Form 990-PF

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

1708

OMB No 1545-0052

2016

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

_		1 F Information about 1 of in 330-11 and its 36				330pi.   #P3.	114 . while the bootest
For	calend	dar year 2016 or tax year beginning	09-01 , 2016,	and endin	g	08	-31 ,2017
N	ame of t	oundation			A Employer	identification number	
W	ENDE	LL AND BEULAH WHEELER FAMILY			48-1250	163	
N	umber a	nd street (or P O box number if mail is not delivered to street address)	R	oom/suite	B Telephone	number (see instructions	
P	0 в	OX 8593			1	33-2323	
C	ity or to	vn, state or province, country, and ZIP or foreign postal code				ion application is pending	shook have
		KS 67124			C il exempi	ion application is pending	, crieck nere
			of a former public char	ntv vir	D 1. Foreig	n organizations, check he	ere
		Final return Amended ref	•				
		Address change Name chang				n organizations meeting t	
H	Check	ype of organization: Section 501(c)(3) exempt priv		1- =7	l	here and attach computa	
	7		axable private foundat	05		foundation status was ter 07(b)(1)(A), check here	
1 6		rket value of all assets at J Accounting method:		Accrual	į		
		vear (from Part II, col. (c), Other (specify)	ZI Casii	Accidal		ndation is in a 60-month to	
	ine 16)		on each basis l		under se	ction 507(b)(1)(B), check	nere
	art I	Analysis of Revenue and Expenses (The total of	on cash basis.)	т	l		T
* 5	111,1	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and	(b) Net	investment	(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column (a) (see instructions).)	expenses per books		come	income	purposes
	1 4	<del></del>					(cash basis only)
12	1	Contributions, gifts, grants, etc , received (attach schedule)		<del> </del>		***************************************	ļ
	2	Check ► X if the foundation is <b>not</b> required to attach Sch B	· · · · · · · · · · · · · · · · · · ·	<u> </u>			<del></del>
入ろ	, 3	Interest on savings and temporary cash investments	24:	<del> </del>	241		·····
	€4	Dividends and interest from securities	47,937	<b>1</b>	47,937		·
	5a	Gross rents		ļ		, and the second se	
	ь	Net rental income or (loss)		 	···	· · · · · · · · · · · · · · · · · · ·	
ē	6a	Net gain or (loss) from sale of assets not on line 10	77,422	2			
Revenue	b	Gross sales price for all assets on line 6a 272,756	7	<u> </u>			
Š	7	Capital gain net income (from Part IV, line 2)			77,422		
œ	8	Net short-term capital gain		1			
	9	Income modifications		1			<del></del>
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold	, , , , , , , , , , , , , , , , , , , ,	1		, , , , , , , , , , , , , , , , , , ,	<del></del>
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule) STM1D6	1,500				<del>                                      </del>
	12	Total. Add lines 1 through 11	127,100	,	125,600		
	13	Compensation of officers, directors, trustees, etc					
es	14	Other employee salaries and wages				<del></del>	
S	15	Pension plans, employee benefits					
g	16a	Legal fees (attach schedule)					
ũ	ь	Accounting fees (attach schedule) STM108	1,120	j			1,120
Š	С	Other professional fees (attach schedule)	·				
ati	14 15 16a b c 17 18 19 20 21 22 23 24 25 25	Interest					
Sti	18	Taxes (attach schedule) (see instructions)	999				999
٦	19	- NECEIVED -		1		<del>- , </del>	<del></del>
퉏	20	Occupancy		<del> </del>			
Ϋ́	21	Occupancy				<del></del>	<del></del>
ä	20	Printing and publications	505		505	<del></del>	<del></del>
ρ	23			<del> </del>	503	<del></del>	
#	24	Other expenses (attach schedule) OCDEN, UT  Total operating and administrative expenses.		<del>}</del>		<del></del>	<del></del>
ē	3	Add lines 13 through 23	2 62	j	575		0 110
Q	25		2,624	·	505	······································	2,119
-	25 26	Contributions, gifts, grants paid	49,000				49,000
		Total expenses and disbursements. Add lines 24 and 25 .	51,624	<del>*</del>	505		51,119
	27	Subtract line 26 from line 12:	: 	]		-	
	a	Excess of revenue over expenses and disbursements	75,476	<b>1</b>		***************************************	······································
	b	Net investment income (if negative, enter -0-)	· · · · · · · · · · · · · · · · · · ·	<del> </del>	125,095		·
	C	Adjusted net income (if negative, enter -0-)		1		ď	

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line .		Attached schedules and amounts in the description column	Beginning of year		End of y	ear
٢2	ırt II	Balance Sheets should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bearing	7,740	17,	616	17,616
	1	Savings and temporary cash investments	140,274	187,	810	187,810
	ì	Accounts receivable				
		Less: allowance for doubtful accounts	1		ĺ	
	ţ .	Pledges receivable				
	l	1	1		į	
	l.	Less: allowance for doubtful accounts  Grants receivable				
	1 -	Receivables due from officers, directors, trustees, and other				
	i		1			
	1	disqualified persons (attach schedule) (see instructions)				······································
		Other notes and loans receivable (attach schedule)			Ì	
s		Less: allowance for doubtful accounts	<del></del>		-+	
Assets		Inventories for sale or use				
Ş	1	Prepaid expenses and deferred charges				
	1	Investments - U.S. and state government obligations (attach STIMELDIE)	867,162	782,		810,657
		Investments - corporate stock (attach schedule) STM137	741,699	913,	020	1,215,803
		Investments - corporate bonds (attach schedule) STM138	50,353	<del></del>	<del></del>	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
		Investments - land, buildings, and equipment basis ▶	1			
		Less accumulated depreciation (attach schedule)				<del></del>
	12	Investments - mortgage loans				<del> </del>
	13	Investments - other (attach schedule)		7. 18.118. Sur 7.118	<del></del>	
	14	Land, buildings, and equipment. basis ▶				
		Less accumulated depreciation (attach schedule)				<del></del>
	15	Other assets (describe				
	16	Total assets (to be completed by all filers - see the			1	
	1	instructions. Also, see page 1, item I)	1,807,228	1,901,	192	2,231,886
	17	Accounts payable and accrued expenses				
	18	Grants payable				
ë	19	Deferred revenue				
Liabilities	1	Loans from officers, directors, trustees, and other disqualified persons				
æ	1	Mortgages and other notes payable (attach schedule)				
<b>5</b>	i	Other liabilities (describe				
	1	Total liabilities (add lines 17 through 22)	0		0	
		Foundations that follow SFAS 117, check here		<del> </del>		
s		and complete lines 24 through 26 and lines 30 and 31.				
lances	24	Unrestricted				
lan	l -	Temporarily restricted				
Ba		Permanently restricted	<del></del>			
Þ	20	Foundations that do not follow SFAS 117, check here				
Ē		and complete lines 27 through 31.				
5	27	Capital stock, trust principal, or current funds	1,771,272	1,771,	272	
ţ	1.	Paid-in or capital surplus, or land, bldg., and equipment fund	1,771,272		2,2	
Se	28	•	35,956	129,	920	
As	29	Retained earnings, accumulated income, endowment, or other funds	1,807,228	1,901,		
Net Assets or Fund Ba	30	Total net assets or fund balances (see instructions)	1,607,228	1,301,	132	
~	31	Total liabilities and net assets/fund balances (see	1 007 220	1 001	102	
F	4 619	instructions)	1,807,228	1,901,	192	
	art III	, <u>, , , , , , , , , , , , , , , , , , </u>				
1		net assets or fund balances at beginning of year - Part II, column (a), line				1 607 000
		f-year figure reported on prior year's return)			1-1-	1,807,228
		amount from Part I, line 27a			2	75,476
		increases not included in line 2 (itemize) ►STM115	<del></del>	<del></del>	3	18,994
		nes 1, 2, and 3			4	1,901,698
		eases not included in line 2 (itemize) STM116			5	506
•	Total	net assets or fund halances at end of year (line 4 minus line 5) - Part II co	oluma (h) liae 30		16	1.901.192

Part IV	Capital Gains a	nd Losses for Tax on Inves	stment Income	ė	_		
`	(a) List and describe 2-story brick wareh	the kind(s) of property sold (e.g , real esouse, or common stock, 200 shs MLC C	tate, o)	(b) How acquired P-Purchase D-Donation	(c) Date a	cquired ay, yr )	(d) Date sold (mo., day, yr)
1a 2	50 SHARES WALGRE	EN BOOT ALLIANCE		P	01-08-	2008	10-25-2016
b 4	00 SHARES APPLE	INC		P	04-25-	2013	05-11-2016
c B	EAR STREAMS CO II	NC		P	02-07-	2008	01-26-2017
d P	RATT PUBLIC BUILI	DING BOND		P	09-12-	2013	03-09-2017
е 3	00 SHARES APPLE	INC		P	02-02-	2016	08-30-2017
	e) Gross sales price	(f) Depreciation allowed	(g) Cost or o	ther basis			ain or (loss)
		(or allowable)	plus expen	se of sale			(f) minus (g)
<u>a</u> _	20,679		<del></del>	8,801			11,878
<u>b</u>	46,947		<del></del>	23,524			23,423
<u>c</u>	54,342	<del></del>		50,353			3,989
<u>d</u>	101,892		<del></del>	83,911			17,981
<u> </u>	48,896			28,745			20,151
Comp	lete only for assets showing	ng gain in column (h) and owned by	the foundation on 1	2/31/69	(I	) Gains (C	ol (h) gain minus
(i) F	.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col ()			(k), but no	ot less than -0-) or from col (h))
_ a							11,878
b							23,423
С							3,989
đ							17,981
0							20,151
•	al gain net income or (net o	capital loss) If (loss), en	enter in Part I, line iter -0- in Part I, line	<b>&gt;</b>	2		77,422
If gain	n, also enter in Part I, line 8	oss) as defined in sections 1222(5) a B, column (c) (see instructions). If (los	ss), enter -0- in	}	3		
Part V	<u> </u>	der Section 4940(e) for Rec	duced Tax on	Net Investme		ne	
	<del></del>	te foundations subject to the section					
Was the fo		ction 4942 tax on the distributable am	• •	the base period?	,		Yes X No
		alify under section 4940(e). Do not co	<del></del>				<del></del>
1 Enter		each column for each year; see the	instructions before	making any entri	es.		
Calenda	(a) Base period years ar year (or tax year beginning	(b) Adjusted qualifying distributions	Net value of n	(c) oncharitable-use as	ssets		(d) tribution ratio divided by col (c))
	2015	52,0	97	2,057,5	536	0	.02532
	2014	55,2	63	2,004,	154	0	.027574
	2013	64,2	90	1,924,2	232	0	.033411
	2012	57,7	77	1,767,	123	0	.032696
	2011	88,3	36	1,691,2	237		.052232
	<del></del>	<del></del>					······································
2 Total	of line 1, column (d)				. 2	0	.171232
3 Avera	ge distribution ratio for the	5-year base period - divide the total	on line 2 by 5, or b	y the			
	*	has been in existence if less than 5 y		<i>.</i>	. 3	0	.034246
4 Enter	the net value of noncharita	able-use assets for 2016 from Part X	, line 5		. 4		2,175,765
5 Multip	oly line 4 by line 3				. 5		74,511
6 Enter	1% of net investment inco	ome (1% of Part I, line 27b)			. 6	-	1,251
7 Add In	nes 5 and 6				7	}	75,762
	qualifying distributions from 8 is equal to or greater that	m Part XII, line 4	e 1b, and complete			. See the	51,119
		· · · · · · · · · · · · · · · · · · ·					

				4
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
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?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		ŀ	
	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	X	<u> </u>
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	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	KS	_	i	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		Ē	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	_8b	X	
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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	_9_	_X_	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X
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	all years listed, answer "No" and attach statement - see instructions.)	2b	1	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<b>&gt;</b>		. [	
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year? Yes X No			
b	If "Yes," did it have excess business holdings in 2016 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? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2016)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
þ	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 2016?	4b		X
EEA	F	orm 99	0-PF (2	016

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Part VII-B Statements Regarding Activiti	es for '	Which Forr	n 4720	May Be	Requi	red (continued	)		
5a During the year did the foundation pay or incur any ar	nount to:				_				
(1) Carry on propaganda, or otherwise attempt to infl	uence le	gislation (sectio	on 4945(	e))?	[	Yes X No		İ	
(2) Influence the outcome of any specific public elect	ion (see	section 4955);	or to car	ry on,					
directly or indirectly, any voter registration drive?					[	Yes X No		ĺ	
(3) Provide a grant to an individual for travel, study, of	or other s	imilar purposes	s?		[	Yes X No	-	•	
(4) Provide a grant to an organization other than a ch							1		
					[	Yes X No	1		
(5) Provide for any purpose other than religious, cha								:	
purposes, or for the prevention of cruelty to childr				<i>.</i> .	[	Yes X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the tran					L				
Regulations section 53.4945 or in a current notice reg						<del>-</del>	5b		{
Organizations relying on a current notice regarding di	-					• 🗖	00		<b></b>
c If the answer is "Yes" to question 5a(4), does the four					• • •				l
because it maintained expenditure responsibility for the		•			ſ	Yes No			ĺ
If "Yes," attach the statement required by Regulations	-				[	163 [ 140			ĺ
			2 D21/ D76	miume				t	
	-	•			Г	Yes X No			ĺ
on a personal benefit contract?						Tes A No	<b>31</b>		v
b Did the foundation, during the year, pay premiums, di	rectly or	indirectly, on a	persona	i benefit con	ract?		6b		X
If "Yes" to 6b, file Form 8870.					ſ	¬		-	
7a At any time during the tax year, was the foundation a		•				Yes X No			ł
b If "Yes," did the foundation receive any proceeds or h							7b		
Part VIII Information About Officers, Dir	ectors	, irustees,	Found	dation Ma	ınager	s, Highly Paid	Empi	oyee	s,
and Contractors									
1 List all officers, directors, trustees, foundation man						<u> </u>	<del></del>		
(a) Name and address		le, and average irs per week		ompensation not paid,		Contributions to eyee benefit plans	(e) Expe	ense ac allowar	count,
	devot	ed to position	en	iter -0-)	and def	erred compensation	Outer		
FREDERICK S LOOMIS	DIREC	TOR							
P O BOX 8593, PRATT, KS 67124	ļ	4.00	ļ	0		0			0
DEAN GAMBLE	DIREC	TOR	]						
P O BOX 8593, PRATT, KS 67124	ļ	1.00	L	0		0			0
DARRIN HEADRICK	DIREC	TOR	1		]		}		
P O BOX 8593, PRATT, KS 67124	<u> </u>	1.00		0		0			0
PAUL CONNER	DIREC	TOR	1		]		]		
P O BOX 8593, PRATT, KS 67124		1.00	<u> </u>	0		0			0
2 Compensation of five highest-paid employees (other	r than th	nose included	on line	1 - see instr	uctions)	. If none, enter			
"NONE."									
		(b) Title, and	averane	1		(d) Contributions to			
(a) Name and address of each employee paid more than \$50	0,000	hours per v	veek	(c) Compe	nsation	employee benefit plans and deferred	(e) Expe	nse acı ıllowan	
		devoted to pe	osition			compensation			
NONE									
		l						_	
			-						
		1		<u></u>					
				1		}			
				<u> </u>					
		}							
Total number of other employees paid over \$50,000	<del></del>								0
FFA							Form 99	0-PF (	

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Total. Add lines 1 through 3

EEA

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foun	dations,
	see instructions.)	· · · · · · · · · · · · · · · · · · ·	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	2,192,829
b	Average of monthly cash balances	1b	16,069
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	2,208,898
6	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	2,208,898
4	Cash deemed held for charitable activities  Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	33,133
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,175,765
6	Minimum investment return. Enter 5% of line 5	6	108,788
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	founda	itions
	and certain foreign organizations check here ▶ X and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	·
2a	Tax on investment income for 2016 from Part VI, line 5	]	,
b	Income tax for 2016. (This does not include the tax from Part VI.)	.	
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	/
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	/7	
Pa	rt XII Qualifying Distributions (see instructions)		
			<del></del>
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	51,119
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	<del></del>
b	Cash distribution test (attach the required schedule)	3b	<del></del>
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	51,119
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	51,119
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	e found	ation
	qualifies for the section 4940(e) reduction of tax in those years.		

P	art XIII Undistributed Inc	AND BEULAH W ome (see instru	ctions)	<u> </u>	48-1	250163 Pa
1	. Distributable amount for 2016 from	Part XI,	(a) Corpus	(b) Years pnor to 2015	(c) 2015	(d) 2016 /
2			·····			<del>/////////</del>
	Undistributed income, if any, as of	the end of 2016:				
_	- The difficultion 2010 Offig					ŀ
3	, , , , , , , , , , , , , , , , , , ,	, <u> </u>				<del></del>
	Excess distributions carryover, if a	ny, to 2016 <sup>.</sup>			· · · · · · · · · · · · · · · · · · ·	·
ā		88,336			ŀ	†
t		57,777				ļ
•		64,290			1	j
0		55,263				ŧ.
6		52,097				ł
f	i sian or miles ou unough e		317,76	3	j	}
4	Qualifying distributions for 2016 from	n Part XII,				
	line 4: ▶ \$51,:	119				#
а	France to Editor Dat Hot Hible (Hall I	ine 2a				F
b	the analogipated income of b	nor years	<del></del>			···· <del>- · · · · · · · · · · · · · · · · </del>
	(Election required - see instructions	)				
С	and and another date of corpu	s (Election	·····			· · · · · · · · · · · · · · · · · · ·
	required - see instructions)					}
d	Applied to 2016 distributable amoun	t		· · · · · · · · · · · · · · · · · · ·	+ <del>  +</del>	<u>, † </u>
е	Remaining amount distributed out of	corpus	51,11	<u> </u>		
5	Excess distributions carryover applie	ed to 2016		<del>7</del>	***************************************	
	(If an amount appears in column (d),	the same		<u></u>		
	amount must be shown in column (a	).)			<b>}</b>	1
6	Enter the net total of each column	as				1
	indicated below:			,		Ţ
а	Corpus. Add lines 3f, 4c, and 4e. Sul	otract line 5	369.00	]	1	}
b	Prior years' undistributed income S	uhtract	368,88	<del>*************************************</del>		
	line 4b from line 2b			/		
С	Enter the amount of prior years' under	stributed	<del>, ,, ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			
	income for which a notice of deficience	ry hae		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	been issued, or on which the section	4942(2)			j	1
	tax has been previously assessed	+942(a)				}
d	Subtract line 6c from line 6b. Taxable	· · · · · · · · · · · · · · · · · · ·				]
	amount - see instructions			1		<del>                                      </del>
e	Undistributed income for 2015. Subtr	and line	*** *** **** *****	<u> </u>	<u> </u>	1
	4a from line 2a. Taxable amount - see					·
						ţ
f	Undistributed income for 2016. Subtra					[
-	4d and 5 from line 1. This amount must	ici iines				
	distributed in 2017	St De				1
7	Amounts treated as distributions out of	· · · · · · · <u>                         </u>	<del> </del>	<del>-                                      </del>		
	to satisfy requirements imposed by se	f corpus				
	170/b)(1)(E) or 4042(a)(a) (E)	ection	y <sup>f</sup>		:	
	170(b)(1)(F) or 4942(g)(3) (Election m	ay be				
3	required - see instructions)					
•	Excess distributions carryover from 20	011 not			**************************************	<del></del>
)	applied on line 5 or line 7 (see instruct	ions)	88,336	<u></u>		
•	Excess distributions carryover to 20	017.		··· · · · · · · · · · · · · · · · · ·	<del>-11' + -24</del>	1 111 113 113 114 1 11111 1 11111
		· · · · · /	280,546			
	Analysis of line 9:	A		· · · · · · · · · · · · · · · · · · ·		· ····································
	Excess from 2012	57,77		‡	}	
	Excess from 2013	64,2,90		†	1	
	excess from 2014	55,263		1	1	
d E	Excess from 2015	52,097		{	}	
e E	excess from 2016	51,119	1	F.	1	

#### NOT APPLICABLE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

#### 990APF

- b The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV | Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation status of recipient Recipient show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year SEE ATTACHED SEE ATTACHED PRATT, KS 67124 SEE ATTACHED SCHOLARSHIP 49,000 49,000 Approved for future payment Total 3b

Part AVI-A   Analysis of income-Producing	Activities				
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1 Program service revenue:	code		Excitasion code		
a					
b			<del>                                     </del>		
c	<u> </u>		<del></del>		<del> </del>
d	<b> </b>		<del> </del>		ļ
e	<b></b>	<del></del>	<del> </del>		ļ
f <del></del>	<b> </b>		<del> </del>		
g Fees and contracts from government agencies			<del> </del>		
2 Membership dues and assessments	<del></del>		<del> </del>		
<ul><li>3 Interest on savings and temporary cash investments .</li><li>4 Dividends and interest from securities</li></ul>		241	<del> </del>		
<ul><li>Dividends and interest from securities</li><li>Net rental income or (loss) from real estate:</li></ul>	812900	47,937	1	<del></del>	
a Debt-financed property	<del> </del>	<del></del>	<del> </del>	<del></del>	<del></del>
b Not debt-financed property			1	<del></del>	<del> </del>
6 Net rental income or (loss) from personal property			<del>   </del>	<del></del>	<del></del>
7 Other investment income			<del> </del>	<del></del>	<del> </del>
8 Gain or (loss) from sales of assets other than inventory	812900				
9 Net income or (loss) from special events			1		
10 Gross profit or (loss) from sales of inventory			1	<del></del>	
11 Other revenue: a				<del></del>	
b				· <del>- ·· · · · · · · · · · · · · · · · · ·</del>	
С					
d					
е					
12 Subtotal. Add columns (b), (d), and (e)		48,178			
13 Total. Add line 12, columns (b), (d), and (e)				13	48,178
(See worksheet in line 13 instructions to verify calculations.)					- <del></del>
Part XVI-B Relationship of Activities to the Explain below how each activity for which inc					
Line No.  accomplishment of the foundation's exempt p	ourposes (other	than by providing f	funds for such p	urposes). (See instruc	tions.)
					<del></del>
		<del></del>		<del></del>	
					<del></del>
			<del></del>		<del></del>
			<del></del>	<del></del>	
				<del></del>	
					-

		Exempt Or	ganizations										_	
1	Did the o	rganization direc	tly or indirectly enga	ge in any	of the following w	ith any ot	her orga	anization des	scribed			1	Yes	No
	ın sectior	501(c) of the C	ode (other than secti	on 501(c)(	3) organizations)	or in sec	tion 527	7, relating to	political					
	organizal	ions?											1	ĺ
а	Transfers	from the reporti	ing foundation to a n	oncharitab	le exempt organi	zation of:							1	ĺ
	(1) Cash											1 <u>a(1)</u>		Х
	(2) Othe	rassets										1a(2)		X
b	Other tra	nsactions:												111111111111111111111111111111111111111
	(1) Sales	of assets to a n	oncharitable exemp	t organizat	on							1b(1)		Х
	(2) Purcl	nases of assets	from a noncharitable	exempt o	rganization .							1b(2)		X
	(3) Rent	al of facilities, eq	uipment, or other as	sets								1b(3)		X
	(4) Reim	bursement arrar	ngements									1b(4)		X
	(5) Loan	s or loan guaran	tees									1b(5)		X
	(6) Perfo	rmance of servi	ces or membership o	or fundrais	ng solicitations							1b(6)		X
C	Sharing of	of facilities, equip	ment, mailing lists, c	other asset	s, or paid employ	ees .						1c		X
d	If the ans	wer to any of the	e above is "Yes," cor	nplete the	following schedu	le. Colum	n <b>(b)</b> st	nould always	show th	ne fair r	narket			
	value of t	he goods, other	assets, or services of	given by th	e reporting found	lation. If the	he found	dation receiv	ed less t	than fa	r marke	et		
	value in a	any transaction o	or sharing arrangeme	ent, show i	n column (d) the	value of t	he good	ls, other ass	ets, or s	ervices	receive	ed.		
(a) Lin	e no (b)	Amount involved	(c) Name of non	charitable e	xempt organization	,	(d) Desc	cription of tran	sfers, trar	nsaction	s, and s	haring arr	angeme	ents
					<del></del>									
					<u></u>									
			·											
			<u></u>											
					<del></del>									
									<del></del>					
	1.46.56.				Ja4J.4									
∠a		•	or indirectly affiliated					_					<u>.</u> जि	A
L			<ul><li>c) of the Code (other owing schedule.</li></ul>			ın secuon	527 ?			• • • •		∐ re	s X	NO
_ <u>D</u>		(a) Name of organ		<del></del>	(b) Type of organ				(a) Do		of relat			
		(a) Name of Organi	ization		(b) Type of Organ	ization			(c) De	scription	Orrelati	Olistilb		
				<del> </del>										
				<del> </del>										
								<u> </u>						
	Under	enalties of perjury, I	declare that I have examin	ed this return	, including accompan	ying schedu	les and st	atements, and to	o the best o	of my kno	wledge a	nd belief, it	is true,	
Sig	n Correct	and complete Decia	tration of preparer (other th	an taxpayer)	Is based on all filloffill	ation of whic	1		leage		May the	IRS discuss	this rot	
Her		todail t	tooms free	Lent	1/9/2018		PRE	SIDENT	_		with the p	preparer sho		
		nature of officer or tru	stee		Date	Title	,			[	(see inst	) <sup>2</sup> 🔀	Yes	No
		Print/Type prepare	er's name	Prepa	rer's signature	) /		Date		Check	X if	PTIN		
Pai		THOMAS A	PENKA	Z>>	lomas /es	da k	EA	01-09-20	18	self-em	ployed	P00018	3368	
Pre	parer	Firm's name	PENKA ACCOU	UNTING					Firm's Ell	v ▶				
Use	Only	Firm's address	► 504 S MAIN						Phone no	,				
		<u> </u>	PRATT KS 6	7124					L	620	-672-	2050		
EEA												Form 99	0-PF (2	2016)

### **Federal Supporting Statements**

2016 PG01
Your Social Security Number

Name(s) as shown on return

WENDELL AND BEULAH WHEELER FAMILY

48-1250163

## FORM 990PF - PART XV - LINE 2 APPLICATION SUBMISSION INFORMATION

GRANT PROGRAM

SCHOLARSHIPS

APPLICANT NAME

FREDERICK S LOOMIS

**ADDRESS** 

118 EAST THIRD

PRATT, KS 67124

TELEPHONE

620-933-2323

EMAIL ADDRESS

FORM & CONTENT

SEE ATTACHED APPLICATION

SUBMISSION DEADLINE

APPLICATIONS AT ANYTIME

RESTRICTIONS ON AWARD

PREFERENCE GIVEN TO KIOWA COUNTY KANSAS STUDENTS ATTENDING COLLEGE

Federal Supporting Statements 2016 PG01 Name(s) as shown on return WENDELL AND BEULAH WHEELER FAMILY 48-1250163 FORM 990PF - PART III - LINE 3 STATEMENT #115 OTHER INCREASES SCHEDULE TAX EXEMPT INT 18,994 18,994 TOTAL PG01 FORM 990PF - PART III - LINE 5 STATEMENT #116 OTHER DECREASES SCHEDULE 506 TAX EX BOND PREMIUM AMORTIZATION TOTAL 506 PG01 FORM 990PF - PART II - LINE 10(A) STATEMENT #136 INVESTMENTS: U.S. GOVERNMENT OBLIGATION SCHEDULE BOOK VALUE (BOY) BOOK VALUE (EOY) FMV (EOY) **CATEGORY** SEE ATTACHED BREAKDOWN 867,162 782,746 810,657 810,657 782,746 867,162 TOTALS PG01 FORM 990PF - PART II - LINE 10(B) STATEMENT #137 INVESTMENTS: CORPORATE STOCK SCHEDULE CATEGORY BOY BOOK VALUE EOY FMV 741,699 913,020 1,215,803 SEE ATTACHED BREAKDOWN 741,699 913,020 1,215,803 TOTALS

		Feder	al Suppo	orting Statem	ents	20	16	PG01
Name(s) as shown on return						FEIN		
WENDELL AND	BEULAH	WHEELER	FAMILY				4 8	8-1250163
				II - LINE RATE BOND S	• • •		STA	TEMENT #138
CATEGORY				BOY	BOOK	VALUE		EOY FMV
SEE ATTACHED BE	EAKDOWN			50,353				
TOTALS				50,353				

		Federal St	Federal Supporting Statements	ments	2016 PG01	
Name(s) as shown on return WENDELL AND BEULAH WHEELER FAMILY					Your Social Security Number 48-1250163	
	FORM 990PF - PART I		- LINE 11 - OTHER INCOME SCHEDULE	תרב	STATEMENT #106~	
DESCRIPTION PRIOR YR GRANT RETURN STUDENT NOT ENROLLED FULL TIME	REVENUE AND EXPENSES 1,500	NET INVESTMENT 0	ADJUSTED NET INCOME			
TOTALS	1,500	0	0			
	FORM 990PF - PART I	1	LINE 16(B) - ACCOUNTING FEES SCHEDULE	SCHEDULE	PG01 STATEMENT #108~	
DESCRIPTION ACCOUNTING FEES	REVENUE AND EXPENSES 1,120	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE 1,120		
TOTALS	1,120	0	0	1,120		
						· · · · · · · · · · · · · · · · · · ·

Federal Supporting Statements		FORM 990PF - PART I - LINE 18 - TAXES SCHEDULE	REVENUE NET ADJUSTED CHARITABLE AND EXPENSES INVESTMENT NET INCOME PURPOSE	0 0	666 0 0 0 666
	Name(s) as shown on return WENDELL AND BEULAH WHEELER FAMILY		DESCRIPTION	TAXES	TOTALS