

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### OMB No 1545-0052

## Form 990-PF

Department of the Treasury Internal Revenue Service

#### **Return of Private Foundation** or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

Inspection

For	caler	ndar year 2015, or tax year beginning 01-	01-2015	, ar	nd ending 1	2-31-2015	
	e of four	ndation NDATION			A Employer Id	entification numb	er
AIN	NIL FOO	NDATION			48-1128251		
Num	ber and :	street (or P O box number if mail is not delivered to street addres	s) Room/suite		<b>B</b> Telephone nur	nber (see instructior	ns)
84	33 E DOL	JGLAS			(316) 683-3024		
	or town, HITA, KS	state or province, country, and ZIP or foreign postal code 67207			<b>C</b> If exemption	application is pendir	ng, check here
<b>G</b> CH	neck all	that apply Initial return Initial return of a Final return Amended return Address change Name change	a former public charity	у	2. Foreign or test, chec	ganizations, check h ganizations meeting k here and attach co	the 85%
		pe of organization		n		indation status was n 507(b)(1)(A), che	
of	year <i>(fr</i>	t value of all assets at end from Part II, col (c), Start II, column (d) mus	▼ Cash Accri	ual		ition is in a 60-mont n 507(b)(1)(B), che	
Pa	rtI	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	Revenue and expenses per (a) books	(b)	Net investment income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach					
	2	Schedule)	400,000				
	3	Interest on savings and temporary cash investments	2	,	2		
	4	Dividends and interest from securities	13,677	1	13,677		
	5a	Gross rents					
	Ь р	Net rental income or (loss)					
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	-7,216	5			
Reverkie	ь	Gross sales price for all assets on line 6a					
~	7	Capital gain net income (from Part IV, line 2)					
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and					
		allowances					
	Ь	Less Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)		-			
	11	Other income (attach schedule)					
	12	Total.Add lines 1 through 11	. 406,463	3	13,679		
	13	Compensation of officers, directors, trustees, etc					
	14	Other employee salaries and wages					
ses	15	Pension plans, employee benefits					
ens	16a	Legal fees (attach schedule)					1.00
Expenses	b	Accounting fees (attach schedule)			332		1,326
Administrative E	17	Other professional fees (attach schedule)  Interest	<del>-</del>	3			1,133
tra	18	Taxes (attach schedule) (see instructions)	. 🕦 123	3			
<u>=</u>	19	Depreciation (attach schedule) and depletion					
Ē	20	Occupancy					
Ă	21	Travel, conferences, and meetings	. 200				200
and	22	Printing and publications					
<u>)</u>	23	Other expenses (attach schedule)	. 🕦 599				599
Operating	24	Total operating and administrative expenses.					
96.		Add lines 13 through 23	3,713	3	332		3,258
ō	25	Contributions, gifts, grants paid	. 87,530				87,530
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	91,243	3	332		90,788
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	315,220				
	ь	Net investment income (If negative, enter -0-)			13,347		
	l c	Adjusted net income(if negative, enter -0-)					

Рa	rt 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	
			(a) Book Value	(b) Book		(c) Fair Market Value
	1	Cash—non-interest-bearing	11,261		5,792	5,792
	2	Savings and temporary cash investments				
	3	Accounts receivable				
		Less allowance for doubtful accounts ▶				
	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) ▶				
		Less allowance for doubtful accounts ▶				
S	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments —U S $$ and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)	53,103	<b>%</b> 3	374,105	362,817
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis ▶				
		Less accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment basis ▶				
		Less accumulated depreciation (attach schedule) ▶				
	15	Other assets (describe ►)	<b>9</b> 628,376	<b>%</b> ∑	628,063	<b>%</b> 378,706
	16	<b>Total assets</b> (to be completed by all filers—see the				
		ınstructions Also, see page 1, item I)	692,740		1,007,960	747,315
	17	Accounts payable and accrued expenses				
_	18	Grants payable				
les	19	Deferred revenue				
Liabilities	20	$Loans\ from\ officers,\ directors,\ trustees,\ and\ other\ disqualified\ persons$				
lat	21	Mortgages and other notes payable (attach schedule)				
_	22	Other liabilities (describe ►)				
	23	Total liabilities(add lines 17 through 22)			0	
_		Foundations that follow SFAS 117, check here ▶				
Ses		and complete lines 24 through 26 and lines 30 and 31.				
and	24	Unrestricted				
綴	25	Temporarily restricted				
모	26	Permanently restricted				
Fund Balance		Foundations that do not follow SFAS 117, check here				
<u>~</u>		and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds				
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund				
A	29	Retained earnings, accumulated income, endowment, or other funds	692,740		1,007,960	
Net	30	Total net assets or fund balances(see instructions)	692,740		1,007,960	
_	31	Total liabilities and net assets/fund balances(see instructions)	692,740		1,007,960	
Pa	rt 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 a	gree		
		with end-of-year figure reported on prior year's return)		l	1	692,740
2		Enter amount from Part I, line 27a			2	315,220
3		Other increases not included in line 2 (itemize) ▶		F	3	,
4		Add lines 1, 2, and 3			4	1,007,960
5		Decreases not included in line 2 (itemize) ▶		ļ	5	. ,
6		Total net assets or fund balances at end of year (line 4 minus line 5)—I		— ine 30 .	6	1,007,960
		, , , , , , , , , , , , , , , , , , , ,				

Part	Capital Gains	ana Lo	sses for Tax on Inve	stn	nent Income	3				
			(s) of property sold (e g , re or common stock, 200 shs		•	(t	How acquired P—Purchase  b) D—Donation	ו ט	ate acquired no , day, yr )	Date sold (d) (mo , day, yr )
1 a	INCOME FUND OF A	MERICA	4			Ť	P	201	15-01-13	2015-12-18
b	AMERICAN HIGH IN	ICOME					Р	201	10-08-30	2015-12-17
С	AMERICAN HIGH IN	ICOME				T	Р	200	09-10-09	2015-04-27
d	AMERICAN HIGH IN	ICOME				T	Р	200	09-10-09	2015-05-22
e						T				
(4	e) Gross sales price		Depreciation allower (f) (or allowable)	d			other basis pense of sale			n or (loss) (f) minus (g)
а	15	55,000					162,89	9		-7,899
b	3	35,000					38,79	3		-3,793
С		6,993					6,58	4		409
d		4,993					4,72	9		264
е										
Co	omplete only for assets s	howing	gaın ın column (h) and owne	d b	y the foundation	n or	n 12/31/69		Gains (Col	(h) gain minus
(i)	) F M V as of 12/31/69		Adjusted basis <b>(j)</b> as of 12/31/69				s of col (ı) ol (յ), ıf any	(I)		ot less than -0-) <b>or</b> (from col (h))
а										-7,899
b										-3,793
С										409
d										264
e										
3	·	al gain oi	et capital loss)  r (loss) as defined in sectione 8, column (c) (see instru	ns 1		)	· ·	3		-7,216
Part	V Qualification L	Jnder S	Section 4940(e) for R	ed	uced Tax on	ı N	et Investme	nt In	come	
(For op		rıvate fo	oundations subject to the se							
			n 4942 tax on the distributa v under section 4940(e) Do		•	,		eriod?		┌ Yes 🗸 No
<b>1</b> En	nter the appropriate amo	unt ın ea	ch column for each year, se	ee ii	nstructions befo	ore	making any en	ries		
	(a) e period years Calendar (or tax year beginning in)	Adjus	(b) sted qualifying distributions	Ne	(c) et value of nonchar		ple-use assets	(	(d) Distributio	n ratio
, (	2014		109,647				156,639			0 699998
	2013		19,389				79,409			0 244166
	2012		5,777				87,326			0 066154
	2011		14,310				90,170			0 158700
	2010		17,194				96,529			0 178123
2								2		1 347141
3	the number of years t	he found	the 5-year base period—div lation has been in existence	e if l	ess than 5 year	rs	, , , , L	3		0 269428
4	Enter the net value of	fnoncha	ritable-use assets for 2015	fro	m Part X, line 5	5.	L	4		824,074
5	Multiply line 4 by line	3				٠		5		222,029
6			ncome (1% of Part I, line 2					6		133
7	Add lines 5 and 6						[	7		222,162
8	Enter qualifying distri	butions	from Part XII, line 4				[	8		90.788

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

**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.

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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names

**►**KS

If "Yes," complete Part XIV

and addresses

8h

9

10

Yes

No

No

Par	t VII-A Statements Regarding Activities (continued)			age .
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 ▶DUNNING ASSOCIATES CPAS LLC Telephone no ▶(316)	5)264-	7203	
	Located at ▶1401 E DOUGLAS WICHITA KS  ZIP+4 ▶67211	, –		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here			_
10	and enter the amount of tax-exempt interest received or accrued during the year			
	·		l	l
16	At any time during calendar year 2015, 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 No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	10		NO
	Accounts (FBAR) If "Yes", enter the name of the foreign country			
Par	t 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
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	İ	İ	i
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   ☐ Yes ✓ No	į	İ	İ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	İ	İ	İ
	(5) Transfer any income or assets to a disqualified person (or make any of either available	i	İ	i
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	i		İ
	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 ) Yes 🗸 No			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations	İ	İ	İ
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
	Г	1	ı	ı
С	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 2015?	1c		
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015? Yes Vo			
	If "Yes," list the years ▶ 20, 20, 20	İ	ĺ	İ
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions )	2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
_	<b>•</b> 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?	 	[ [	l I
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, <b>(2)</b> 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 <b>(3)</b>			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	If the foundation had excess business holdings in 2015)	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 2015?	4b	<u> </u>	No

	r Att-D	Statements Reya	ir dilig Activities for	WillCli Fulli 4/20	May Be Required (C	munuc	u,	
5a	During the	year did the foundation	n pay or incur any amoun	t to				
	(1) Carry o	on propaganda, or othe	rwise attempt to influence	e legislation (section 49	45(e)) <sup>?</sup>	✓ No		
	(2) Influen	ce the outcome of any	specific public election (	see section 4955), or to	·		i i	ĺ
	• •	•	voter registration drive?	•	•	√ No		
			al for travel, study, or oth			√ No	i i	i
	• •	-	ation other than a charita		•	V	ii	i i
		-	ee instructions).	· · · · ·				
					· · · · · ·   Yes	✓ No	1 1	 
	` '	, , ,	than religious, charitable		_	_		
			the prevention of cruelty t		1 .00			ļ
b	•	• • •	•	, ,	the exceptions described			
	-		-	-	(see instructions)?		5b	
	Organizati	ons relying on a curren	it notice regarding disast	er assistance check her	e	<b>-</b>	1 1	
_	If the answ	eric "Vec" to dijection	n 5a(4), does the foundat	ion claim evemption from	n the	I	1 1	
·		· ·	* **	· ·	···· Yes	_ N-		
			ured by Regulations section		· · · · · ·   Yes	I NO	i i	
<b>6</b> a			ar, receive any funds, dire	• •	nremume on			
0a		, , ,	· · · · · · · ·		•	<b></b>		
L					•	✓ No		
b		- · · · · · · · · · · · · · · · · · · ·	ar, pay premiums, directly	y or indirectly, on a perso	onal benefit contract?		6b	No
7-		6b, file Form 8870	was the foundation a party	to a probabited tax shell	tor transaction?			
	•	-	· ·	•	1 .05	✓ No		 
b		the foundation receive	any proceeds or have an	y net income attributable	e to the transaction?		7b	
	-	become the Abou	+ Officers Divestors	Twistons Founds	tion Managora High	du Dais	. F	011000
Par			t Officers, Directors	s, Trustees, Founda	ation Managers, High	nly Paic	l Empl	oyees,
	t VIII a	and Contractors	t Officers, Directors			nly Paic	l Empl	loyees,
	t VIII a	and Contractors	s, foundation managers a	and their compensation (	see instructions).			
	List all office	and Contractors	s, foundation managers a  Title, and average hours per week		see instructions). (d) Contributions to		Expense	e account,
	List all office	and Contractors cers, directors, trustee	s, foundation managers a	nd their compensation ( (c) Compensation(If	see instructions).	(e)	Expense	
1	List all office	and Contractors cers, directors, trustee	s, foundation managers a  Title, and average hours per week	(c) Compensation (not paid, enter	see instructions). (d) Contributions to employee benefit plans and deferred compensati	(e)	Expense	e account,
<b>1</b> ANN E	(a) Nam	ers, directors, trustee e and address	Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	see instructions). (d) Contributions to employee benefit plans and deferred compensati	s (e)	Expense	e account, llowances
1 ANN E 8433 WICH	(a) Nam  GARVEY E DOUGLA	end Contractors cers, directors, trustee e and address AS 7207	Title, and average hours per week  (b) devoted to position  TRUSTEE 1 00	(c) Compensation (not paid, enter -0-)	see instructions).  (d)  Contributions to employee benefit plans and deferred compensations.	6 (e)	Expense other al	e account, llowances
1 ANN E 8433 WICH	(a) Nam  GARVEY E DOUGLA	end Contractors cers, directors, trustee e and address AS 7207	Title, and average hours per week  (b) devoted to position  TRUSTEE 1 00	(c) Compensation (not paid, enter -0-)	see instructions).  (d)  Contributions to employee benefit plans and deferred compensations.	6 (e) 0	Expense other al	e account, llowances
1 ANN E 8433 WICH 2	(a) Nam  GARVEY  E DOUGLA HITA, KS 6  Compensation	end Contractors cers, directors, trustee e and address  AS 7207 on of five highest-paid	Title, and average hours per week  (b) devoted to position  TRUSTEE  1 00  I employees (other than a title, and average)	(c) Compensation (If not paid, enter -0-)  those included on line 1-	see instructions).  (d)  Contributions to employee benefit plans and deferred compensations.  -see instructions). If none contributions to employee benefit	6 (e) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Expense other al	e account, llowances
1 ANN E 8433 WICH 2	(a) Nam  GARVEY  E DOUGLA HITA, KS 6  Compensations and addresses	and Contractors cers, directors, trustee de and address  AS 7207 on of five highest-paid (a) ess of each employee	Title, and average hours per week  (b) devoted to position  TRUSTEE  1 00  d employees (other than a paid hours per week	(c) Compensation (If not paid, enter -0-)  those included on line 1-age ek (c) Compensation	see instructions).  (d) Contributions to employee benefit plans and deferred compensations.  -see instructions). If none contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions.	(e) 0 0, enter " ofit ed (e)	Expense other al	e account, llowances
1 ANN E 8433 WICH 2	Compensati	end Contractors cers, directors, trustee e and address  AS 7207 on of five highest-paid	Title, and average hours per week  (b) devoted to position  TRUSTEE  1 00  I employees (other than a title, and average)	(c) Compensation (If not paid, enter -0-)  those included on line 1-age ek (c) Compensation	see instructions).  (d)  Contributions to employee benefit plans and deferred compensations.  -see instructions). If none contributions to employee benefit plans.	(e) 0 0, enter " ofit ed (e)	Expense other al	e account, llowances 0
1 ANN E 8433 WICH 2	Compensati	and Contractors cers, directors, trustee de and address  AS 7207 on of five highest-paid (a) ess of each employee	Title, and average hours per week  (b) devoted to position  TRUSTEE  1 00  d employees (other than a paid hours per week	(c) Compensation (If not paid, enter -0-)  those included on line 1-age ek (c) Compensation	see instructions).  (d) Contributions to employee benefit plans and deferred compensations.  -see instructions). If none contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions.	(e) 0 0, enter " ofit ed (e)	Expense other al	e account, llowances 0
1 ANN E 8433 WICH 2	Compensati	and Contractors cers, directors, trustee de and address  AS 7207 on of five highest-paid (a) ess of each employee	Title, and average hours per week  (b) devoted to position  TRUSTEE  1 00  d employees (other than a paid hours per week	(c) Compensation (If not paid, enter -0-)  those included on line 1-age ek (c) Compensation	see instructions).  (d) Contributions to employee benefit plans and deferred compensations.  -see instructions). If none contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions.	(e) 0 c, enter " ofit ed (e)	Expense other al	e account, llowances 0
1 ANN E 8433 WICH 2	Compensati	and Contractors cers, directors, trustee de and address  AS 7207 on of five highest-paid (a) ess of each employee	Title, and average hours per week  (b) devoted to position  TRUSTEE  1 00  d employees (other than a paid hours per week	(c) Compensation (If not paid, enter -0-)  those included on line 1-age ek (c) Compensation	see instructions).  (d) Contributions to employee benefit plans and deferred compensations.  -see instructions). If none contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions.	(e) 0 c, enter " ofit ed (e)	Expense other al	e account, llowances 0
1 ANN E 3433 WICH 2	Compensati	and Contractors cers, directors, trustee de and address  AS 7207 on of five highest-paid (a) ess of each employee	Title, and average hours per week  (b) devoted to position  TRUSTEE  1 00  d employees (other than a paid hours per week	(c) Compensation (If not paid, enter -0-)  those included on line 1-age ek (c) Compensation	see instructions).  (d) Contributions to employee benefit plans and deferred compensations.  -see instructions). If none contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions.	(e) 0 c, enter " ofit ed (e)	Expense other al	e account, llowances 0
1 ANN E 8433 WICH 2	Compensati	and Contractors cers, directors, trustee de and address  AS 7207 on of five highest-paid (a) ess of each employee	Title, and average hours per week  (b) devoted to position  TRUSTEE  1 00  d employees (other than a paid hours per week	(c) Compensation (If not paid, enter -0-)  those included on line 1-age ek (c) Compensation	see instructions).  (d) Contributions to employee benefit plans and deferred compensations.  -see instructions). If none contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions.	(e) 0 c, enter " ofit ed (e)	Expense other al	e account, llowances 0
1 ANN E 3433 WICH 2	Compensati	and Contractors cers, directors, trustee de and address  AS 7207 on of five highest-paid (a) ess of each employee	Title, and average hours per week  (b) devoted to position  TRUSTEE  1 00  d employees (other than a paid hours per week	(c) Compensation (If not paid, enter -0-)  those included on line 1-age ek (c) Compensation	see instructions).  (d) Contributions to employee benefit plans and deferred compensations.  -see instructions). If none contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions.	(e) 0 c, enter " ofit ed (e)	Expense other al	e account, llowances 0
1 ANN E 8433 WICH 2	Compensati	and Contractors cers, directors, trustee de and address  AS 7207 on of five highest-paid (a) ess of each employee	Title, and average hours per week  (b) devoted to position  TRUSTEE  1 00  d employees (other than a paid hours per week	(c) Compensation (If not paid, enter -0-)  those included on line 1-age ek (c) Compensation	see instructions).  (d) Contributions to employee benefit plans and deferred compensations.  -see instructions). If none contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions.	(e) 0 c, enter " ofit ed (e)	Expense other al	e account, llowances 0
1 ANN E 8433 WICH 2	Compensati	and Contractors cers, directors, trustee de and address  AS 7207 on of five highest-paid (a) ess of each employee	Title, and average hours per week  (b) devoted to position  TRUSTEE  1 00  d employees (other than a paid hours per week	(c) Compensation (If not paid, enter -0-)  those included on line 1-age ek (c) Compensation	see instructions).  (d) Contributions to employee benefit plans and deferred compensations.  -see instructions). If none contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions.	(e) 0 c, enter " ofit ed (e)	Expense other al	e account, llowances 0
1 ANN E 3433 WICH 2	Compensati	and Contractors cers, directors, trustee de and address  AS 7207 on of five highest-paid (a) ess of each employee	Title, and average hours per week  (b) devoted to position  TRUSTEE  1 00  d employees (other than a paid hours per week	(c) Compensation (If not paid, enter -0-)  those included on line 1-age ek (c) Compensation	see instructions).  (d) Contributions to employee benefit plans and deferred compensations.  -see instructions). If none contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions to employee benefit plans and deferred contributions.	(e) 0 c, enter " ofit ed (e)	Expense other al	e account, llowances 0
1 ANN E B 4 3 3 WICH 2 Nan	Compensatione and address of the control of the con	and Contractors ters, directors, trustee te and address  AS 7207  on of five highest-paid (a) te than \$50,000	Title, and average hours per week  (b) devoted to position  TRUSTEE  1 00  d employees (other than a paid hours per week	those included on line 1- age ek (c) Compensation(If not paid, enter -0-)  0  those included on line 1-	see instructions).  (d) Contributions to employee benefit plans and deferred compensation  -see instructions). If none employee benefit plans and deferred compensation  (d) compensation	(e) 0 c, enter " ofit ed (e)	Expense other al	e account, llowances 0

# 

Form 990-PF (2015)

5

4

5

Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4

Distributable Amount

Part XI

(see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations check here ► and do not complete this part.)

1 

**2**a

Tax on investment income for 2015 from Part VI, line 5. . . . . .

Income tax for 2015 (This does not include the tax from Part VI ). . .

3

Distributable amount before adjustments Subtract line 2c from line 1. . . . . . . . . . . . . . . . 4 

5 6 

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

7 Part XII **Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Expenses, contributions, qifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . . . 2

A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

2a

2b

2 3а

4

5

1

2c

3

4

5

6

7

1a

1b

3b

4

5

267

90,788

Page 8

12,549

41,204

41,204

267

40.937

40.937

40.937

90,788

824,074

90,788 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for Form **990-PF** (2015)

P	art XIII Undistributed Income (see instru	ictions)			
		<b>(a)</b> Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI, line 7	Сограз	rears prior to 2014	2014	40,937
	Undistributed income, if any, as of the end of 2015				
	Enter amount for 2014 only				
	Total for prior years 20, 20, 20				
	Excess distributions carryover, if any, to 2015				
a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	From 2011				
	From 2012				
	From 2013				
	From 2014				
	Total of lines 3a through e	141,510			
	Qualifying distributions for 2015 from Part				
	XII, line 4  \$ 90,788				
а	Applied to 2014, but not more than line 2a				
	Applied to undistributed income of prior years				
_	(Election required—see instructions)				
c	Treated as distributions out of corpus (Election				
	required—see instructions)				40.027
	Applied to 2015 distributable amount	40.054			40,937
	Remaining amount distributed out of corpus	49,851			
5	Excess distributions carryover applied to 2015				
	(If an amount appears in column (d), the same amount must be shown in column (a) )				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	191,361			
b	Prior years' undistributed income Subtract line 4b from line 2b				
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				
d	Subtract line 6c from line 6b Taxable amount —see instructions				
_	Undistributed income for 2014 Subtract line				
-	4a from line 2a Taxable amount—see				
	Instructions				
f	Undistributed income for 2016 Subtract			· · ·	
	lines 4d and 5 from line 1 This amount must				
_	be distributed in 2015				<u> </u>
7	A mounts treated as distributions out of				
	corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(q)(3) (Election may				
	be required - see instructions)				
8	Excess distributions carryover from 2010 not	10.500			
	applied on line 5 or line 7 (see instructions)	12,532			
9	Excess distributions carryover to 2016.	178,829			
_	Subtract lines 7 and 8 from line 6a	170,829			
	Analysis of line 9				
	Excess from 2011 9,992				
	Excess from 2012				
<u>e</u>	Excess from 2015 49,851				<u> </u> Form <b>990-PF</b> (2015)
				Г	OIIII 220-FT (2013)

or	m 990-PF (2015)					Page <b>10</b>
	Part XIV Private Operating Foundate	t <b>ions</b> (see instru	ictions and Part	VII-A, question	1 9)	
	If the foundation has received a ruling or determined foundation, and the ruling is effective for 2015,	enter the date of t	he ruling	▶ ∟		
	Check box to indicate whether the organization	is a private operat	ting foundation de	scribed in section	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	
	year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	A mounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test—enter					
	<ol><li>Total support other than gross investment income (interest,</li></ol>					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(III)					
	(3) Largest amount of support					
	from an exempt organization					
P)=	(4) Gross investment income  Int XV Supplementary Information (4)	Complete this	nart only if th	e organizatio		more in
- 0	assets at any time during the			e organizatio	ii iiaa 45,000 oi	more m
L a	Information Regarding Foundation Managers: List any managers of the foundation who have o	ontributed more th	an 2% of the tota			tion
	before the close of any tax year (but only if the	•				
b	List any managers of the foundation who own 10 ownership of a partnership or other entity) of whether the state of the foundation who own 10 ownership or other entity) of whether the state of the foundation who own 10 ownership or other entity) of whether the foundation who own 10 ownership or other entity) of whether the foundation who own 10 ownership or other entity) of whether the foundation who own 10 ownership or other entity) of whether the foundation who own 10 ownership or other entity) of which is the foundation who own 10 ownership or other entity) of whether entity of the foundation who own 10 ownership or other entity) of which is the foundation who ownership or other entity) of which is the foundation of the foundation whether entity is the foundation of the foundation whether entity is the foundation of the foundation of the foundation whether the foundation of the f		•		vlarge portion of the	
2	Information Regarding Contribution, Grant, Gif	t, Loan, Scholarshi	p, etc., Programs:			
	Check here $\blacktriangleright \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	n makes gifts, gran		-	•	under
а	The name, address, and telephone number or e	mail address of the	e person to whom	applications shou	ld be addressed	
Ь	The form in which applications should be subm	itted and informati	on and materials t	they should includ	e	
c	Any submission deadlines					
d	Any restrictions or limitations on awards, such factors	as by geographica	al areas, charitabl	e fields, kinds of i	nstitutions, or other	

Form 990-PF (2015)	Page <b>11</b>
Part XV Supplementary Information(continued)	

3 Grants and Contributions Paid		proved for Fu	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year See Additional Data Table				
				07.500
Total	<u></u>	<del></del>	▶ 3a	87,530
Total		<u> </u>	<b>▶</b> 3b	

Enter gros	s amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	512, 513, or 514	<b>(e)</b> Related or exempt
<b>1</b> Progran	n service revenue	(a) Business code	<b>(b)</b> A mount	(c) Exclusion code	<b>(d)</b> A mount	function income (See instructions )
f						
_	and contracts from government agencies					
3 Intere	ership dues and assessments ston savings and temporary cash ments			14		
	nds and interest from securities			14	13,677	
	ntal income or (loss) from real estate					
	-financed property.					
6 Net re	lebt-financed property					
<b>7</b> Other	investment income					
invent	r (loss) from sales of assets other than cory			18	-7,216	
	come or (loss) from special events profit or (loss) from sales of inventory					
	revenue <b>a</b> _					
	_					
·						
	-1 4 -1 (-) (-)				6,463	
	al Add columns (b), (d), and (e)					•
L3 Total./	Add line 12, columns (b), (d), and (e)			13	B	6,463
L3 Total./	Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify a I-B Relationship of Activities to	calculations)  o the Accomp	olishment of	Exempt Purpose	S	· · · · · · · · · · · · · · · · · · ·
L <b>3 Total.</b> A (See v	Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify (	calculations)  The Accomplich income is rep	olishment of	<b>Exempt Purpose</b> (e) of Part XVI-A co	: <b>S</b> ntributed importa	ntly to
See v Part XV Line No.	Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of <b>Relationship of Activities to</b> Explain below how each activity for whith the accomplishment of the foundation's	calculations)  The Accomplich income is rep	olishment of	<b>Exempt Purpose</b> (e) of Part XVI-A co	: <b>S</b> ntributed importa	ntly to
See v Part XV Line No.	Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of <b>Relationship of Activities to</b> Explain below how each activity for whith the accomplishment of the foundation's	calculations)  The Accomplich income is rep	olishment of	<b>Exempt Purpose</b> (e) of Part XVI-A co	: <b>S</b> ntributed importa	ntly to
See v Part XV Line No.	Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of <b>Relationship of Activities to</b> Explain below how each activity for whith the accomplishment of the foundation's	calculations)  The Accomplich income is rep	olishment of	<b>Exempt Purpose</b> (e) of Part XVI-A co	: <b>S</b> ntributed importa	ntly to
See v Part XV Line No.	Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of <b>Relationship of Activities to</b> Explain below how each activity for whith the accomplishment of the foundation's	calculations)  The Accomplich income is rep	olishment of	<b>Exempt Purpose</b> (e) of Part XVI-A co	: <b>S</b> ntributed importa	ntly to
See v Part XV Line No.	Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of <b>Relationship of Activities to</b> Explain below how each activity for whith the accomplishment of the foundation's	calculations)  The Accomplich income is rep	olishment of	<b>Exempt Purpose</b> (e) of Part XVI-A co	: <b>S</b> ntributed importa	ntly to
See v Part XV Line No.	Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of <b>Relationship of Activities to</b> Explain below how each activity for whith the accomplishment of the foundation's	calculations)  The Accomplich income is rep	olishment of	<b>Exempt Purpose</b> (e) of Part XVI-A co	: <b>S</b> ntributed importa	ntly to
See v Part XV Line No.	Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of <b>Relationship of Activities to</b> Explain below how each activity for whith the accomplishment of the foundation's	calculations)  The Accomplich income is rep	olishment of	<b>Exempt Purpose</b> (e) of Part XVI-A co	: <b>S</b> ntributed importa	ntly to
See v Part XV Line No.	Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of <b>Relationship of Activities to</b> Explain below how each activity for whith the accomplishment of the foundation's	calculations)  The Accomplich income is rep	olishment of	<b>Exempt Purpose</b> (e) of Part XVI-A co	: <b>S</b> ntributed importa	ntly to
See v Part XV Line No.	Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of <b>Relationship of Activities to</b> Explain below how each activity for whith the accomplishment of the foundation's	calculations)  The Accomplich income is rep	olishment of	<b>Exempt Purpose</b> (e) of Part XVI-A co	: <b>S</b> ntributed importa	ntly to
See v Part XV Line No.	Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of <b>Relationship of Activities to</b> Explain below how each activity for whith the accomplishment of the foundation's	calculations)  The Accomplich income is rep	olishment of	<b>Exempt Purpose</b> (e) of Part XVI-A co	: <b>S</b> ntributed importa	ntly to
See v Part XV Line No.	Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of <b>Relationship of Activities to</b> Explain below how each activity for whith the accomplishment of the foundation's	calculations)  The Accomplich income is rep	olishment of	<b>Exempt Purpose</b> (e) of Part XVI-A co	: <b>S</b> ntributed importa	ntly to
See v Part XV Line No.	Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of <b>Relationship of Activities to</b> Explain below how each activity for whith the accomplishment of the foundation's	calculations)  The Accomplich income is rep	olishment of	<b>Exempt Purpose</b> (e) of Part XVI-A co	: <b>S</b> ntributed importa	ntly to
See v Part XV Line No.	Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of <b>Relationship of Activities to</b> Explain below how each activity for whith the accomplishment of the foundation's	calculations)  The Accomplich income is rep	olishment of	<b>Exempt Purpose</b> (e) of Part XVI-A co	: <b>S</b> ntributed importa	ntly to
See v Part XV Line No.	Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of <b>Relationship of Activities to</b> Explain below how each activity for whith the accomplishment of the foundation's	calculations)  The Accomplich income is rep	olishment of	<b>Exempt Purpose</b> (e) of Part XVI-A co	: <b>S</b> ntributed importa	ntly to
See v Part XV Line No.	Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of <b>Relationship of Activities to</b> Explain below how each activity for whith the accomplishment of the foundation's	calculations)  The Accomplich income is rep	olishment of	<b>Exempt Purpose</b> (e) of Part XVI-A co	: <b>S</b> ntributed importa	ntly to
See v Part XV Line No.	Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of <b>Relationship of Activities to</b> Explain below how each activity for whith the accomplishment of the foundation's	calculations)  The Accomplich income is rep	olishment of	<b>Exempt Purpose</b> (e) of Part XVI-A co	: <b>S</b> ntributed importa	ntly to
See v Part XV Line No.	Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of <b>Relationship of Activities to</b> Explain below how each activity for whith the accomplishment of the foundation's	calculations)  The Accomplich income is rep	olishment of	<b>Exempt Purpose</b> (e) of Part XVI-A co	: <b>S</b> ntributed importa	ntly to
See v Part XV Line No.	Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of <b>Relationship of Activities to</b> Explain below how each activity for whith the accomplishment of the foundation's	calculations)  The Accomplich income is rep	olishment of	<b>Exempt Purpose</b> (e) of Part XVI-A co	: <b>S</b> ntributed importa	ntly to
See v Part XV Line No.	Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of <b>Relationship of Activities to</b> Explain below how each activity for whith the accomplishment of the foundation's	calculations)  The Accomplich income is rep	olishment of	<b>Exempt Purpose</b> (e) of Part XVI-A co	: <b>S</b> ntributed importa	ntly to

Form 990-P	<u> </u>								Pa	ge <b>13</b>
Part XVI	Information Re Noncharitable				actions and I	Relationships	With			
	organization directly or in	directly e	engage in any of	the following wit					Yes	No
organiza										
								12(1)		No
										No
<b>b</b> Other tra										
<b>(1)</b> Sale	es of assets to a nonchar	itable exe	empt organizatio	n				1a(1) No 1a(2) No 1b(1) No 1b(2) No 1b(3) No 1b(4) No 1b(5) No 1c No rket value t value d  . Yes		
<b>(2)</b> Puro	chases of assets from a r	noncharit	able exempt orga	refollowing with any other organization described in riganizations) or in section 527, relating to political  xempt organization of  1a(1) No 1a(2) No 1b(1) No 1b(2) No 1b(3) No 1b(4) No 1b(5) No 1b(6) No 1compared employees.  1compared emplo						
	tal of facilities, equipmer							1b(3)		No
	nbursement arrangement									No
	_									
• •		•	_							
_		_							lue	NO
of the go	ods, other assets, or ser	vices giv	en by the reporti	ing foundation I	f the foundation r	eceived less than	fair marke	t value		
(a) Line No	(b) Amount involved	(c) Name	of noncharitable exe	empt organization	(d) Description	of transfers, transaction	ons, and sha	rıng arra	ngemer	ıts
describe <b>√</b> No	•	e Code (o chedule	other than sectio	•	in section 527?		• • • • tion of relation		es	
	(a) Name of organization		"	, Type of Organiza	CIOIT	(c) Descript	aon or relatio	viauh		
the	der penalties of perjury, I best of my knowledge ar ormation of which prepare	nd belief,	ıt ıs true, correc							
Sign Here	*****			2016-11-15	*****		return			
	Signature of officer or tr	ustee		Date	Tıtle		below (see ır	nstr )?	Yes [	No
	Print/Type preparer's r DEBORAH A HARPE CPA		Preparer's Sign	nature	Date 2016-11-15	Check if self- employed ▶	PTIN PC	01879	913	
Paid Preparei Use		ATES CP	AS LLC		1	Firm's EIN ▶ 46	1 5-157744	8		
Only	Firm's address ► 1401 EAST DOUGLAS 672111607	S AVE WI	CHITA,KS			Phone no (316)	) 264-720	3		

orm 990PF Part XV Line 3 - Gra	ants and Contributions	Paid During	the Year or Approved for F	uture Paymen
Recipient	If recipient is an individual, show any relationship to	status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
<b>a</b> Paid during the year				
ADVENTURES UNLIMITED DISCOVERY 5201 S QUEBEC STREET GREENWOOD VILLAGE,CO 80111	NONE	PC	CAPITAL CAMPAIGN	20,000
BARTLETT ARBORETUM KANSAS 55 BELLE PLAINE,KS 67013	NONE	PUBLIC CHARI	ARBORETUM MAINTENANCE	2,000
BOTANICA GARDENS THE 701 N AMIDON AVE WICHITA,KS 67203	NONE	PUBLIC CHARI	ARBORETUM MAINTENANCE	700
CHAMBER MUSIC AT THE BARN 4041 N MAIZE ROAD WICHITA,KS 67101	NONE	PC	MUSIC EDUCATION PROGRAMS	1,795
FISCH HAUS 524 S COMMERCE WICHITA,KS 67202	NONE	PUBLIC CHARI	ART GALLERY OPERATIONS	6,000
FRIENDS UNIVERSITY 2100 W UNIVERSITY AVE WICHITA,KS 67213	NONE	PUBLIC CHARI	JAZZ FESTIVAL OPERATIONS	1,000
FUNDAMENTAL LEARNING CENTER 917 S GLENDALE ST WICHITA,KS 67218	NONE	PUBLIC CHARI	EDUCATION PROGRAMMING	100
GREATER KANSAS CITY COMMUNITY FDN 1055 BROADWAY BLVD KANSAS CITY,MO 64105	NONE	PC	SCHOLARSHIP FUND	100
INDEPENDENT SCHOOL 8317 E DOUGLAS WICHITA,KS 67207	NONE	PUBLIC CHARI	EDUCATION & MUSIC	2,684
KMUW 3317 E 17TH ST N WICHITA,KS 67208	NONE	PUBLIC CHARI	PUBLIC RADIO PROGRAMMING	2,240
KPTS 320 W 21ST ST N WICHITA,KS 67203	NONE	PC	PUBLIC TELEVISION	1,000
MID AMERICA ARTS ALLIANCE 2018 BALTIMORE AVE KANSAS CITY,MO 64108	NONE	PUBLIC CHARI	ARTS PROGRAMMING	10,200
PEACE HAVEN ASSOCIATION 12630 ROTT ROAD ST LOUIS,MO 63127	NONE	PC	NURSING CARE	20,000
RADIO KANSAS 815 N WALNUT SUITE 300 HUTCHINSON,KS 67501	NONE	PUBLIC CHARI	PUBLIC RADIO	6,71
SALVATION ARMY THE 350 N MARKET ST WICHITA,KS 67201	NONE	PUBLIC CHARI	EDUCATION PROGAMMING	1,000
Total	<del></del>	<del></del>	▶ 3a	87,530

form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year	or substantial contributor			<u> </u>
SECOND CHURCH OF CHRIST SCIENTIST 4501 E DOUGLAS AVE WICHITA,KS 67218	NONE	PC	RELIGIOUS PROGRAMMING	550
ST JAMES EPISCOPAL CHURCH 3750 E DOUGLAS WICHITA,KS 67208	NONE	PC	RELIGIOUS PROGRAMMING	225
SYMPHONY IN THE FLINT HILLS INC 331 BROADWAY COTTONWOOD FALLS,KS 66845	NONE	PUBLIC CHARI	PRAIRIE SYMPHONY PROGRAMMING	5,000
TALLGRASS FILM ASSOCIATION 6505 E CENTRAL 146 WICHITA,KS 67206	NONE	PUBLIC CHARI	CINEMATIC ARTS	230
TREES FOR LIFE 3006 W ST LOUIS WICHITA, KS 67203	NONE	PUBLIC CHARI	AID TO POVERTY	500
TRUST WOMEN PO BOX 3222 WICHITA,KS 67201	NONE	PC	WOMEN'S HEALTH ISSUES	160
WICHITA ASIAN ASSOCIATION 2502 E DOUGLAS AVE WICHITA,KS 67214	NONE	PC	ASIAN CULTURAL EVENTS	500
WICHITA FRIENDS SCHOOL 14700 W KELLOGG WICHITA,KS 67235	NONE	PC	CAPITAL CAMPAIGN	500
WICHITA SEDGWICK COUNTY HISTORICAL 204 S MAIN WICHITA,KS 67202	NONE	PC	HISTORICAL MUSEUM OPERATIONS	50
WICHITA STATE UNIVERSITY FOUNDATION 1845 FAIRMOUNT ST WICHITA,KS 67260	NONE	PUBLIC CHARI	PERFORMING ARTS PROGRAMMING	1,000
WICHITA STATE UNIVERSITY FOUNDATION 1845 FAIRMOUNT ST WICHITA,KS 67260	NONE	PC	KILN	683
WICHITA STATE UNIVERSITY FOUNDATION 1845 FAIRMOUNT ST WICHITA,KS 67260	NONE	PC	PERFORMING ARTS PROGRAMMING	2,500
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD JACKSONVILLE,FL 32256	NONE	PC	VETERAN SUPPORT	100
Total			▶ 3a	87,530

TY 2015 Accounting Fees Schedule
----------------------------------

Name: ANNIE FOUNDATION

1,658

**EIN:** 48-1128251

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Income

DLN: 93491320045546

Category	Amount	Net
		1 :

**DUNNING & ASSOCIATES** 

CPAS LLC

332

**Adjusted Net** 

Disbursements for Charitable Purposes

1,326

Income

Investment

efile GRAPHIC print - DO NOT PROCESS   As Filed Data -	DLN: 93491320045546	
TY 2015 Investments Corporate Stock Schedule		
Name: ANNIE FOUNDATION EIN: 48-1128251		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
AMERICAN HIGH INCOME TRUST CL A	2,997	2,723
AMCAP CL	100,000	101,805

INCOME FUND OF AMERICA

NEW WORLD CL A

221,108

50,000

207,947

50,342

DLN: 93491320045546

378,706

628,063

## Name: ANNIE FOUNDATION

EIN:	48-1128251

**GOLD MAPLE LEAF COINS** 

ACCRUED DIVIDENDS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value

628,063

313

DLN: 93491320045546

Name: ANNIE FOUNDATION FTN: 18-1128251

<b>LIN.</b> 40 1120231				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
SUPPLIES	599			599

DLN: 93491320045546

1,133

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SECRETARIAL/ARCHIVES

Name: ANNIE FOUNDATION

1,133

**EIN:** 48-1128251

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

effile GRAPHIC print - DO NOT PROCESS	AS Filed Data -	DLN: 93491320045546
TY 2015 Taxes Schedule		
Name:	ANNIE FOUNDATION	
EIN:	48-1128251	

DI N. 0240422004EE46

office CDARUTC maint DO NOT BROCECC As Filed Bots

<b>EIN:</b> 48-1128251				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDIRECT TAXES/LICENSES	123			

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -			DLN: 93491320045546
Schedule B		Schedu	le of Contributors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	990-PF)  Partment of the Treasury  Partment of the Treasury  Partment of the Treasury  Partment of the Treasury  Partment of the Treasury  Partment of the Treasury  Partment of the Treasury  Partment of the Treasury  Partment of the Treasury  Partment of the Treasury  Partment of the Treasury		2015		
Name of the organizati	on			Employe	r identification number
				48-112	8251
Organization type (ch	eck one)				
Filers of:	Section:				
Form 990 or 990-EZ	Form 990 or 990-EZ				
	4947(a)(1)	nonexempt charita	able trust <b>not</b> treated as a priv	ate foundation	
	☐ 527 politica	l organization			
Form 990-PF	<b>√</b> 501(c)(3) €	exempt private foui	ndation		
	☐ 4947(a)(1)	nonexempt charita	able trust treated as a private	foundation	
	501(c)(3) t	axable prıvate foui	ndation		
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 <b>General Rule</b> 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 ANNIE FOUNDATION Employer identification number 48-1128251

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional spa	ce is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person 🔽
	JEAN AND WILLARD GARVEY FUND 7309 E 21ST SUITE 120	\$ 400,000	Payroll
	WICHITA, KS 67206	3 400,000	Noncash —
	,		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll
		-	Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		_     \$	Payroll
		_	Noncash —
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		- - - - - -	Payroll
		-	Noncas h
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		_     \$	Payroll
		-	Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		_	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions )

Employer identification number

ANNIE FOUNDATION			
Noncash Property		48-1128251	
Part II	(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
		s	
(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
		s	

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)