

COMMUNITY FINANCE
TAX CREDIT APPLICATION
COMPANION
GUIDE



Missouri Department of
Economic Development



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Purpose

This companion guide is designed to provide Neighborhood Assistance Program (NAP), Youth Opportunities Program (YOP), Family Development Account (FDA), and Small Business Incubator (SBI) project directors and donors with the information needed to understand the tax credit application process and documentation requirements. Here you will find the application form, step-by-step instructions for its completion, and examples of acceptable documentation that is required for a donor to claim their tax credit.

Process

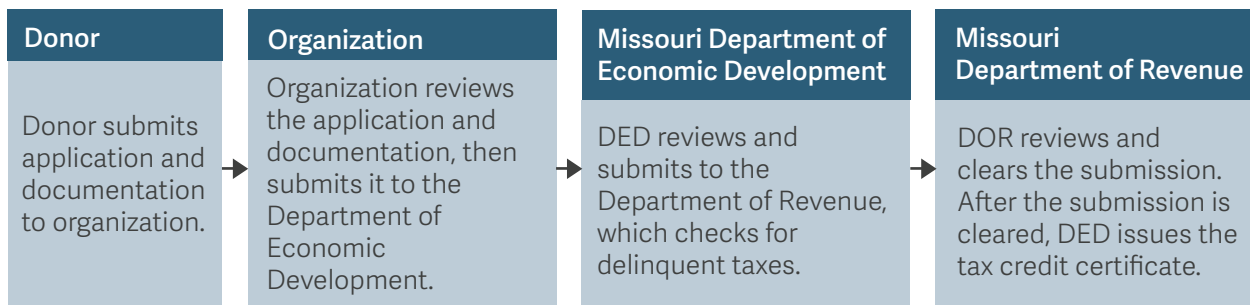
Submitted tax credit applications are processed on a first come, first served basis. It is important to note that incomplete applications without acceptable documentation will **not** be processed. Our team will return the submission to the project director and provide a detailed request for the correct information. Following the instructions presented in this guide will save processing time and allow donors to receive a tax credit certificate in the most timely manner possible.

Please note, our team is always available to provide the assistance you need at Community@ded.mo.gov.

Tax Credit Process

With tax credit applications, the roles of each party are readily defined.

Tax Credit Process



Donor

A donor with a Missouri tax liability makes an eligible donation to a participating nonprofit. The donor chooses to support a participating organization with a Family Development Account (FDA), Neighborhood Assistance Program (NAP), Youth Opportunities Program (YOP), or Small Business Incubator (SBI) project through contributions.

Donor(s) wanting to apply for the tax credit must fill out the tax credit application, provide the necessary documentation, and obtain notarization. The donor then submits all necessary paperwork to the participating organization. After the application is reviewed and approved by the organization, the Missouri Department of Economic Development (DED), and the Department of Revenue, the tax credit certificate is provided to the donor to use with their Missouri taxes.

Participating Organization

Participating organizations fundraise for their FDA, NAP, YOP, and SBI projects through the solicitation of donations. They review and submit the [tax credit application](#) for their donors to DED.

DED

The Community Finance team at DED reviews each tax credit application for accuracy and completion, then processes it in partnership with the Missouri Department of Revenue (DOR). Depending on the accuracy and completion of the application, DED will either deny the application or award a tax credit certificate.

DOR

DOR processes the tax credit certificate for each tax credit application processed by DED and offsets the amount for any unpaid taxes, if applicable.

APPLICATION FOR CLAIMING TAX CREDITS

This application is to be completed by the taxpayer/donor for which the tax credit will be issued. Instructions for completing this form are on pg. 2. Please type or print. Tax credit applications must be turned in to the Department of Economic Development (DED) no later than 1-year after the donation date.			
1. QUALIFYING PROGRAM			
<input type="checkbox"/> Youth Opportunities (YOP)	<input type="checkbox"/> Neighborhood Assistance (NAP)	<input type="checkbox"/> Small Business Incubator Tax Credit (SBI)	<input type="checkbox"/> Family Development Account (FDA)
2. TAXPAYER (DONOR) MAILING ADDRESS			
Street Address		City	State Zip Code
3. TAXPAYER (DONOR) INFORMATION			
Individual Donors (complete the fields below)		Business Donors (complete the fields below)	
Taxpayer Name		Business Name (as listed with SOS)	
Taxpayer Social Security #		Business Federal ID (FEIN)	
Spouse Name (joint tax return filers only)		Business Contact Name	
Spouse Social Security #		Business Contact Email	
Taxpayer Email		Business Contact Phone	
Taxpayer Phone		Business Contact Email	
Business Contact Phone		Business Contact Phone	
Taxpayer status at the time the donation was made (select only 1) <input type="checkbox"/> Individual – YOP, SBI, and FDA programs only <input type="checkbox"/> Individual - with a farm operation <input type="checkbox"/> Individual - reporting income from MO rental properties or royalties <input type="checkbox"/> Individual - reporting income from a sole proprietorship <input type="checkbox"/> Individual - reporting income from a partnership, S-Corporation or Limited Liability Corp. (LLC)		Business status at the time the donation was made (select only 1) <input type="checkbox"/> Corporation <input type="checkbox"/> Financial Institution <input type="checkbox"/> Partnership - attach partner names, social security #'s, and percents of ownership. <input type="checkbox"/> S-Corporation - attach shareholder names, social security #'s, and pe percents of ownership. <input type="checkbox"/> Limited Liability Corp. - attach members names, social security #'s, and percents of ownership. <input type="checkbox"/> Insurance company	
Taxes paid by: <input type="checkbox"/> Calendar Year (CY)		Taxes paid by: <input type="checkbox"/> Calendar Year (CY) <input type="checkbox"/> Fiscal Year (FY) From _____ To _____	
4. TYPE OF CONTRIBUTION AND VALUE			
Were any goods and/or services received? Required <input type="checkbox"/> Yes <input type="checkbox"/> No		Contribution includes payment processing fee(s) <input type="checkbox"/>	
Type of Contribution		Eligible Contribution Value	Date of Contribution (MM/DD/YYYY)
Cash			
Stocks (valued between high/low on the date of transfer from the donor into the nonprofit's brokerage account)			
In-Kind (valued as the lesser of the cost to donor <u>OR</u> fair market value)			
Wages Paid to participating youth (YOP program only)			
Total Eligible Contribution Value (Amt Eligible for YOP/NAP/SBI/FDA Program)			
5. CONTRIBUTION DOCUMENTATION			
<input type="checkbox"/> I have attached the required documentation per the type of contribution listed in the Companion Guide .			
6. TAXPAYER CERTIFICATION AND NOTARIZATION (TO BE SIGNED IN A NOTARY'S PRESENCE)			
I have examined the above application and confirm, to the best of my knowledge, information, & belief, that the above information is true and correct. Further, if operating as a business in Missouri, I declare that I do not knowingly employ illegal aliens and have complied with federal laws (8 U.S.C. 1324A), which requires examination of the appropriate documents to verify employment eligibility. I understand that if found to have employed an illegal alien in Missouri and did not, for that employee, examine the documents required by federal law, that I shall be ineligible for any state-administered or subsidized tax credit, tax abatement, or loan for a period of five (5) years following such finding.			
Taxpayer Signature			
Notary public rubber stamp seal	State		County (or City of St. Louis)
	Subscribed and sworn before me, this		
	Day	Month	Year
Notary public name		Notary public signature	My commission expires (MM/DD/YYYY)
7. CONTRIBUTION VERIFICATION BY PROJECT DIRECTOR			
Approved Organization Name			Project Number
I have examined this application including all attachments and believe it to be an accurate description of the contribution received by our organization for the purpose of carrying out the approved project.			
Authorized Signer Name (printed/typed)		Authorized Signer Signature	Date (MM/DD/YYYY)

GENERAL NOTES:

- Please allow 3-6 weeks for processing of this application.
- The tax credit cannot be claimed on a Missouri tax return until the donor has received the official tax credit certificate from the Missouri Department of Economic Development (DED).
- Reach out to DED at community@ded.mo.gov or **573-522-4216** with any questions about completing this form.

1. QUALIFYING PROGRAM

- Select the applicable program type.
- **Note:** Please make only 1 selection.

2. TAXPAYER (DONOR) MAILING ADDRESS

- Enter the mailing address for the taxpayer.

3. TAXPAYER (DONOR) INFORMATION

- Please complete the required fields for either individuals (and individuals with business income) OR business donors.
- Indicate whether taxes are paid by Calendar Year (CY) or Fiscal Year (FY).
 - 1) If taxes are paid by Fiscal Year, enter the start and end dates of the Fiscal Year.
- **Note:** Donations claimed by a business entity (except for sole proprietorships) must be made from a business account.
- **Attachments:** Partnerships, S-Corps, & LLCs are required to attach:
 - 1) A complete list of partners, shareholders, or members,
 - 2) The social security numbers of all partners, shareholders, or members AND,
 - 3) Percents of ownership by each partner, shareholder, or member. **Note:** Percent of profit distribution is not always the same as percent of ownership. If any partners, shareholders, or members are trusts, include both 1) the Federal ID number for the trust AND 2) the social security number of the beneficiary.

4. TYPE OF CONTRIBUTION AND VALUE

- Indicate whether any goods and/or services were received using the checkboxes.
- Indicate the type, total eligible contribution value, and date of the contribution.

5. CONTRIBUTION DOCUMENTATION

- **Attachments:** All applications for tax credits must include documentation demonstrating proof of the donation as described in the **Companion Guide**.
- Please check the box confirming that you have provided the required documentation.

6. TAXPAYER CERTIFICATION AND NOTARIZATION

- The taxpayer/business (donor) must sign the form in the presence of a notary.
- The form and documentation should then be returned to the approved organization.

7. CONTRIBUTION VERIFICATION BY PROJECT DIRECTOR

- Verify all information on the form to ensure accuracy and completeness.
- Attach all required documentation - see instructions above and in the **Companion Guide**.
- An authorized signer for the approved organization must sign and date the form.

SUBMITTING THIS FORM:

- **Send Via FTP Portal** (Recommended):
 - 1) The FTP portal is a file system that allows users to send large documents that are too big to go through email.
 - 2) To upload a file, please follow the instructions on the **NAP webpage** or **YOP webpage** under the "How Do I Apply" tab.
 - 3) **Note:** A notification email confirming receipt will be sent to the authorized signer within 3 business days.
- **Send Via Email** (alternative option for smaller file size submissions)
- **Note:** Program documents can be accepted as either digital OR original documents. If you choose to mail an original document, please do not upload a duplicate. Likewise, please do not mail an original copy if you have uploaded the same file through the webpage. Any original documents should be mailed to the address listed below.
 - 1) NAP/YOP/FDA
MO Department of Economic Development
PO Box 118
Jefferson City, MO 65102

Guide to Filling Out the Tax Credit Application Form (Missouri Form CDTC-770)

Tax credit application

The donor fills out **parts one, two, three, four, and five** in the application for tax credits. The donor will have the form notarized in **part six**.

The participating organization will verify the information and then fill out **part seven**.

The participating organization will submit the tax credit application to DED.

This application is to be completed by the taxpayer/donor for which the tax credit will be issued. Instructions for completing this form are on pg. 2. Please type or print. Tax credit applications must be turned in to the Department of Economic Development (DED) **no later than 1-year after the donation date.**

1. QUALIFYING PROGRAM			
<input type="checkbox"/> Youth Opportunities (YOP)	<input type="checkbox"/> Neighborhood Assistance (NAP)	<input type="checkbox"/> Small Business Incubator Tax Credit (SBI)	<input type="checkbox"/> Family Development Account (FDA)

Part One: Qualifying Program

Ensure the program box is checked in part one, whether it be YOP, NAP, SBI, or FDA.

2. TAXPAYER (DONOR) MAILING ADDRESS			
Street Address	City	State	Zip Code

Part Two: Mailing Address

Ensure the taxpayer mailing address is filled out. This address will be verified with the Missouri Department of Revenue for the tax credit certificate.

3. TAXPAYER (DONOR) INFORMATION			
Individual Donors (complete the fields below)		Business Donors (complete the fields below)	
Taxpayer Name	Taxpayer Social Security #	Business Name (as listed with SOS)	Business Federal ID (FEIN)
Spouse Name (joint tax return filers only)	Spouse Social Security #	Business Contact Name	
Taxpayer Email	Taxpayer Phone	Business Contact Email	Business Contact Phone
<u>Taxpayer status at the time the donation was made (select only 1)</u> <input type="radio"/> Individual - YOP, SBI, and FDA programs only <input type="radio"/> Individual - with a farm operation <input type="radio"/> Individual - reporting income from MO rental properties or royalties <input type="radio"/> Individual - reporting income from a sole proprietorship <input type="radio"/> Individual - reporting income from a partnership, S-Corporation or Limited Liability Corp. (LLC)		<u>Business status at the time the donation was made (select only 1)</u> <input type="radio"/> Corporation <input type="radio"/> Financial Institution <input type="radio"/> Partnership - attach partner names, social security #'s, and percents of ownership. <input type="radio"/> S-Corporation - attach shareholder names, social security #'s, and percents of ownership. <input type="radio"/> Limited Liability Corp. - attach members names, social security #'s, and percents of ownership. <input type="radio"/> Insurance company	
Taxes paid by: <input type="checkbox"/> Calendar Year (CY)		Taxes paid by: <input type="radio"/> Calendar Year (CY) <input type="radio"/> Fiscal Year (FY) From _____ To _____	

Part Three: Taxpayer (Donor) Information

There are two headers under part three: individual donor and business donor. Please ensure the correct box is checked coinciding with the check, debit, or credit.

Ensure the name of the taxpayer coincides with the name of the donor on the check, debit, or credit, regardless of whether it is personal or business.

Individual:

- For personal donations, ensure that the taxpayer’s name (or both taxpayers’ names, if applicable) is listed, and their social security number (or both social security numbers, if applicable) is listed.
 - Remember: if one name is listed, one social is required; if two names are listed, two socials are required.
- For NAP donations, ensure the donor does not check the “individual” box. In order for a personal donation to be eligible for the NAP credit, the donor must be a sole proprietor, have a farm operation, have rental property or be part of a Partnership, S-Corp. or LLC.

Business:

- Ensure the Federal Employer ID Number (FEIN) is listed.
- If the company is an S-Corp., partnership, or LLC, make sure the list of shareholders or partners is attached to include names, social security numbers, and percent of ownership. This is a common error.

4. TYPE OF CONTRIBUTION AND VALUE		
Were any goods and/or services received? Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contribution includes payment processing fee(s)		<input type="checkbox"/>
Type of Contribution	Eligible Contribution Value	Date of Contribution (MM/DD/YYYY)
Cash		
Stocks (valued between high/low on the date of transfer from the donor into the nonprofit's brokerage account)		
In-Kind (valued as the lesser of the cost to donor <u>OR</u> fair market value)		
Wages Paid to participating youth (YOP program only)		
Total Eligible Contribution Value (Amt Eligible for YOP/NAP/SBI/FDA Program)	\$ 0.00	

Part Four: Type of Contribution

Goods and/or services:

- Ensure that the box is either checked “yes” or “no.” *This is a common error.*
- For contributions received, the donor must acknowledge if goods or services were received or not. The fair market value of the goods or services received (if applicable), must be deducted from the eligible tax-deductible contribution.
- Goods and Services Examples:
 - A business sponsoring an event and receiving advertising in the form of having their logo put on marketing materials, invitations, and/or social media promotions.
 - An individual purchasing an event ticket that may include seats at a table with a meal.
 - Raffle tickets or auction items at an event.
 - Any good or service received with a donation.
- Please consult your tax accountant and/or review the [IRS charitable contribution deductions](#).

Eligible Contribution Value

Please note that the total contribution can be a single transaction, while the amount eligible for tax credits is the tax-deductible amount and/or the amount available/assigned by the participating organization.

Date of Contribution

This is the date the donor wrote the check, transferred the stock, ran the credit transaction, etc. It’s the date the donor intended the contribution, not the date of deposit. *This is a common error – please double-check dates.*

Cash

Ensure the eligible contribution value matches the value of the check, debit, or credit. Ensure that the amount eligible for the program is the tax-deductible amount for the tax credit. *This is a common error. Please double check, as the amounts must match unless there were goods and/or services received in return for the donation.*

Stock

Ensure that the total contribution falls within the high and low on the day the donor transfers the stock to the organization. Ensure that the amount eligible for program is the tax-deductible amount for the tax credit.

5. CONTRIBUTION DOCUMENTATION
 I have attached the required documentation per the type of contribution listed in the [Companion Guide](#).

Part Five: Contribution Documentation (NEW)

Ensure the donor confirms they have provided the required documentation for their eligible contribution for tax credits.

6. TAXPAYER CERTIFICATION AND NOTARIZATION (TO BE SIGNED IN A NOTARY'S PRESENCE)

I have examined the above application and confirm, to the best of my knowledge, information, & belief, that the above information is true and correct. Further, if operating as a business in Missouri, I declare that I do not knowingly employ illegal aliens and have complied with federal laws (8 U.S.C. 1324A), which requires examination of the appropriate documents to verify employment eligibility. I understand that if found to have employed an illegal alien in Missouri and did not, for that employee, examine the documents required by federal law, that I shall be ineligible for any state-administered or subsidized tax credit, tax abatement, or loan for a period of five (5) years following such finding.

Taxpayer Signature _____

Notary public rubber stamp seal	State		County (or City of St. Louis)
	Subscribed and sworn before me, this		
	Day	Month	Year
	Notary public name	Notary public signature	My commission expires (MM/DD/YYYY)

Part Six: Taxpayer Certification and Notarization (to be signed in a notary's presence)

Ensure the donor signs, along with the notary, and the stamp is affixed before submission.

7. CONTRIBUTION VERIFICATION BY PROJECT DIRECTOR

Approved Organization Name		Project Number
I have examined this application including all attachments and believe it to be an accurate description of the contribution received by our organization for the purpose of carrying out the approved project.		
Authorized Signer Name (printed/typed)	Authorized Signer Signature	Date (MM/DD/YYYY)

Part Seven: Contribution Verification by Project Director

Ensure part seven is completely filled out with the name of the organization, the project number, and the printed name of the project director or authorized signee and that it is signed and dated. *This is a common error, so please make sure your organization completes part seven in its entirety.*

Documentation Requirements for Contributions

The following types of contributions are eligible for tax credits when donated by qualifying Missouri businesses and individuals. All applications for tax credit must include the documentation described below.

Check Donations

- **Front copy of the cancelled check**

Ensure you keep a copy of the front of the check before deposit in case the canceled check is difficult to read. Attach this copy as well, if necessary.

- **Letter on bank letterhead**

Letter from the donor's financial institution with the following information:

- Donor name
- Check number
- Check amount
- Post date

**If a donor would rather send their bank statement or microfiche front of the check with the required information, they may still do so. However, that is not required if the letter is included.*

Credit Card Donations

- **Statement**

Donor may submit the first page of the statement and the page the charge is on as long the as donor name, the last four digits of the account number, and statement date are included on the first page.

IRA Donations

- **Front copy of the cancelled check**

Ensure you keep a copy of the front of the check before deposit in case the canceled check is difficult to read. Attach this copy as well, if necessary.

- **Donor brokerage statement OR donor brokerage letter on letterhead** with the following information:

- IRA check number
- Check amount
- Post date

Wire Transfers

- **Organization's financial/banking statement** with the following information:

- Post date of wire transfer
- Amount of transfer

- **Donor financial/banking statement OR letter on letterhead** with the following information:

- Donor name
- Amount of transfer
- Post date
- Name of recipient organization

Stock Donations

- **Donor broker letter/brokerage account portfolio** showing the following information:
 - Donor name
 - Name of recipient organization
 - Name of security(s) transferred from donor to organization
 - Number of shares and date of transfer
- **Organization proof donated stock was sold.** Brokerage statement to include the following:
 - Sale of stock,
 - Name of security(s) sold,
 - Number of shares and date sold,
 - Amount,
 - OR organization can provide trade confirmation AND a copy of the front of the brokerage check or proof of payment from the stock sale.

**Documentation must show donor ownership of stock, transfer of stock to the organization, and sale of the stock by the organization.*

Employee Payroll Deductions

- [Individual payroll deduction statement](#), completed and signed by both the employee and the employer. This document authorizes the NAP organization to deduct money from the employee's paycheck and indicates the time frame for which the deduction is to take place, the amount of the deduction for each pay period, the number of pay periods, and the total to be deducted. Include the employee's last payroll stub to show all deductions for that time frame.

In-Kind Donations

Must be an approved expense in the approved project's budget.

Rent donations

Valued at comparable market value of the rental OR the actual rental value, whichever is less.

- Provide an invoice from the lessor to the lessee AND a letter from an independent appraiser stating the value of comparable rents for the area.

Equipment and supplies

- A copy of the invoice showing the cost to the donor or current fair market value, whichever is less. Sales tax and profit margin cannot be included in the value. Used equipment invoices must be submitted with an appraisal of the fair market value of donated item(s).

Professional Services

- A copy of the invoice or other documentation showing the cost of services to the donor or fair market value, whichever is less. Include the type of services being donated, number of hours, and rate.

Required Documentation Examples

Your Financial Institution, LLC


210 E. 451 STREET
PO Box 201152
New York, New York 10111
Telephone: 646-123-4558 Fax: 646-578-4559

January 15, 2001

To Whom It May Concern:


This is to confirm that Your Financial Institution debited the account of Pepper Potts-Stark in the amount of \$20,000 by check made payable to The Tony Stark Foundation, Check number 0301 dated December 20, 2001. Please find attached a copy of the check.


Sincerely,



Sarah Anne Smith
Teller
Phone 646-123-4558 Ext. 4702

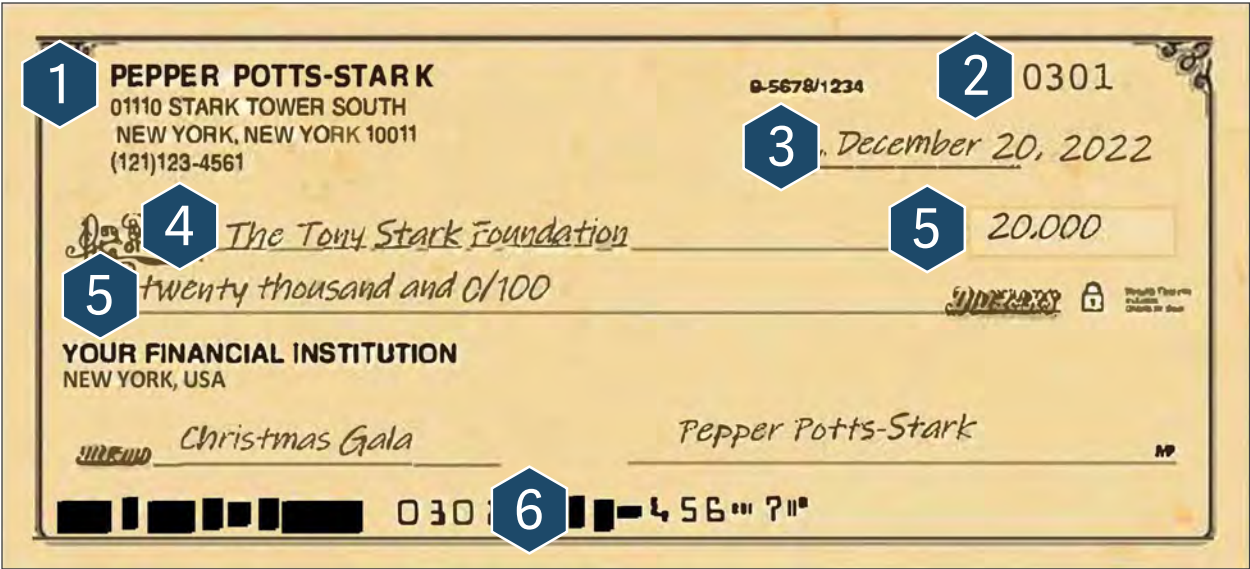
MEMBER
FDIC


"WHERE YOU SAVE **DOES** MAKE A DIFFERENCE!"



Letter from financial institution documentation

- Header
 - Financial institution name
 - Financial institution contact information
- Body of Letter
 - Donor name
 - Contribution amount
- Payee
- Check number
- Post date
- Salutation
 - Financial institution employee signature
 - Financial institution employee name
 - Financial institution employee contact information



Check image documentation

- 1. Account holder name
- 2. Check number
- 3. Date of the contribution
- 4. Payee
- 5. Contribution amount
- 6. Last four digits of the account number



HOUSE: Account Activity Transaction Details

1 Check number: 0000005002

2 Post date: 12/1/2022

6 Amount: -10,000.00

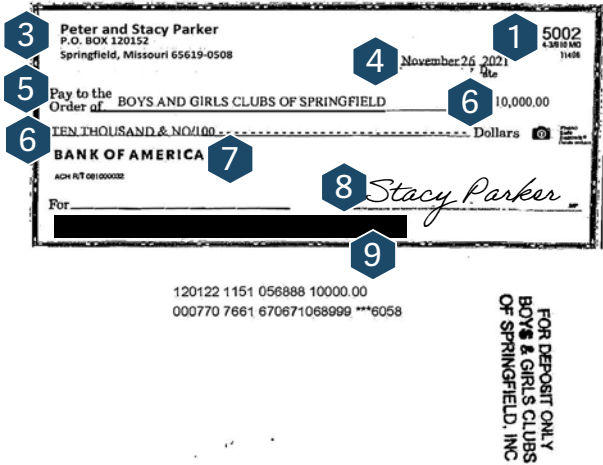
Type: Check

Description: Check

Merchant name: Check

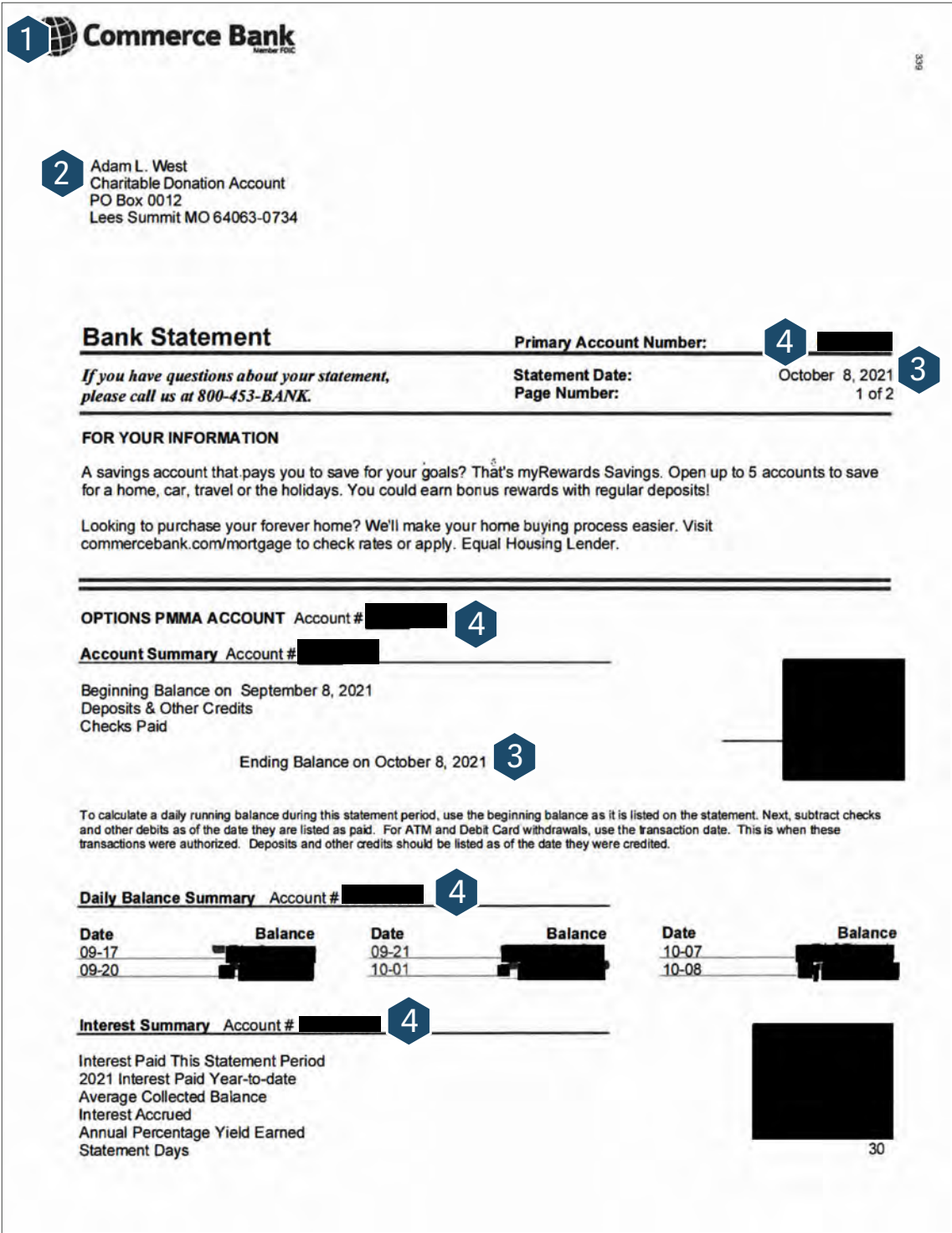
Merchant information:

Transaction category: Cash, Checks & Misc: Checks



Bank statement documentation

- 1. Check number
- 2. Post date
- 3. Account holder name
- 4. Date of contribution
- 5. Payee
- 6. Contribution amount
- 7. Financial institution's name
- 8. Endorsement
- 9. Last four digits of the account number



Bank statement documentation (page 1)

1. Financial institution's name
2. Account holder name
3. Statement date
4. Last four digits of the account number.

Page Number: 2 of 2

Deposits & Other Credits Account # [REDACTED] **1**

065210010 Description	Date Credited	Amount
[REDACTED]	09-20	[REDACTED]
[REDACTED]	10-01	[REDACTED]
[REDACTED]	10-08	[REDACTED]
Total Deposits & Other Credits		\$ [REDACTED]

Checks Paid Account # [REDACTED] **1**

Date Paid	Check Number	Amount	Reference Number	Date Paid	Check Number	Amount	Reference Number
3	2	4	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

* - Indicates a skip in sequential check numbers.

Total Checks Paid [REDACTED]

	Total for this period	Total year to-date
Total Overdraft Fees.....	[REDACTED]	[REDACTED]
Total Returned Items Fees.....	[REDACTED]	[REDACTED]

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Contact us at 1000 Walnut Kansas City MO 64106-3686 or call us at 800-453-BANK. If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, please contact us as soon as possible. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

The information above applies to checking, savings, or other consumer accounts established for personal, family, or household purposes.

If your checking or money market account has no activity for 12 consecutive months it will be considered dormant and assessed a \$8 monthly fee. Regular savings accounts with no activity for 18 consecutive months will be considered dormant and assessed a \$5 monthly fee.

NOT TRANSFERABLE AS DEFINED IN 12 CFR PART 204

Bank statement documentation (page 2)


1. Last four digits of the account number
2. Check number
3. Date the check cleared the donor’s account
4. Contribution amount



Individual Retirement Account (IRA) check image documentation

- 1. IRA institution
- 2. Banking institution
- 3. Check number
- 4. Contribution amount
- 5. Payee
- 6. Endorsement

1/5/24, 11:57 AM Move Money - Schwab Advisor Center

 **1**

Available Cash/MMF: \$2,141.09 Available on Margin: \$0.00 RMD Amount: \$8,129.36 RMD Disb YTD: \$0.00

Transaction Detail - Check - Outgoing

From: To:

2 **Master Account:**
Account:
Account Registration: STEVE L. TREVOR
CHARLES SCHWAB & CO INC CUST
IRAROLLOVER
From Account Tax ID/SS#: XXXXX0124

3 **Payee:** DOCTOR MARU'S HOME FOR FOSTER YOUTH
Memo: DONOR: STEVE L. TREVOT
Recipient Address: DOCTOR MARU'S HOME FOR FOSTER YOUTH
2010 WONDER WOMAN LANE
SPRINGFIELD, MO 65806

Transaction

4 **Type:** Use SLOCheck - 3rd Party **Check Amount:** \$2,500.00
Status: Complete **Withdrawal Amount:** \$2,500.00
Frequency: On-Request **Withhold Federal Taxes:** No
Process Date: 12-21-2023 **Fed Tax:** \$0.00 (0%)
Withdrawal Reason: **Withhold State Taxes:** No
State Tax: \$0.00 (0%)
Distribution Reason: NORMAL (7)
Delivery Method: Standard Mail
Check Number: 000000

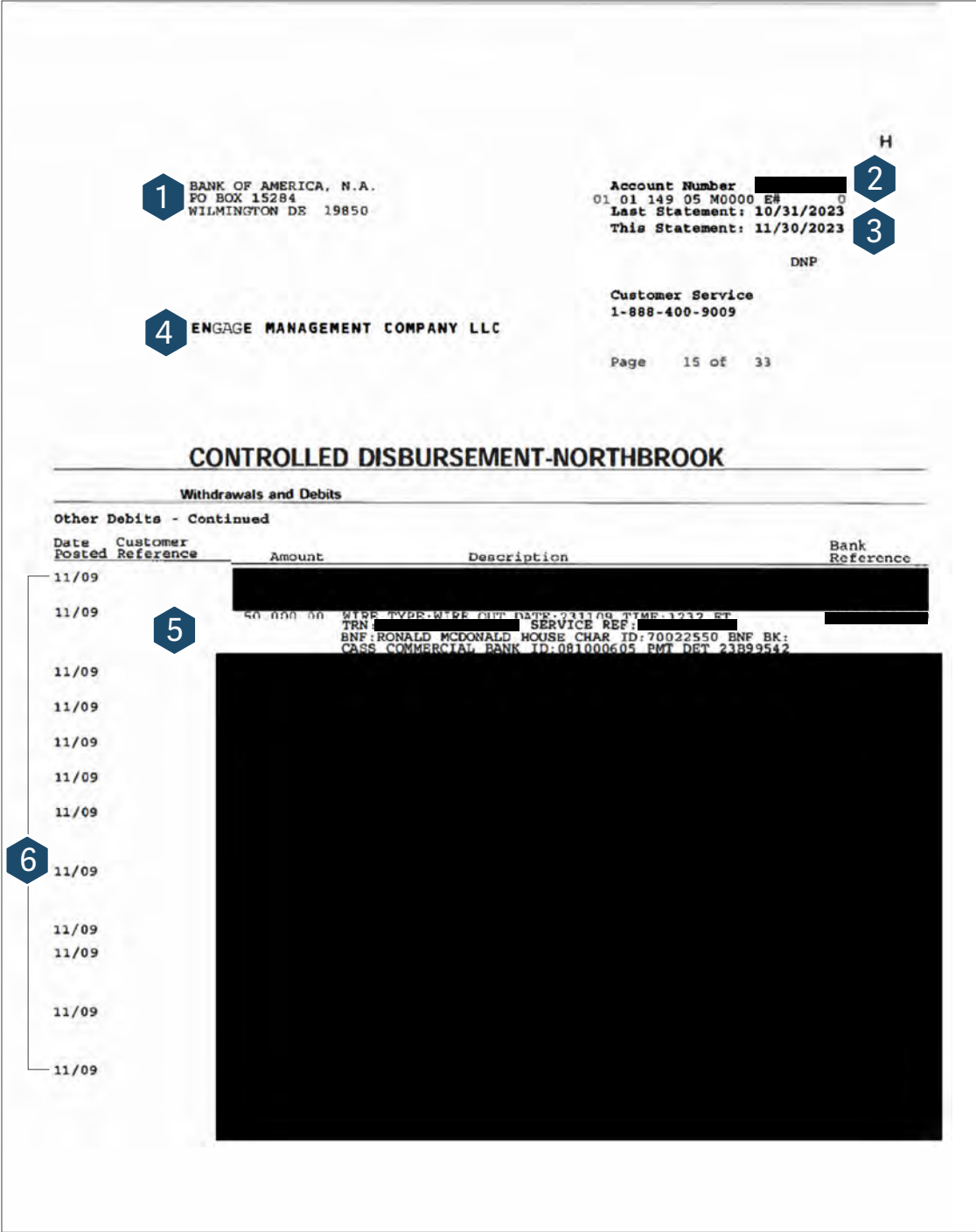
Transaction History

Requested Date: 12-21-2023	Last Modification Requested Date: 12-21-2023
Time of Request: 01:08 PM ET	Last Modification Requested Time: 09:41 PM ET
Source: SchwabInstitutional.com	

<https://s12.schwab.com/...> 1/2


IRA transaction detail documentation

1. IRA Institution
2. Donor name (from)
 - a. Last four digits of account number
 - b. Donor name
3. Entity name (to)
4. Transaction information
 - a. Post date
 - b. Withdrawal amount



Wire transfer documentation — donor

- 1. Financial Institution name
- 2. Last four digits of account number
- 3. Statement date
- 4. Payee name
- 5. Wire transaction
 - a. Amount
 - b. Wire transfer out
 - c. Payee
 - d. Bank Reference number
- 6. Date of each transaction

1  **Cass Commercial Bank**
 12412 Powerscourt Drive
 Suite 175
 St. Louis, MO 63131

000328

Direct Inquiries To:
 Customer Service Dept.
 12412 Powerscourt Drive
 Suite 175
 St. Louis, MO 63131
 (314) 506-5500

QR Code

3 122208-01A**000338
 RONALD MCDONALD HOUSE
 CHARITIES OF ST. LOUIS INC
 4381 W PINE BLVD
 SAINT LOUIS MO 63108-2205

Page: 1
 Branch: 015 **4**
 Account Number: [REDACTED] **4**
 Statement Date: 11/30/23 **2**
 Checks/Items Enclosed: 2 **2**

3 122208-01A**000338
 RONALD MCDONALD HOUSE
 CHARITIES OF ST. LOUIS INC
 4381 W PINE BLVD
 SAINT LOUIS MO 63108-2205

Page: 1
 Branch: 015 **4**
 Account Number: [REDACTED] **4**
 Statement Date: 11/30/23 **2**
 Checks/Items Enclosed: 2 **2**

4 BUSINESS MONEY MARKET RONALD MCDONALD HOUSE CHARITIES OF ST. LOUIS INC
 Beginning Balance 11/01/23
 Deposits / Misc Credits 12
 Withdrawals / Misc Debits 10
 ** Ending Balance 11/30/23
 Service Charge
 Interest Paid Thru 11/30/23
 Interest Paid Year To Date
 Annual Percentage Yield Earned
 Number of Days for A.P.Y.E.
 Average Balance for A.P.Y.E.
 Enclosures

4 [REDACTED]

5 DEPOSITS AND OTHER CREDITS

Date	Deposits	Withdrawals	Activity Description
11/02	[REDACTED]		[REDACTED]
11/08			[REDACTED]
11/08			[REDACTED]
11/09	50,000.00-		ORIG:CENTENE MANAGEMENT COMPANY LLC TRN:P202311090055915
11/10	[REDACTED]		[REDACTED]
11/13	[REDACTED]		[REDACTED]
11/13	[REDACTED]		[REDACTED]
11/16	[REDACTED]		[REDACTED]
11/21	[REDACTED]		[REDACTED]
11/27	[REDACTED]		[REDACTED]
11/29	[REDACTED]		[REDACTED]
11/30	[REDACTED]		[REDACTED]

6 [REDACTED]

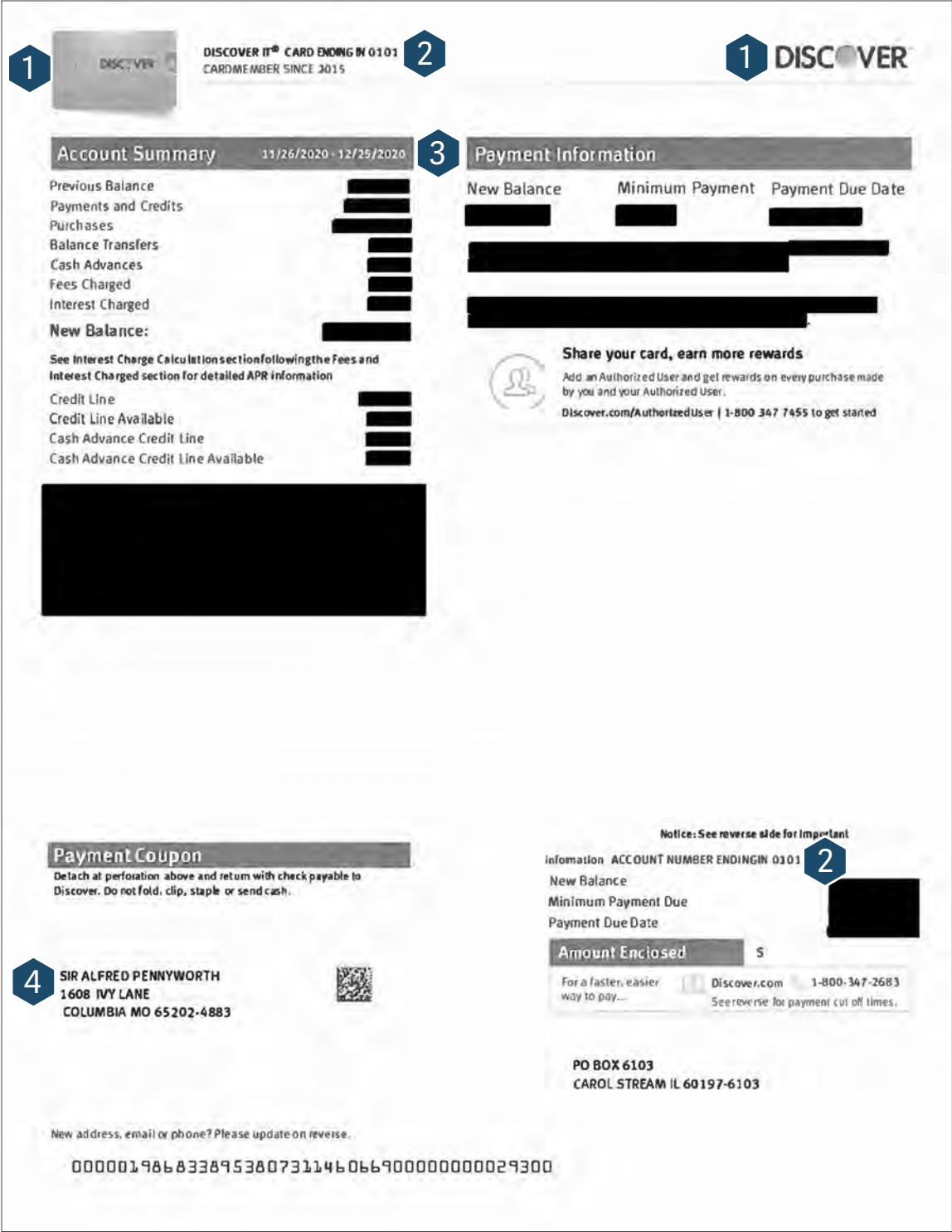
6 OTHER DEBITS AND WITHDRAWALS

Date	Deposits	Withdrawals	Activity Description
11/07		[REDACTED]	[REDACTED]
11/07		[REDACTED]	[REDACTED]
11/09		[REDACTED]	[REDACTED]
11/13		[REDACTED]	[REDACTED]
11/28		[REDACTED]	[REDACTED]

[REDACTED]

Wire transfer documentation — organization

- 1. Financial institution name
- 2. Statement date
- 3. Payee name
- 4. Last four digits of account number
- 5. Wire transaction
 - a. Date received
 - b. Wire transfer in
 - c. Amount
- 6. Dates of each transaction



Credit card documentation (part 1)

1. Financial entity
2. Last four digits of the account number
3. Statement date
4. Donor name

DISCOVER IT® CARD ENDING IN 0101 Sir Alfred Pennyworth

1 2 3

Transactions continued

TRANS. DATE	PURCHASES	MERCHANT CATEGORY	AMOUNT
12/10	[REDACTED]	[REDACTED]	[REDACTED]
12/10	[REDACTED]	[REDACTED]	[REDACTED]
12/10	[REDACTED]	[REDACTED]	[REDACTED]
12/11	[REDACTED]	[REDACTED]	[REDACTED]
12/11	[REDACTED]	[REDACTED]	[REDACTED]
12/12	[REDACTED]	[REDACTED]	[REDACTED]
12/13	[REDACTED]	[REDACTED]	[REDACTED]
12/13	[REDACTED]	[REDACTED]	[REDACTED]
12/13	[REDACTED]	[REDACTED]	[REDACTED]
12/13	THE ADAM WEST FOUNDATION	Services	\$10,000.00
12/13	[REDACTED]	[REDACTED]	[REDACTED]
12/14	[REDACTED]	[REDACTED]	[REDACTED]
12/14	[REDACTED]	[REDACTED]	[REDACTED]
12/15	[REDACTED]	[REDACTED]	[REDACTED]
12/15	[REDACTED]	[REDACTED]	[REDACTED]
12/15	[REDACTED]	[REDACTED]	[REDACTED]
12/16	[REDACTED]	[REDACTED]	[REDACTED]
12/17	[REDACTED]	[REDACTED]	[REDACTED]
12/17	[REDACTED]	[REDACTED]	[REDACTED]
12/17	[REDACTED]	[REDACTED]	[REDACTED]
12/17	[REDACTED]	[REDACTED]	[REDACTED]
12/18	[REDACTED]	[REDACTED]	[REDACTED]
12/18	[REDACTED]	[REDACTED]	[REDACTED]
12/18	[REDACTED]	[REDACTED]	[REDACTED]
12/19	[REDACTED]	[REDACTED]	[REDACTED]
12/19	[REDACTED]	[REDACTED]	[REDACTED]
12/20	[REDACTED]	[REDACTED]	[REDACTED]
12/20	[REDACTED]	[REDACTED]	[REDACTED]
12/20	[REDACTED]	[REDACTED]	[REDACTED]
12/21	[REDACTED]	[REDACTED]	[REDACTED]
12/21	[REDACTED]	[REDACTED]	[REDACTED]
12/21	[REDACTED]	[REDACTED]	[REDACTED]
12/22	[REDACTED]	[REDACTED]	[REDACTED]
12/22	[REDACTED]	[REDACTED]	[REDACTED]
12/23	[REDACTED]	[REDACTED]	[REDACTED]
12/25	[REDACTED]	[REDACTED]	[REDACTED]

4 5

Fees and Interest Charged

TOTAL FEES FOR THIS PERIOD \$0.00

Continued on next page

Credit card documentation (part 2)

- 1. Financial institution name
- 2. Last four digits of the account number
- 3. Donor's name
- 4. Dates of each transaction
- 5. Contribution



Cashier's check/money order documentation

- 1. Date of contribution
- 2. Remitter name (donor)
- 3. Contribution amount
- 4. Payee



Example 1

Stock donation

Documentation: donor letter

- Header
 - Broker letterhead
- Body of Letter
 - Donor name
 - Recipient organization
- Number of shares
- Type of stock
- Date of transfer (this is the donation date)
- Salutation
 - Broker signature
 - Broker name and title

Historical Quotes ?

This Historical Quotes tool allows you to look up a security's exact closing price. Simply type in the symbol and a historical date to view a quote and mini chart for that security.

Enter Symbol: Enter Date: LOOK UP

Netflix Inc.	
Wed, Nov 02, 2022	
Closing Price:	273.00
Open:	286.40
High:	287.33
Low:	272.84
Volume:	10,367,620

NFLX Daily —

Nov Dec

300
275
250
225

© 2022 Yahoo! Finance

No Splits

1 Morgan Stanley

CLIENT STATEMENT | For the Period November 1-30, 2022 2

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Account Detail Portfolio Management Active Assets Account THE DORIAN GREY FOUNDATION C/O RODNEY SKINNER 3

CASH FLOW ACTIVITY BY DATE (CONTINUED)

Activity Date	Settlement Date	Activity Type	Description	Comments	Quantity	Price	Credits/(Debits)
11/3	11/7	Sold	NETFLIX INC	ACTED AS AGENT	70.000	271.6200	19,012.98
11/3	11/7						
11/3	11/7						
11/7							
11/7							
11/21	11/21						
11/30							
11/30							
11/30							
11/30							
11/30							
11/30							
NET CREDITS/(DEBITS)							

Purchase and Sale transactions above may have received an average price execution. Details regarding the actual prices are available upon request.

MONEY MARKET FUND (MMF) AND BANK DEPOSIT PROGRAM ACTIVITY

Activity Date	Activity Type	Description	Credits/(Debits)
11/1			
11/8			
11/21			
11/22			
11/30			
11/30			
11/30			
NET ACTIVITY FOR PERIOD			

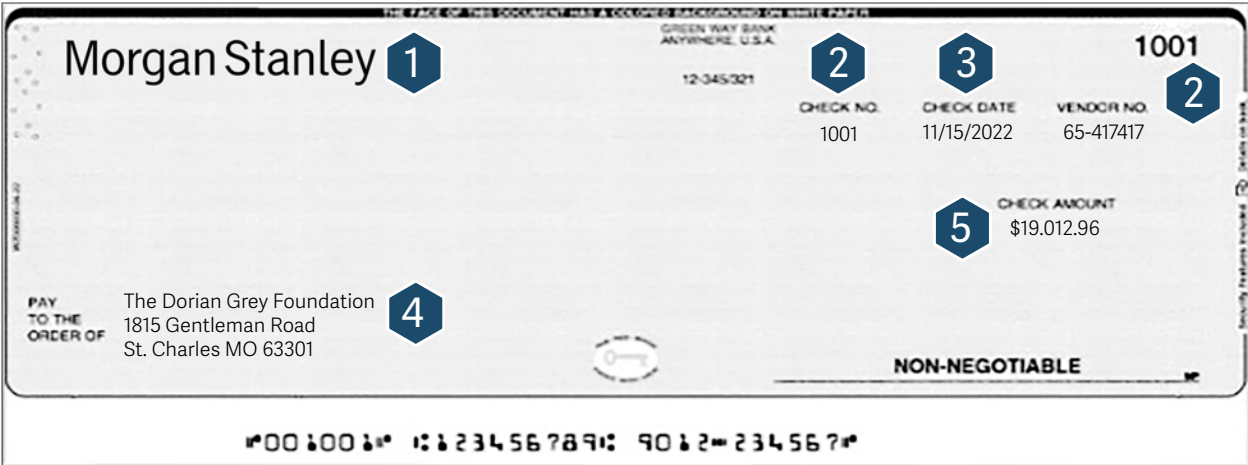
TRANSFERS, CORPORATE ACTIONS AND ADDITIONAL ACTIVITY

SECURITY TRANSFERS

Activity Date	Activity Type	Security (Symbol)	Comments	Quantity	Accrued Interest	Amount
11/7	Transfer into Account	NETFLIX INC	CONFIRMATION # FROM	70.000		\$18,102.00
11/7						
11/7						

Stock sale documentation from NFPO
Trade confirmation or statement proving the sale of the securities

1. Broker name
2. Statement period
3. NFPO Name
4. Stock Sold Transaction
 - a. Date
 - b. Transaction type
 - c. Type of stock
 - d. Number of shares
 - e. Price per share
 - f. Net value



Stock donation — NFPO Liquidation Documentation

- 1. Name of organization’s broker
- 2. Check number
- 3. Check date
- 4. Payee
- 5. Stock proceeds/net sale

Page 10 of 14

1 Martha Kent

2 JANUARY 1, 2020 - JANUARY 31, 2020
ACCOUNT NUMBER: 000000-123

Activity detail continued

DATE	ACCOUNT TYPE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT	CASH AND SWEEP BALANCES
01/31							
01/31							
01/31							

Non cash activity detail

This section displays security transfer activity for the current period. The price and value are as of the date of the transfer.

Transfers out

3

DATE	ACCOUNT TYPE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	VALUE
01/29	Cash	ASSET TRF	-1720.00000	INVESTCO SSTEELPATHMLP SELECT 40 FD CY L UNSOICITED TO: SMITH MOORE 0005 THE DAILY PLANET CHARITABLE FOUNDATION	1.0000	-1720.00
Total Transfers out:						-\$1,720.00

Cash sweep activity

Our Cash Sweep program allows you to earn a return on the idle cash balances in your account by automatically investing such balances into one of our cash sweep options. These 'sweep transactions' may represent a net amount for the day and occur on settlement date. The following section displays transfers into and out of your sweep option. Transactions displayed here are Transfer To, Transfer From and Reinvested Dividends and Interest. These transaction amounts are not included in your cash flow summary.

DATE	TRANSACTION	DESCRIPTION	AMOUNT	DATE	TRANSACTION	DESCRIPTION	AMOUNT
01/01							
01/03							

2019T WFAD

Example 2
Stock donation documentation — Donor statement documentation

1. Donor name
2. Statement date
3. Stock transfer transaction
 - a. Date of transfer
 - b. Transaction type
 - c. Quantity
 - d. Type of stock
 - e. Recipient Organization


Historical Quotes
This Historical Quotes tool allows you to look up a security's exact closing price. Simply type in the symbol and a historical date to view a quote and mini chart for that security.

Enter Symbol: Enter Date:

Invesco SteelPath MLP Select 40 Fund;Y <small>Wed, Jan 29, 2020</small>	
Closing Price:	6.5778
Open:	6.5778
High:	6.5778
Low:	6.5778
Volume:	n/a

MLPPTX: Daily

No Splits



1 SMITH MOORE
7777 Bonhomme Avenue Suite 2400 Clayton MO 63105

ORIGINAL

2 CONFIRMATION NOTICE

TRANSACTION DATE 01/29/2020	ACCOUNT NUMBER 123-00000
SETTLEMENT DATE 01/30/2020	ACCOUNT TYPE CASH
PROCEEDING DATE 01/19/2020	TRANSACTION TYPE 01

3 THE DAILY PLANET CHARITABLE FOUNDATION
ATTN PERRY WHITE
1 LUTHOR AVENUE
ST LOUIS MO 63143-3800

4

WE CONFIRM THE FOLLOWING TRANSACTION(S):

DESCRIPTION	SYMBOL MLPTX	CUSIP .001ABDDE5F	YOU SOLD
INVESCO STEELPATH MLP SELECT 40 FD CL Y UNSOLICITED			

5

QUANTITY	PRICE	PRINCIPAL/ GROSS AMOUNT	ACCRUED INTEREST	COMMISSION	MARK UP/DOWN PER SHARE	OTHER FEES/ SERVICE CHARGE	SALES CHARGE RATE
1720	1.00	1720.00	0.00	0.00		2.50	
1720		1720.00	0.00	0.00		2.50	

SUMMARY:
MISC FEE 2.50

THANK YOU - IMPORTANT TAX INFORMATION
PLEASE RETAIN FOR YOUR RECORDS.
PLEASE MAKE CHECKS PAYABLE TO:
RBC CLEARING & CUSTODY

SERVICE CHARGE IS ADDITIONAL REVENUE
TO SMITH MOORE AND MAY VARY BY
REPRESENTATIVE AND/OR BRANCH.

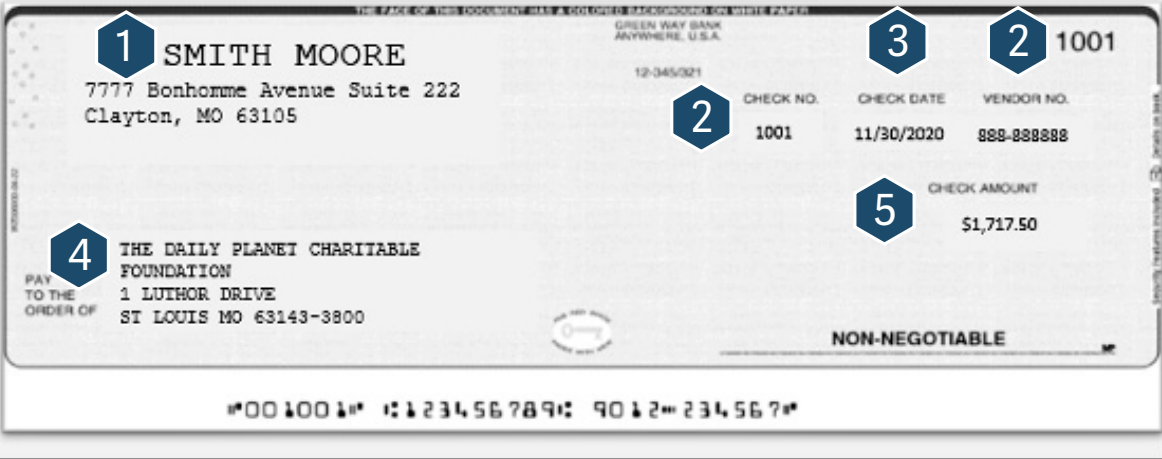
6 **NET AMOUNT**
1717.50

YOUR FINANCIAL PROFESSIONAL:
LOIS LUTHOR
ABC00015
000-000-0000
000-000-0000

Stock sale documentation from NFPO — trade confirmation or statement proving the sale of the securities


- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Broker name 2. Confirmation notice <ol style="list-style-type: none"> a. Transaction/trade date b. Settlement date 3. Organization name 4. Stock ticker symbol | <ol style="list-style-type: none"> 5. Stock transaction information <ol style="list-style-type: none"> a. Name of stock b. Quantity c. Price per share d. Gross amount 6. Net amount |
|---|---|

VENDOR NO.	PURPOSE	CHECK NUMBER	DATE	DOLLAR AMOUNT
888-888888	INVESCO STEEL PATH MLP	1001	11/30/2020	51,717.50



Stock sale documentation from NFPO — Front of brokerage check or proof of deposit

- 1. Name of NFPO broker
- 2. Check number
- 3. Check date
- 4. Payee (NFPO)
- 5. Stock proceeds/net sale amount



DEPARTMENT OF ECONOMIC DEVELOPMENT
INDIVIDUAL PAYROLL DEDUCTION STATEMENT

PROJECT NUMBER	PROJECT NAME	
NAME OF EMPLOYEE		SOCIAL SECURITY NUMBER
TIME FRAME INCLUDED IN REPORT TO		NUMBER OF PAY PERIODS FOR DEDUCTION
AMOUNT (CONTRIBUTION) DEDUCTED PER PAY PERIOD		TOTAL (CONTRIBUTION) DEDUCTED
EMPLOYEE'S SIGNATURE		
PROJECT DIRECTOR'S SIGNATURE		DATE COMPLETED

MO 419-2863 (10-07)

Employee payroll deductions

1. The individual payroll deduction statement
2. Employee pay stub to include
 - a. Employee name
 - b. Current and year to date amount deducted
 - c. Name of nonprofit for the deduction

Ineligible Donations

The following donations are ineligible for FDA, NAP, YOP, and SBI tax credit incentive programs. To qualify for tax credits, donations must be given directly to the approved organization during the authorized project period, and donations must be applied to the project. The value of the donation cannot include sales tax or profit margin.

Donor Advised Funds (DAF)

Donor Advised Funds (DAF) are not eligible for tax incentives, as the donor already receives their tax benefits at the time of creating or donating to the DAF.

- When a donor transfers funds to a DAF, they receive the federal deduction in the tax year of the transfer.
- This can be different from the tax year in which a donor contributes to an approved organization.
- As the donor is no longer the owner of the funds, a third party is created when donating.

Private company stock donations

The stock is not traded publicly, and we cannot verify the value of the stock.

Membership fees paid to organizations

The Department of Economic Development prefers to direct donations to activities that will have a *direct impact* on the project participants.

Third-party, tax exempt public charity donations

Third-party, tax-exempt public charity donations are not eligible for incentives.

- The donor receives the tax benefit from the public charity at the time of donation.
- Once the funds are received, the public charity then directs the donation to the organization of choice.