				
7	X An organization that normally receiv					m the general public			
-	described in section 170(b)(1)(A)(vi					in the general public			
8	A community trust described in secti								
9	An agricultural research organization			ted in coniu	inction with	a land-grant college			
•	or university or a non-land-grant coll								
	university:	ege el agricaliare (ty, and otal				
10	An organization that normally receiv receipts from activities related to its support from gross investment incor acquired by the organization after Ju	exempt functions, s ne and unrelated bu ne 30, 1975. See se	ubject to certain exceptic usiness taxable income (I ection 509(a)(2). (Comple	ons; and (2) ess sectior ete Part III.)	no more t 511 tax) f	han 33 1/3% of its			
11	An organization organized and opera	•							
12	An organization organized and operation								
	one or more publicly supported orga						ck		
	the box in lines 12a through 12d tha	t describes the type	of supporting organization	on and com	plete lines	12e, 12f, and 12g.			
а	Type I. A supporting organizatio								
	the supported organization(s) th	e power to regularly	y appoint or elect a major	ity of the di	rectors or t	trustees of the			
	supporting organization. You m	ust complete Part I	V, Sections A and B.						
b	Type II. A supporting organization	•							
	control or management of the si	upporting organizati	ion vested in the same pe	ersons that	control or I	manage the supported			
	organization(s). You must com	plete Part IV, Secti	ons A and C.						
С	Type III functionally integrated	I. A supporting orga	nization operated in conn	ection with,	and function	onally integrated with,			
	its supported organization(s) (se	e instructions). You	must complete Part IV,	Sections A	A, D, and E				
d	Type III non-functionally integ	rated. A supporting	organization operated in	connection	with its sup	oported organization(s)			
	that is not functionally integrated	I. The organization	generally must satisfy a c	listribution	requiremer	nt and an attentiveness			
	requirement (see instructions). Y	•							
е	Check this box if the organization	n received a writter	n determination from the I	RS that it is	s a Type I,	Type II, Type III			
	functionally integrated, or Type I	II non-functionally in	ntegrated supporting orga	anization.					
f	Enter the number of supported organiz						• • • •		
g	Provide the following information about	t the supported org	anization(s).	1		1	1		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No	-			
(A) 									
(B)									
(C)									
(D)									
(E)							-		
Total									

Part	II Support Schedule for Organiza				1)(<u>A)(iv) and</u>	<u>83-076217</u> 170(b)(1)(Δ)	
rait	(Complete only if you checked th						
	Part III. If the organization fails to						
Secti	on A. Public Support	yuany unu		ited below, pr			
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and	(a) 2017	(b) 2010	(0) 2013	(u) 2020	(e) 2021	
•	membership fees received. (Do not						
	include any "unusual grants.")		14 000	01 65 6	104 500	1 146 001	1 007 016
2	Tax revenues levied for the		14,009	21,656	104,530	1,146,821	1,287,016
-	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3		14,009	21,656	104,530	1,146,821	1,287,016
5	The portion of total contributions by		14,009	21,656	104,550	1,140,021	1,287,016
•	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)						24,126
6	Public support. Subtract line 5 from line 4						1,262,890
-	on B. Total Support						1,202,890
	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	(14,009	21,656	104,530	1,146,821	1,287,016
8	Gross income from interest, dividends,		11,005	21,000	104,000	1,110,021	1,20,,010
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources				705	5,975	6,680
9	Net income from unrelated business					3,313	0,000
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,293,696
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	1,200,000
13	First 5 years. If the Form 990 is for the org	•	,				(3)
	organization, check this box and stop here					. , .	
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2021 (line 6	, column (f), d	ivided by line 1	1, column (f))		14	97.62 %
15	Public support percentage from 2020 Sch					15	%
16a	33 1/3% support test - 2021. If the organiz	zation did not o	check the box o	n line 13, and l	ine 14 is 33 1/	3% or more, ch	eck this
	box and stop here. The organization quali						
b	33 1/3% support test - 2020. If the organiz	zation did not o	check a box on	line 13 or 16a,	and line 15 is	33 1/3% or mo	
	this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is						
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in						
	Part VI how the organization meets the factor					• •	
	organization						
b	—						line
	in Part VI how the organization meets the					-	•
	organization			-			
18	Private foundation. If the organization did						
-	instructions				-		
FEΔ				_			A (Form 990) 2021

Friends of Mid Missouri Fisher House Inc

Page 2

83-0762172

Schedule A (Form 990) 2021

Schedule of Contributors

Schedule B	Schedule of Contributors	OMB No. 1545-0047						
(Form 990)	Attach to Form 990 or Form 990-PF.		2021					
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.							
Name of the organization								
	issouri Fisher House Inc	83-07	62172					
Organization type (checl	(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	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
 General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. 								
Special Rules								
regulations under 16b, and that rec	 For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. 							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
□ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year								
must answer "No" on Pa	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form Irt IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990 t meet the filing requirements of Schedule B (Form 990).							

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

Friends	s of Mid Missouri Fisher House Inc	83-0762172		
Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional space is n	eeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	NICHOLS FAMILY FOUNDATOIN 415 BAILEY DR APT 316 Columbia MO 65203	\$ <u>50,000</u>	PersonImage: Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
_2	WAGONS FOR WARRIORS 27869 HIGHWAY 5 Lebanon MO 65536	\$5,000	PersonImage: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	ALLEN P AND JOSEPHONE B GREEN FOUND 1055 BROADWAY SUITE 130 Jefferson City MO 65105	\$15,000	PersonXPayrollINoncashI(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	JOE DUNCAN 1815 NORTHWEST ROSE COURT Lees Summit MO 64081	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5	GRAND CHAPTER OF MISSOURI 6033 MASONIC DR SUITE C Columbia MO 65202	\$8,712	PersonImage: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6	FRED JUETTNER 1400 DUNBAR DR Columbia MO 65203	\$10,000	PersonImage: Complete Part II for noncash contributions.)	

Page 2

Employer identification number

Schedule B (Form 990) (2021)

Name of organization

SCHEDULE O (Form 990)

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 Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 83-0762172

01. Committee meeting documentation (Part VI, line 8b)

The board members are governing body

Friends of Mid Missouri Fisher House Inc

02. Form 990 governing body review (Part VI, line 11)

Governing body reviews

03. Conflict of interest policy compliance (Part VI, line 12c)

Was put into place this fiscal year

04. Governing documents, etc, available to public (Part VI, line 19)

<u>Upon request</u>

05. Explanation of other changes in net assets or fund balances (Part XI, line 9)

Investments in CD in various banks

T Benus Associates LLC

3451 State Rd J Fulton, MO 65251 tbenus@gmail.com Phone: (573)607-3290 | Fax: (573)607-3291

February 13, 2023

Friends of Mid Missouri Fisher House Inc PO Box 30681 Columbia, MO 65205

Friends of Mid Missouri Fisher House Inc:

Enclosed is the 2021 federal return for a tax-exempt organization, prepared for Friends of Mid Missouri Fisher House Inc from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (573)607-3290.

Sincerely,

Tami R Benus T Benus Associates LLC

T Benus Associates LLC

3451 State Rd J Fulton, MO 65251 tbenus@gmail.com Phone: (573)607-3290 | Fax: (573)607-3291

February 13, 2023

Friends of Mid Missouri Fisher House Inc PO Box 30681 Columbia, MO 65205

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (573)607-3290.

Sincerely,

Tami R Benus T Benus Associates LLC