FO	
EEA	

573-607-3290									
•							Yes	X No	
							Form 9	<b>90</b> (2022	2)

#### E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return PO Box 30681 (573) 723-1092 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Columbia, MO 65205 133,311 Amended return Application pending Name and address of principal officer: L Stephen Gaither H(a) Is this a group return for subordinates? Yes x No Same as C above H(b) Are all subordinates included? Yes **X** 501(c)(3) 501(c) ( 4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status: ) (insert no.) www.midmofisherhouse.org Website: H(c) Group exemption number X Corporation \_\_\_\_\_ Trust \_\_\_\_ Association Form of organization: Other L Year of formation: 2018 M State of legal domicile: MO Part I Summary Briefly describe the organization's mission or most significant activities: 1 To help raise funds & support the Fisher House scheduled to be constructed on the grounds of the Harry S Truman Memorial Veterans' Hospital by 2023. In addition to construction cost, we will continue to support the House once built by providing incidentals & upkeep Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a) 3 3 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 6 . . . . . . 25 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . . . . . . . . . . . 168,774 133,311 Revenue Program service revenue (Part VIII, line 2g) . . . . . . . . . . . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .... 4,274 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . . . . . . Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 173,048 133,311 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . . . . . . . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses Professional fundraising fees (Part IX, column (A), line 11e) 16a **b** Total fundraising expenses (Part IX, column (D), line 25) 4.951 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 . . . . . . 18,026 23,962 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 23,962 18,026 19 Revenue less expenses. Subtract line 18 from line 12 . . . . . . . . 115,285 149,086 Net Assets or und Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 1,338,184 1,394,043 21 Total liabilities (Part X, line 26) . . . . . . . . 22 Net assets or fund balances. Subtract line 21 from line 20 1,394,043 1,338,184 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 L Stephen Gaither Sign Signature of officer Date Here L Stephen Gaither, Officer Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN х if Check Paid TAMI BENUS 01-26-2024 self-employed P00049428 Preparer Firm's name T BENUS ASSOCIATES LLC Firm's EIN Use Only 3451 STATE RD J Firm's address Phone no Fulton MO 65251 May the IRS discuss this return with the preparer shown above? See instructions . . . . . . . . . . . . . . . . . . . Paperwork Reduction Act Notice, see the separate instructions.

# **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Friends of Mid Missouri Fisher House Inc

10-01

, 2022, and ending

Department of the Treasury	
Internal Revenue Service	

For the 2022 calendar year, or tax year beginning

C Name of organization

Doing business as

990

Check if applicable:

Address change

Α

в

J.

Activities & Governance

OMB	No.	1545-	0047

2022

**Open to Public** 

Inspection

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,2023

83-0762172

D Employer identification number

09-30

Form	1990 (2022) Friends of Mid Missouri Fisher House Inc	83-0762172	2 Page <b>2</b>
Pa	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 groun	ds 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	·	
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 to	NV	
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	-	
	the total expenses, and revenue, if any, for each program service reported.	3,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 12,656 including grants of \$ ) (Revenue	\$ 13	> >11 \
4a			<u>3,311</u> )
	To help raise funds & support the Fisher House scheduled to be constructed on		
	Harry S Truman Memorial Veterans' ' Hospital by 2023. In addition to construct		we will
	continue to support the House once built by providing incidentals for guests		
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
10		Ψ	/
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 12,656		
		-	

EEA

Form 990 (2	2022)	Friends	of	Mid	Missouri	Fisher	House	Inc
Part IV	Checklist of	Required	l Sc	hedu	iles			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	_		
~	assessments, or similar amounts as defined in Rev. Proc. 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		
7	"Yes," complete Schedule D, Part I	0		x
'	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		x
Ũ	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<u> </u>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	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		x
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		x
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	446		
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		x
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
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		x
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		x
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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	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?			
<b></b>	If "Yes," complete Schedule G, Part III	19		X
20 a ה	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		x
b 21		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation and the second	21		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	1 4 1	1	X

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Pa	rt IV Checklist of Required Schedules (continued)		-	
			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			
L.	through 24d and complete Schedule K. If "No," go to line 25a		-	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?		_	<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	250		
L		25a	1	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	If "Yes," complete Schedule L, Part I	250	'	X
20	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		v
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			x
	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 the 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? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		-	x
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	280	:	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified			<u> </u>
	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,"			
	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	l	х
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	x	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	x	1

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Form 990 (2022)

	990 (2022) Friends of Mid Missouri Fisher House Inc 83-07621	.72	F	Page 5
Pa	rt 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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
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		x
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?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
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?	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?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
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:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
N N	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	120		
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		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	Tou		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
D.	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		v
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b		x
15		140		<u> </u>
13	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities	4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

_	m 990 (2022) Friends of Mid Missouri Fisher House Inc 83-07621		Р	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N	lo"		
	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			х
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	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 <b> 1b</b> 15			
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, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b		x
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
000	And B. Poncies (This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		^
	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?	11a	x	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		л	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c		x
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		x
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		x
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			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	List the states with which a serve of this Form 000 is required to be filed			
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable) 990 and 990-T (section 501(c))			
10	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.			
	(3)s only) available for public inspection. Indicate now you made these available. Check all that apply.         X       Own 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	pensated Employe	es, 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, and H	oloyees						
1a Complete th	is table for all persons required to be listed. Report compensation for the calendar year ending with or within th	ie						
organization's t	ax 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.							
<ul> <li>List all of the</li> </ul>	<ul> <li>List all of the organization's current key employees, if any. See the instructions for definition of "key employee."</li> </ul>							

• 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, box 6 of 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.

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

		(C)								
(A)	(B)	Position (do not check more than one				(D)	(E)	(F)		
Name and title	Average	· ·				an one both ar	,	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 o	Inst	Office	Kej	em	Former	1099-MISC/	1099-MISC/	organization and
	related	vidu. lirect	litutic	cer	/ em	hest ploye	mer	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				
	below	Istee	ruste		ě	pens				
	dotted line)		e			satec				
						-				
(1) Jackie Rodgers Jr	<u>1.00</u>									
Board Member		х						0	0	0
(2) Richard Rice	<u>1.00</u>									
Board Member		х						0	0	0
(3) Gary_Powell	<u>1.00</u>									
Board Member		х						0	0	0
(4) Eileen Scrivner	<u>1.00</u>									
Board Member		х						0	0	0
(5) Rebecca Stafford	<u>1.00</u>									
Board Member		х						0	0	0
(6) Nevada Shelkey	<u>1.00</u>									
Board Member		х						0	0	0
(7) Beverly Semar	<u>1.00</u>									
Secretary		х						0	0	0
(8) Chad_Massman	<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	<u>1.00</u>									
Board Member		х						0	0	0
(11)Larry_Long	<u>1.00</u>									
Board Member		х						0	0	0
(12)Sylvia Jackson	<u>1.00</u>									
Board Member		х						0	0	0
(13)L Stephen Gaither	<u>1.00</u>									
Board Chair		х		х				0	0	0
(14)John_Cassels	<u>1.00</u>									
Vice Chair		Х		х				0	0	0
FEA										Form <b>990</b> (2022)

Form 990 (2022) Friends of Mid M Part VII Section A. Officers, Directors,	issouri E	lishe Kov F	r H	lou	se (00	Inc		lighaat Comp		3-0762		P	age 8
Part VII Section A. Officers, Directors,	Trustees,		=mk	-		s, an		lignest Comp	ensated	Emplo	byees	(conti	inued)
(A) Name and title	( <b>B</b> ) Average hours per week	box	, unles	Po: leck m ss pei	son is	han one s both ar /trustee)	n	(D) Reportable compensation from the organization (W-2/	(E) Reporta compensa from rela organization	able ation ated	cor	(F) ated am of other npensati rom the	
	(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-MI 1099-NI	ISC/	orga	nization d organiz	
(15)Mary_DiBlasi	1.00							0		0			0
<u>Treasurer</u> (16)		x		x				0		0			0
(17)													
(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			0
2 Total number of individuals (including but not limit reportable compensation from the organization	ed to those lis	ted abo	ove)	who	rece	eived r	nore	than \$100,000 of					c
								- <b>4</b> - J				Yes	No
3 Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedule	•		yee,	•••	gnes		pens				3		x
4 For any individual listed on line 1a, is the sum of organization and related organizations greater that	•	•					-						
<ul><li><i>individual</i></li></ul>				• •							4		x
for services rendered to the organization? If "Yes,											5		х
Section B. Independent Contractors					41				0 -4				
1 Complete this table for your five highest compensation from the organization. Report com										year.			
(A)								(B)			(C)		
Name and business addr	ess							Description of servic	es		Compens	ation	
2 Total number of independent contractors (includii received more than \$100,000 of compensation fr	-		nose	liste	d ab	ove) v	vho						

orm 99		/			isso	ouri Fisher H	louse Inc		83-07621	L <b>72</b> Page
Part V	VIII	Statement of Rev								
		Check if Schedule O co	ntain	s a response	or no	te to any line in this	Part VIII • • (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					
sis	b	Membership dues		[	1b					
Contributions, Gifts, Grants and Other Similar Amounts	с	Fundraising events • •		[	1c					
S, G	d	Related organizations .	• •	· · · · ·	1d					
ar l	е	Government grants (contr		·	1e					
Sini's	f	All other contributions, gift	-							
Jer		and similar amounts not in		-	1f	133,311				
ËÐ	g	Noncash contributions inc			4	¢				
and	h	lines 1a-1f			1g	\$	100 011			
	<u> </u>	TOTAL AUDIMES TA-TI	••	<u></u>	••	Business Code	133,311			
Ð	2a					Dusiness Code				
οnι	С									
ver	d									
Å	е									
Program Service Revenue	f	All other program service re	even	ue	•					
	g	Total. Add lines 2a-2f		<u></u>						
	3	Investment income (includi	ng di	vidends, intere	est, a	nd				
		other similar amounts) •								
		Income from investment of								
	5	Royalties • • • • • • • •	<u></u>	<u></u>	••					
		<b>a</b>		(i) Real		(ii) Personal				
		Gross rents								
		Less: rental expenses • •								
		Rental income or (loss) Net rental income or (loss)	6c							
		( , , , , , , , , , , , , , , , , , , ,	<u> </u>	(i) Securities		(ii) Other				
	/a	Gross amount from sales of assets			5					
		other than inventory	7a							
	b	Less: cost or other basis								
ne		and sales expenses	7b							
ven	с	Gain or (loss)								
Å.	d	Net gain or (loss)								
Other Reven	8a	Gross income from fundrai	-							
đ		events (not including \$								
		of contributions reported or								
		1c). See Part IV, line 18			8a					
		Less: direct expenses			8b					
		Net income or (loss) from f		aising events	-					
	9a	Gross income from gaming			0.0					
	h	activities, See Part IV, line Less: direct expenses			9a 9b					
					L	•				
		Net income or (loss) from g		ig activities	Ċ,					
	10a	Gross sales of inventory, le returns and allowances .			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from s								
	-					Business Code				
	11a									
anı	b									
Revenue	с									
Re	d	All other revenue								
	е	Total. Add lines 11a-11d								
		Total revenue See instruc					122 211	0	0	

### Million Statement of Functional Expenses Part IX

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)							
9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (nonemployees):							
a L	Management							
b	Legal · · · · · · · · · · · · · · · · · · ·							
С С		393		393				
d	Lobbying							
e f	Professional fundraising services. See Part IV, line 17 . Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25, column							
Я	(A) amount, list line 11g expenses on Schedule O.)							
12	Advertising and promotion	1,724	1,724					
13	Office expenses	4,709	4,683	26				
14	Information technology	75	75	20				
15	Royalties	/3	,3					
16								
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	Insurance	1,416	1,416					
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	Golf Tournament	4,951			4,951			
b	Dues	350	350					
С	Printing	4,408	4,408					
d								
е	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	18,026	12,656	419	4,951			
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							
	following SOP 98-2 (ASC 958-720)							

	990 (20		83	3-07621	72 Page 11
Par	t X	Balance 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	1,394,043	1	1,338,184
	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	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	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)	1,394,043	16	1,338,184
	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,			
billid		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	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			
				25	
	26	Total liabilities. Add lines 17 through 25       Opposize the follow FAOD ACO 250 should have	0	26	0
ŝ		Organizations that follow FASB ASC 958, check here			
nce	07	and complete lines 27, 28, 32, and 33.		07	
alaı	27	Net assets without donor restrictions	67,514	27	811,848
â	28	Net assets with donor restrictions	1,326,529	28	526,336
ŭ		Organizations that do not follow FASB ASC 958, check here			
г	20	and complete lines 29 through 33.		20	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
tAŝ	31	Retained earnings, endowment, accumulated income, or other funds		31	
Nei	32	Total net assets or fund balances	1,394,043	32	1,338,184
	33	Total liabilities and net assets/fund balances	1,394,043	33	1,338,184

EEA

Form **990** (2022)

Form	990 (2022) Friends of Mid Missouri Fisher House Inc	83-076	2172	Р	age <b>12</b>
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		133	,311
2	Total expenses (must equal Part IX, column (A), line 25)	2		18	,026
3	Revenue less expenses. Subtract line 2 from line 1	3		115	,285
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,394	,043
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		(171	,144)
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	,338	,184
Pa	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: 🗌 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	x	
	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		x
	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:				
	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 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			Fo	m <b>990</b>	(2022)

SCHEDULE	A
(Form 990)	

Department of the Treasury

# **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.

	2022
	Open to Public
	Inspection
ificatio	on number

OMB No. 1545-0047

L

Interna	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection					Inspection			
Name	of th	ne organization						Employer identification	n number
Frie	nd		lissouri Fishe					83-076217	
Par	t I	Reason	for Public Cha	rity Status. (Al	l organizations mus	st comple	ete this p	oart.) See instructi	ons.
The or	gar	nization is not a	private foundation be	cause it is: (For line	s 1 through 12, check on	ly one box.	)		
1	Ц		,		ches described in section	n 170(b)(1)	(A)(i).		
2	Ц				Schedule E (Form 990).)				
3	Ц	-		-	described in section 170		•		
4			arch organization ope e, city, and state:	erated in conjunction	with a hospital described	in section	170(b)(1)(	A)(iii). Enter the	
5		An organization	n operated for the ber	nefit of a college or u	university owned or opera	ated by a g	overnment	al unit described in	
		section 170(b)	(1)(A)(iv). (Complete	Part II.)					
6		A federal, state	, or local government	or governmental un	it described in section 17	'0(b)(1)(A)	(v).		
7	Х	An organization	n that normally receiv	es a substantial par	t of its support from a gov	vernmental	l unit or from	m the general public	
			ction 170(b)(1)(A)(vi						
8		A community tr	ust described in <b>secti</b>	ion 170(b)(1)(A)(vi)	. (Complete Part II.)				
9		An agricultural	research organizatior	n described in <b>sectio</b>	on 170(b)(1)(A)(ix) operation	ted in conju	unction with	a land-grant college	
		or university or	a non-land-grant coll	lege of agriculture (s	see instructions). Enter th	ie name, ci	ty, and stat	e of the college or	
		university:							
10		receipts from a support from g	ctivities related to its ross investment incor	exempt functions, s me and unrelated bu	3 1/3% of its support from ubject to certain exceptio usiness taxable income (le ection 509(a)(2). (Comple	ons; and (2) ess sectior	) no more tl n 511 tax) fi	han 33 1/3% of its	
11	Ц	An organization	n organized and opera	ated exclusively to te	est for public safety. See <b>s</b>	ection 509	9(a)(4).		
12		An organization	n organized and oper	ated exclusively for	the benefit of, to perform	the functio	ons of, or to	carry out the purposes	of
		one or more pu	blicly supported organ	nizations described i	in section 509(a)(1) or se	ection 509	( <b>a)(2)</b> . See	section 509(a)(3). Che	ck
		the box on line	s 12a through 12d tha	at describes the type	e of supporting organization	on and cor	nplete lines	s 12e, 12f, and 12g.	
а		<b>Type I.</b> A s	supporting organizatio	n operated, supervis	sed, or controlled by its su	pported or	ganization(	s), typically by giving	
		the suppor	ted organization(s) th	e power to regularly	appoint or elect a major	ity of the di	rectors or t	rustees of the	
		•	•	-	V, Sections A and B.				
b					trolled in connection with		-		
					on vested in the same pe	ersons that	control or I	manage the supported	
		organizatio	on(s). <b>You must com</b>	plete Part IV, Section	ons A and C.				
С					nization operated in conne				
					must complete Part IV,				
d		- •			organization operated in o		•	• • • • • • • • •	
				•	generally must satisfy a d		•	nt and an attentiveness	
			, ,	•	Part IV, Sections A and				
е			-		determination from the I		salypel,	Type II, Type III	
	_		0 1		ntegrated supporting orga	anization.			
f			r of supported organiz		••••••				· · · ·
g			ving information abou	I I I I I I I I I I I I I I I I I I I					
	(i) N	ame of supported or	ganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	ur governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
							1	·	
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

	le A (Form 990) 2022 Friends of	Mid Missou	ri Fisher H	louse Inc		83-0762172	
Part							
	(Complete only if you checked th				•	•	lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support				1		
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	14,009	21,656	104,530	1,146,821	133,311	1,420,327
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	14,009	21,656	104,530	1,146,821	133,311	1,420,327
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)						1,046,380
6	Public support. Subtract line 5 from line 4 .						373,947
	on B. Total Support	( ) 00 ( 0		( ) 0000	( 1) 000 (	( ) 0000	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
7	Amounts from line 4	14,009	21,656	104,530	1,146,821	133,311	1,420,327
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
•				705	5,975		6,680
9	Net income from unrelated business						
	activities, whether or not the business						
40	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		no)			12	1,427,007
12 13	Gross receipts from related activities, etc. <b>First 5 years.</b> If the Form 990 is for the org						2)
15	organization, check this box and <b>stop her</b>						
Secti	on C. Computation of Public Support	rt Percentag	A				<u></u>
14	Public support percentage for 2022 (line 6			1 column (f))		14	26.20 %
15	Public support percentage from 2021 Sch					15	23.16 %
16a	33 1/3% support test - 2022. If the organized	•	•				
	box and <b>stop here.</b> The organization quali						
b	33 1/3% support test - 2021. If the organi	•		•			
	this box and <b>stop here.</b> The organization of						·
17a	10%-facts-and-circumstances test - 202						
	10% or more, and if the organization meet						
	Part VI how the organization meets the fa						
	organization			-			
b	10%-facts-and-circumstances test - 202						
	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the					-	
	organization			-			
18	Private foundation. If the organization did	l not check a bo	ox on line 13, 1	6a, 16b, 17a, o	or 17b, check th	nis box and see	
	instructions						🗴

### Schedule B (Form 990)

In

Schedule of Contributors

OMB No. 1545-0047

2022

### Attach to Form 990 or Form 990-PF.

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

epartment of the Treasury	
ternal Revenue Service	

Name of the organization	Employer identification number	
Friends of Mid M	issouri Fisher House Inc	83-0762172
Organization type (check	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	<b>X</b> 501(c)( <b>3</b> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	is covered by the General Rule or a Special Rule.	
, ,		
<b>Note:</b> Only a section 501( instructions.	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	.e. See
General Rule		
_ *	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ey or property) from any one contributor. Complete Parts I and II. See instructions for deter al contributions.	<b>0</b> · · ·

#### Special Rules

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 exclusively 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 exclusively 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 exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

	rganization		Employer identification number
	s of Mid Missouri Fisher House Inc		83-0762172
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional spa	ce is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
_1_	Veterans United Home Loans 1400 Forum Blvd Suite 18 Columbia MO 65203	\$10	Person     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
_2_	Am Legion Riders Chapter 5 1423 Tanner Bridge Road Jefferson City MO 65101	\$7	Person       ☑         Payroll       □         Noncash       □         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
_3_	WAGONS FOR WARRIORS 27869 HIGHWAY 5 Lebanon MO 65536	\$50	Person     x       Payroll     □       Noncash     □       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person          Payroll          Noncash          (Complete Part II for noncash contributions.)

Page 2

Schedule B (Form 990) (2022)

### 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
2022
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 83-0762172

# Friends of Mid Missouri Fisher House Inc

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

The board members are governing body

### 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)

Upon request

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

Funds raised in the capital campaign were given to Fisher House so it could be opened