

Short Form

Form **990-EZ**

Return of Organization Exempt From Income Tax

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

2014

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning **OCT 1, 2014** and ending **SEP 30, 2015**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
MISSOURI VENTURE FORUM INC

D Employer identification number
43-1375208

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
2451 EXECUTIVE DRIVE 109

E Telephone number
314-241-2683

City or town, state or province, country, and ZIP or foreign postal code
ST. CHARLES, MO 63303

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **HTTP://WWW.MVFSTL.ORG/**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (**6**) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **101,855.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>	
Revenue	1 Contributions, gifts, grants, and similar amounts received 1 41,200.
	2 Program service revenue including government fees and contracts 2
	3 Membership dues and assessments 3 54,393.
	4 Investment income 4 34.
	5a Gross amount from sale of assets other than inventory 5a
	b Less: cost or other basis and sales expenses 5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c
	6 Gaming and fundraising events
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b	
c Less: direct expenses from gaming and fundraising events 6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d	
7a Gross sales of inventory, less returns and allowances 7a	
b Less: cost of goods sold 7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c	
8 Other revenue (describe in Schedule O) 8 6,228.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 101,855.	
Expenses	10 Grants and similar amounts paid (list in Schedule O) 10
	11 Benefits paid to or for members 11
	12 Salaries, other compensation, and employee benefits 12
	13 Professional fees and other payments to independent contractors 13 51,175.
	14 Occupancy, rent, utilities, and maintenance 14
	15 Printing, publications, postage, and shipping 15
	16 Other expenses (describe in Schedule O) 16 62,214.
17 Total expenses. Add lines 10 through 16 17 113,389.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -11,534.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 29,363.
	20 Other changes in net assets or fund balances (explain in Schedule O) 20 0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 17,829.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	52,133.	37,031.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	52,133.	37,031.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	22,770.	19,202.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	29,363.	17,829.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 MISSOURI VENTURE FORUM SERVES ENTREPRENEURS - THOSE LEADING THE GROWTH OF EARLIER STAGE BUSINESSES - THROUGH PEER NETWORKING, TOPICAL EDUCATION AND CAPITAL RESOURCES (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MATT KULIG PRESIDENT	3.00	0.	0.	0.
MARIE CARLIE PAST PRESIDENT	1.00	0.	0.	0.
JIM O'DONNELL VICE PRESIDENT	3.00	0.	0.	0.
STEVE THOMAS DIRECTOR	1.00	0.	0.	0.
BOB COCKRELL TREASURER	2.00	0.	0.	0.
BRIAN ROGERS SECRETARY	1.00	0.	0.	0.
TOM SEARS DIRECTOR	2.00	0.	0.	0.
TIMOTHY MCFADDEN PROGRAM CHAIR	1.00	0.	0.	0.
ROBYN FRANKEL MARKETING CHAIR	1.00	0.	0.	0.
MARIQUITA BARBIERI DIRECTOR	1.00	0.	0.	0.
SHEILA BURKETT DIRECTOR	1.00	0.	0.	0.
FRANCIS CHMELIR DIRECTOR	0.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V [X]

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
If "Yes," complete Schedule C, Part I

Table with 3 columns: Question, Yes, No. Row 46: Yes (empty), No (X)

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

Table with 3 columns: Question, Yes, No. Row 47: Yes (empty), No (empty)

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 3 columns: Question, Yes, No. Row 48: Yes (empty), No (empty)

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question, Yes, No. Row 49a: Yes (empty), No (empty)

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question, Yes, No. Row 49b: Yes (empty), No (empty)

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: N/A

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows empty.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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.

Sign Here Signature of officer BOB COCKRELL, TREASURER Date

Table for Preparer Information: Print/Type preparer's name (ROGER G. TOENNIES, CPA), Preparer's signature, Date (08/11/16), Check self-employed, PTIN (P00019708), Firm's name (SCHMERSAHL TRELOAR & COMPANY PC), Firm's address (10805 SUNSET OFFICE DRIVE, SUITE 400 SAINT LOUIS, MO 63127), Firm's EIN (43-1540459), Phone no. ((314) 966-2727)

May the IRS discuss this return with the preparer shown above? See instructions X Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization **MISSOURI VENTURE FORUM INC** Employer identification number **43-1375208**

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	34.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
EDUCATION EVENTS	2,900.
MEETINGS AND BREAKFAST FEES	3,328.
TOTAL TO FORM 990-EZ, LINE 8	6,228.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
ADVERTISING AND PROMOTION	1,486.
BANK AND CREDIT CARD FEES	1,773.
EDUCATION EVENTS	8,327.
HONORARIUMS	540.
INSURANCE	1,314.
MEETING EXPENSES	39,238.
MISCELLANEOUS	1,150.
OFFICE EXPENSES	2,685.
WEBSITE	5,701.
TOTAL TO FORM 990-EZ, LINE 16	62,214.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED MEMBERSHIP DUES	22,770.	19,202.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

MISSOURI VENTURE FORUM INC

Employer identification number

43-1375208

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - MISSOURI VENTURE FORUM
SERVES ENTREPRENEURS - THOSE LEADING THE GROWTH OF EARLIER STAGE
BUSINESSES - THROUGH PEER NETWORKING, TOPICAL EDUCATION AND CAPITAL
RESOURCES

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization MISSOURI VENTURE FORUM INC	Employer identification number 43-1375208
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Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DEDRIC CARTER DIRECTOR	0.00	0.	0.	0.
BRIAN CLEVINGER DIRECTOR	0.00	0.	0.	0.
JAY DELONG DIRECTOR	0.00	0.	0.	0.
JIM ELDER DIRECTOR	2.00	0.	0.	0.
VINCENT J GAROZZO DIRECTOR	0.00	0.	0.	0.
MARY JO GORMAN DIRECTOR	0.00	0.	0.	0.
KEN HARRINGTON DIRECTOR	0.00	0.	0.	0.
ANDY HOYNE DIRECTOR	0.00	0.	0.	0.
TOM MENGWASSER DIRECTOR	2.00	0.	0.	0.
TRAVIS SHERIDAN DIRECTOR	0.00	0.	0.	0.
CINDY TEASDALE-MCGOWAN DIRECTOR	2.00	0.	0.	0.
ROBERTA MOORE DIRECTOR	2.00	0.	0.	0.
MICHELLE MURRAY DIRECTOR	2.00	0.	0.	0.
DOUGAN SHERWOOD DIRECTOR	0.00	0.	0.	0.
CHAD STIENING DIRECTOR	0.00	0.	0.	0.
SORIN VADUVA DIRECTOR	0.00	0.	0.	0.
CHRIS WALSH DIRECTOR	0.00	0.	0.	0.
KYLE WELBORN DIRECTOR	0.00	0.	0.	0.
TAMARA WILGERS DIRECTOR	0.00	0.	0.	0.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. MISSOURI VENTURE FORUM INC	Employer identification number (EIN) or 43-1375208
	Number, street, and room or suite no. If a P.O. box, see instructions. 2451 EXECUTIVE DRIVE, NO. 109	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. CHARLES, MO 63303	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

PAT COATES

• The books are in the care of **2451 EXECUTIVE DRIVE, SUITE 109 - ST. CHARLES, MO 63303**

Telephone No. **314-241-2683** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2016**.

5 For calendar year , or other tax year beginning **OCT 1, 2014**, and ending **SEP 30, 2015**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
AN ATTEMPT TO OBTAIN INFORMATION NECESSARY FOR FILING A RETURN WAS REQUESTED IN A TIMELY FASHION, BUT THE INFORMATION WAS NOT FURNISHED IN SUFFICIENT TIME TO PERMIT THE TIMELY FILING OF THE RETURN, OR THE TAXPAYER PERSONALLY VISITED AN IRS OFFICE FOR THE PURPOSE OF SECURING INFORMATION OR ADVICE AND WAS UNABLE TO MEET WITH AN IRS REPRESENTATIVE

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CPA** Date