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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

Name of foundation KANSAS ALPHA OF PHI DELTA THETA EDUCATIONAL FOUNDATION		A Employer identification number 23-7337119	
Number and street (or P O box number if mail is not delivered to street address) 6010 REINHARDT		B Telephone number (see instructions) (913) 384-5630	
City or town, state or province, country, and ZIP or foreign postal code SHAWNEE MISSION, KS 66205		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <input checked="" type="checkbox"/> \$ 1,364,911		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	671,263			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	18,431	18,431		
	4 Dividends and interest from securities.	4,991	4,991		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	19,594			
	b Gross sales price for all assets on line 6a 319,140				
	7 Capital gain net income (from Part IV , line 2) . . .		19,594		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	714,279	43,016		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	1,976	0		0
	c Other professional fees (attach schedule)	7,214	0		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	40	0		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	1,012	0		0
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	10,242	0		0
	25 Contributions, gifts, grants paid	42,750			42,750
	26 Total expenses and disbursements. Add lines 24 and 25	52,992	0		42,750
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	661,287			
	b Net investment income (if negative, enter -0-)		43,016		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	285,110	966,229	966,229
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____	3,514		
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ 35,000 Less allowance for doubtful accounts ▶ _____ 0	35,000	35,000	35,000
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule).			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans	315,044	290,142	290,142
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)	70,081	73,540	73,540	
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	708,749	1,364,911	1,364,911	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	0	0	
	Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
24		Unrestricted			
25		Temporarily restricted			
26		Permanently restricted			
Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.					
27		Capital stock, trust principal, or current funds	0	0	
28		Paid-in or capital surplus, or land, bldg , and equipment fund	601,495	601,495	
29		Retained earnings, accumulated income, endowment, or other funds	107,254	763,416	
30		Total net assets or fund balances (see instructions)	708,749	1,364,911	
31	Total liabilities and net assets/fund balances (see instructions) . . .	708,749	1,364,911		

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1 708,749
2	Enter amount from Part I, line 27a	2 661,287
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3	4 1,370,036
5	Decreases not included in line 2 (itemize) ▶ _____	5 5,125
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6 1,364,911

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	GREAT PLAINS TRUST COMPANY	P	2014-04-09	2014-04-10
b	GREAT PLAINS TRUST COMPANY	P		2014-01-06
c	GREAT PLAINS TRUST COMPANY	P		2014-12-24
d	GREAT PLAINS TRUST COMPANY	P	2014-07-02	2014-07-03
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 49,758		50,422	-664
b 50,000		29,443	20,557
c 196,078		195,893	185
d 23,304		23,788	-484
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			-664
b			20,557
c			185
d			-484
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	19,594
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	}	3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	55,175	682,431	0 080851
2012	53,589	665,139	0 080568
2011	78,870	678,720	0 116204
2010	13,981	618,086	0 022620
2009	40,568	586,442	0 069176


2	Total of line 1, column (d).	2	0 369419
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 073884
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.	4	1,021,279
5	Multiply line 4 by line 3.	5	75,456
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	430
7	Add lines 5 and 6.	7	75,886
8	Enter qualifying distributions from Part XII, line 4.	8	42,750

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See
the Part VI instructions

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1			
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	860
c		All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2		Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0
3		Add lines 1 and 2.		3	860
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0
5		Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	860
6		Credits/Payments			
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	48		
b	Exempt foreign organizations—tax withheld at source	6b			
c	Tax paid with application for extension of time to file (Form 8868)	6c			
d	Backup withholding erroneously withheld	6d			
7		Total credits and payments. Add lines 6a through 6d.		7	48
8		Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.		8	5
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	817
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	
11		Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded		11	

Part VII-AStatements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	1b		No
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions): <input type="checkbox"/> KS			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. 	10	Yes	

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address N/A				
14	The books are in care of WILLARD R LYNCH Telephone no (913) 384-5630 Located at 6010 REINHARDT SHAWNEE MISSION KS ZIP +4 66205			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year.	15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country				

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here.	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?.	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?. If "Yes," list the years 20 , 20 , 20 , 20 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.</i>)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a

During the year did the foundation pay or incur any amount to

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

Yes No

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

Yes No

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

Yes No

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

Yes No

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

Yes No

5b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

Organizations relying on a current notice regarding disaster assistance check here.

6a

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

Yes No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6b

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes No

7b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total

number of other employees paid over \$50,000.

0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 EDUCATIONAL SCHOLARSHIPS & GRANTS PROVIDED TO CHARITABLE ORGANIZATIONS	42,750
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3.	0

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	625,670
c	Fair market value of all other assets (see instructions).	1c	411,161
d	Total (add lines 1a, b, and c).	1d	1,036,831
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	1,036,831
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	15,552
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,021,279
6	Minimum investment return. Enter 5% of line 5.	6	51,064

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	51,064
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	860
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	860
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	50,204
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	50,204
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . .	7	50,204

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	42,750
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	42,750
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	42,750

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				50,204
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009.				4,279
b From 2010.				
c From 2011.				29,085
d From 2012.				20,974
e From 2013.				21,557
f Total of lines 3a through e.	75,895			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 42,750				
a Applied to 2013, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2014 distributable amount.				42,750
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	7,454			7,454
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	68,441			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions). . .	0			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	68,441			
10 Analysis of line 9				
a Excess from 2010. . . .				
b Excess from 2011. . . .				25,910
c Excess from 2012. . . .				20,974
d Excess from 2013. . . .				21,557
e Excess from 2014. . . .				

Part XIV

4942(j)(3) or 4942(j)(5)

3

Part XV

1

2

Time	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
------	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Form **990-PF** (2014)

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2014)

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.		
	***** _____ Signature of officer or trustee	2015-11-16 _____ Date	***** _____ Title
	<div style="border: 2px solid black; padding: 5px;"> May the IRS discuss this return with the preparer shown below (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>		

Paid Preparer Use Only	Print/Type preparer's name CHARLES S HAVILAND	Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00009757
	Firm's name <input checked="" type="checkbox"/> MILLER HAVILAND KETTER PC PA			Firm's EIN <input checked="" type="checkbox"/> 48-0958002	
	Firm's address <input checked="" type="checkbox"/> 1901 W 47TH PLACE SUITE 204 WESTWOOD, KS 66205			Phone no (913) 432-2727	

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
FRANK KIRK	TRUSTEE 1 00	0	0	0
444 W 47TH ST STE 310 KANSAS CITY,MO 64112				
JEFF DILLON	SECRETARY 1 00	0	0	0
6704 HIGH DRIVE MISSION HILLS,KS 66208				
WILLARD R LYNCH	TREASURER 2 00	0	0	0
7700 SHAWNEE MISSION PKWY STE 101 OVERLAND PARK,KS 66205				
J BRETT MILBOURN	TRUSTEE 1 00	0	0	0
2500 CITY CENTER SQ 1100 MAIN ST KANSAS CITY,MO 64105				
DAVID STAKER	TRUSTEE 1 00	0	0	0
834 W 64TH TERR KANSAS CITY,MO 64113				
CORY LAGERSTROM	PRESIDENT 1 00	0	0	0
6630 RAINBOW MISSION HILLS,KS 66208				
WILLIAM HESS	TRUSTEE 1 00	0	0	0
1200 MAIN ST STE 3500 KANSAS CITY,MO 64105				

TY 2014 Accounting Fees Schedule

Name: KANSAS ALPHA OF PHI DELTA THETA
EDUCATIONAL FOUNDATION
EIN: 23-7337119

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,976	0		0

TY 2014 Other Assets Schedule

Name: KANSAS ALPHA OF PHI DELTA THETA
EDUCATIONAL FOUNDATION
EIN: 23-7337119

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
MCCROSKEY FUND	70,081	73,540	73,540

TY 2014 Other Decreases Schedule

Name: KANSAS ALPHA OF PHI DELTA THETA
EDUCATIONAL FOUNDATION
EIN: 23-7337119

Description	Amount
INVESTMENT CHANGE FOR THE CURRENT YEAR	5,125

TY 2014 Other Expenses Schedule

Name: KANSAS ALPHA OF PHI DELTA THETA
EDUCATIONAL FOUNDATION

EIN: 23-7337119

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
POSTAGE, SUPPLIES, MISC	687	0		0
CUSTODY FEES	325	0		0

TY 2014 Other Professional Fees Schedule

Name: KANSAS ALPHA OF PHI DELTA THETA
EDUCATIONAL FOUNDATION

EIN: 23-7337119

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FUNDRAISING EXPENSE	7,214	0		0

TY 2014 Substantial Contributors Schedule

Name: KANSAS ALPHA OF PHI DELTA THETA
EDUCATIONAL FOUNDATION

EIN: 23-7337119

Name	Address
HELEN COFFIN ESTATE	PO BOX 419692 KANSAS CITY,MO 64141
MICHAEL G WARREN	411 IVANHOE ST DENVER,CO 80220
HAROLD W KNAPHEIDE III	1848 WESTPHALIA STRASSE QUINCY,IL 62305
A SCOTT RITCHIE III	7 N HAMPTON RD EASTBOROUGH,KS 67206
JEFFREY B HANES	6437 VERONA RD MISSION HILLS,KS 66208
BRYAN W JOHNSON	3611 W 63RD STREET MISSION HILLS,KS 66208
MCCROSKEY ESTATE	C/O GORDON HUGENBERGER 3 PARK STREET BOSTON,MA 02108
HADLEY WARWICK	8716 CATALINE STREET PRAIRIE VILLAGE,KS 66207
WILLIAM C BOLEN	6105 HIGH DR MISSION HILLS,KS 66208
MACK V COLT	2108 ARNO RD MISSION HILLS,KS 66208
THOMAS K JONES	4711 W 85TH ST PRAIRIE VILLAGE,KS 66207
MICHAEL L KIMBELL	6800 TOMAHAWK RD MISSION HILLS,KS 66208
MICHAEL C REILLY	608 DELAWARE ST LEAVENWORTH,KS 66048
EDWARD S RISS SR	2724 VERONA CIRCLE MISSION HILLS,KS 66208
KEVIN K WORTHINGTON	7023 WABASH CIRCLE DALLAS,TX 75214

TY 2014 Taxes Schedule

Name: KANSAS ALPHA OF PHI DELTA THETA
EDUCATIONAL FOUNDATION

EIN: 23-7337119

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SECRETARY OF STATE - LICENSE	40	0		0
FEDERAL TAXES	0	0		0

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>.	OMB No 1545-0047
		2014

Name of the organization KANSAS ALPHA OF PHI DELTA THETA EDUCATIONAL FOUNDATION	Employer identification number 23-7337119
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization KANSAS ALPHA OF PHI DELTA THETA EDUCATIONAL FOUNDATION	Employer identification number 23-7337119
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Part I	Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 ____	See Additional Data Table _____ _____ _____	 \$ _____	 Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization KANSAS ALPHA OF PHI DELTA THETA EDUCATIONAL FOUNDATION	Employer identification number 23-7337119
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Part II	Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	See Additional Data Table	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____		\$ _____	_____

Name of organization KANSAS ALPHA OF PHI DELTA THETA EDUCATIONAL FOUNDATION	Employer identification number 23-7337119
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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

Additional Data

Software ID:

Software Version:

EIN: 23-7337119

Name: KANSAS ALPHA OF PHI DELTA THETA
EDUCATIONAL FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>1</div>	<div>D M NELSON</div> <div>8029 ENSLEY LN</div> <div>LEAWOOD, KS66206</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>2</div>	<div>DAVID WIGGINS</div> <div>3400 EASTVALE RD</div> <div>FAIRWAY, KS66205</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>3</div>	<div>DONALD W TROTTER</div> <div>1000 W 57TH ST</div> <div>KANSAS CITY, MO 64113</div>	<div>\$ 9,089</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>4</div>	<div>EDWARD S RISS</div> <div>2724 VERONA CIRCLE</div> <div>MISSION HILLS, KS66208</div>	<div>\$ 50,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>5</div>	<div>EVAN J OLSON</div> <div>58 THUNDERCREEK PL</div> <div>THE WOODLANDS, TX77381</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>6</div>	<div>GROVER B SIMPSON</div> <div>6525 BELINDER AVE</div> <div>MISSION HILLS, KS66208</div>	<div>\$ 15,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>7</div>	<div>HAROLD W KNAPHEIDE</div> <div>2912 CARNOUSTIE LN</div> <div>QUINCY, IL 62301</div>	<div>\$90,000</div>	<div>Person<input checked="" type="checkbox"/></div> <div>Payroll<input type="checkbox"/></div> <div>Noncash<input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>8</div>	<div>HENRY H NEWELL</div> <div>800 W MEYER BLVD</div> <div>KANSAS CITY, MO 64113</div>	<div>\$10,000</div>	<div>Person<input checked="" type="checkbox"/></div> <div>Payroll<input type="checkbox"/></div> <div>Noncash<input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>9</div>	<div>JB MILBOURN</div> <div>1100 MAIN ST STE 2500</div> <div>KANSAS CITY, MO 64105</div>	<div>\$10,300</div>	<div>Person<input checked="" type="checkbox"/></div> <div>Payroll<input type="checkbox"/></div> <div>Noncash<input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>10</div>	<div>JACK D HOWARD</div> <div>907 RIDGEWOOD RD</div> <div>AUSTIN, TX 78746</div>	<div>\$5,000</div>	<div>Person<input checked="" type="checkbox"/></div> <div>Payroll<input type="checkbox"/></div> <div>Noncash<input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>11</div>	<div>JAMES K SCHWARTZ</div> <div>13906 MOHAWK RD</div> <div>LEAWOOD, KS 66224</div>	<div>\$6,000</div>	<div>Person<input checked="" type="checkbox"/></div> <div>Payroll<input type="checkbox"/></div> <div>Noncash<input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>12</div>	<div>JOHN H ROSS</div> <div>4901 W 133RD ST UNIT 204</div> <div>LEAWOOD, KS 66209</div>	<div>\$10,000</div>	<div>Person<input checked="" type="checkbox"/></div> <div>Payroll<input type="checkbox"/></div> <div>Noncash<input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>13</div>	<div>JOHN W MIZE</div> <div>21 CRESTVIEW DR</div> <div>SALINA, KS67401</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>14</div>	<div>JOHN W SIMPSON</div> <div>6416 HIGH DR</div> <div>MISSION HILLS, KS66208</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>15</div>	<div>KS ALPHA PDT MOM'S CLUB</div> <div>10232 LEE BLVD</div> <div>LEAWOOD, KS66206</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>16</div>	<div>MACK V COLT</div> <div>2108 ARNO RD</div> <div>MISSION HILLS, KS66208</div>	<div>\$ 25,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>17</div>	<div>MICHAEL C REILLY</div> <div>608 DELAWARE ST</div> <div>LEAVENWORTH, KS66048</div>	<div>\$ 25,548</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>18</div>	<div>MICHAEL E MCPHERSON</div> <div>27201 W 108TH ST</div> <div>OLATHE, KS66061</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>19</div>	<div>MICHAEL G WARREN</div> <div>411 IVANHOE ST</div> <div>DENVER, CO 80220</div>	<div>\$ 10,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>20</div>	<div>MICHAEL L KIMBELL</div> <div>6800 TOMAHAWK RD</div> <div>MISSION HILLS, KS 66208</div>	<div>\$ 30,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>21</div>	<div>MICHAEL R STRUBLE</div> <div>406 CROTON LAKE RD</div> <div>BEDFORD CORNERS, NY 10549</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>22</div>	<div>RAY D EVANS</div> <div>8414 MEADOW LN</div> <div>LEAWOOD, KS 66206</div>	<div>\$ 7,650</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>23</div>	<div>ROBERT J WOODY</div> <div>3420 N ALBEMARLE ST</div> <div>ARLINGTON, VA 22207</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>24</div>	<div>SCOTT D FERGUSON</div> <div>4550 W 191ST ST</div> <div>STILWELL, KS 66085</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	THOMAS K JONES 4711 W 85TH ST PRAIRIE VILLAGE, KS 66207	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
26	TIMOTHY J GAIGALS 14708 JUNIPER ST LEAWOOD, KS 66224	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
27	WILLIAM L HESS 5429 PAWNEE LN FAIRWAY, KS 66205	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
28	AS RITCHIE PO BOX 783188 WICHITA, KS 67278	\$ 27,413	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
29	BRADLEY A VIGNATELLI 13101 PAWNEE LN LEAWOOD, KS 66209	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
30	FOREST MILLEDGE 6426 SAGAMORE RD MISSION HILLS, KS 66208	\$ 10,496	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>31</div>	<div>JEFFREY B HANES</div> <div>6437 VERONA RD</div> <div>MISSION HILLS, KS66208</div>	<div>\$ 14,672</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>32</div>	<div>KEVIN K WORTHINGTON</div> <div>7023 WABASH CIR</div> <div>DALLAS, TX75214</div>	<div>\$ 23,788</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>33</div>	<div>MARK MORELAND</div> <div>3000 W 68TH ST</div> <div>MISSION HILLS, KS66208</div>	<div>\$ 16,934</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>34</div>	<div>MATTHEW R THOMPSON</div> <div>12604 CAMBRIDGE RD</div> <div>LEAWOOD, KS66209</div>	<div>\$ 9,616</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>35</div>	<div>WILLARD R LYNCH</div> <div>12224 THORNHILL CT</div> <div>LAKEWOOD RANCH, FL34202</div>	<div>\$ 6,439</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>36</div>	<div>WILLIAM C BOLEN</div> <div>6105 HIGH DR</div> <div>MISSION HILLS, KS66208</div>	<div>\$ 49,956</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>37</div>	<div>AS RITCHIE</div> <div>PO BOX 783188</div> <div>WICHITA, KS67278</div>	<div>\$ 12,587</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>38</div>	<div>ANONYMOUS</div> <div>7700 SHAWNEE MISSION PKWY</div> <div>OVERLAND PARK, KS66202</div>	<div>\$ 25,223</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>39</div>	<div>ANONYMOUS</div> <div>7700 SHAWNEE MISSION PKWY</div> <div>OVERLAND PARK, KS66202</div>	<div>\$ 25,199</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>40</div>	<div>ANONYMOUS</div> <div>7700 SHAWNEE MISSION PKWY</div> <div>OVERLAND PARK, KS66202</div>	<div>\$ 25,400</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>3</u>	85 SHARES OF GILEAD SCIENCE STOCK	\$ <u>9,089</u>	<u>2014-09-30</u>
<u>17</u>	283 SHARES OF MCDONALDS CORPORATION STOCK	\$ <u>25,548</u>	<u>2014-12-18</u>
<u>28</u>	310 SHARES OF NOVARTIS STOCK	\$ <u>27,413</u>	<u>2014-05-09</u>
<u>29</u>	CANON COLOR IMAGE RUNNER PRINTER MODEL C2550	\$ <u>10,000</u>	<u>2014-09-03</u>
<u>30</u>	595 SHARES OF BANK OF AMERICA STOCK	\$ <u>10,496</u>	<u>2014-12-22</u>
<u>31</u>	250 SHARES OF CAREFUSION STOCK	\$ <u>14,672</u>	<u>2014-12-19</u>
<u>32</u>	150 SHARES OF COSTAR STOCK	\$ <u>23,788</u>	<u>2014-07-02</u>
<u>33</u>	150 SHARES OF APPLE STOCK	\$ <u>16,934</u>	<u>2014-12-26</u>
<u>34</u>	85 SHARES OF AMERIPRISE STOCK	\$ <u>9,616</u>	<u>2014-10-10</u>
<u>35</u>	100 SHARES OF CERNER CORPORATION STOCK	\$ <u>6,439</u>	<u>2014-11-18</u>

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>36</u>	1150 SHARES OF COMMERCE BANK STOCK	\$ <u>49,956</u>	<u>2014-12-23</u>
<u>38</u>	213 SHARES OF CHEVRON CORPORATION STOCK	\$ <u>25,223</u>	<u>2014-04-10</u>
<u>39</u>	325 SHARES OF HOME DEPOT STOCK	\$ <u>25,199</u>	<u>2014-04-10</u>
<u>40</u>	300 SHARES OF WALMART STORES INC STOCK	\$ <u>25,400</u>	<u>2014-11-21</u>