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.

			renue Service		o to www.i	rs.gov/Form990PF f	or instr			ormation.		Open to Public II	nspection
CRE			dar year 2017 or tax year	beginning		_		, and e	nding				
00.0	Ŋan	ne of	foundation					3		A Employerid	entification	n number	
(000	/_	<u>, </u>				X	L	44/	•	46 20	00605	•	
			BAUKE FAMIL				117	14	1	46-30			
			nd street (or P O box number if	mail is not deliv	ered to street	address)			Room/suite	B Telephone no		2.4	/
~	_ <u>P</u>		BOX 7382						<u> </u>	913-2			
いか			own, state or province, coul			ostal code				C If exemption ap	plication is p	ending, check here	- \
Y'M.	_		RLAND PARK,		207	1			. L L	D 4 5			_
OX	G C	песк		Initial return				rmer public o	narity	D 1. Foreign or	ganization	s, cneck nere	
, v			=	Final return		Amended re X Name chan				2. Foreign orga	anizations me	eeting the 85% test, omputation	\blacksquare
<u> </u>	<u> </u>	hook		Address chan		Name changempt private foundate							
2		_	ction 4947(a)(1) nonexemp			Other taxable private		_{ition} ()4			tus was terminate:)(A), check here	ا ا
97. 2. S.	L Fa		rket value of all assets at e		J Account			Accr	rual				
<i>(</i>)			art II, col. (c), line 16)	ild or your		her (specify)	Ousii		uui			60-month termina)(B), check here	LION
90				.459.0		nn (d) must be on ca	sh basi	s.)		under seeme	., 00, (0)(,	(D), Glicck Holo	_
		rt I	Analysis of Revenue and	Expenses		(a) Revenue an			vestment	(c) Adjust	ed net	(d) Disbursen	
			(The total of amounts in columnecessarily equal the amounts	nns (b), (c), and (s in column (a))	d) may not	expenses per bo			ome	incom		for charitable pu (cash basis o	
2019		1	Contributions, gifts, grants	s, etc., receive	d	121,1	13.			N/A	,		,
On 41		2	Check I if the foundation	is not required to at		· · · · · ·						1	
5 -		3	Interest on savings and tempor cash investments										
S B		4	Dividends and interest from	m securities		31,2	52.	3	1,252.			STATEMEN	IT 1 .
が開		5a	Gross rents										
$\Rightarrow \frac{\pi}{2}$	•	b	Net rental income or (loss)										•
YES /	رو	6a	Net gain or (loss) from sale of a			5,6	86.						1
32	evenue	b	Gross sales price for all assets on line 6a	93,	965 <u>.</u>							<u> </u>	
ク屋	š Š		Capital gain net income (from P						5,686.		_		
l C	; "	8	Net short-term capital gain	1									
(A)	;	9	Income modifications Gross sales less returns								D	CEIV	
MINY 2 6 2018			and allowances	-							K	ECEIVEL	
40			Less Cost of goods sold				-				S NI	1 0 0040	13
8 7			Gross profit or (loss) Other income						<u> </u>		8 N	JV <u>1</u> 3 2010	131
2		12	Total. Add lines 1 through	11		158,0	51.	3	6,938.				 ''
7	-	13	Compensation of officers, direct		itc	20070	0.		0.		0	BDEN, U	1 0
Ø.			Other employee salaries ar						· ·				
7 7			Pension plans, employee t	-						-			
х.	ses		Legal fees "										
4	Expenses	b	Accounting fees	STM	T 2	2,7			2,742.				0.
2	EX	C	Other professional fees	STM	T 3	1	73.		173.				0.
	ě.	17	Interest		_								
40	Administrative	18	Taxes	STM	T 4	7,2	24.		0.				0.
Û	nis	19	Depreciation and depletion	1									
			Occupancy										
			Travel, conferences, and n	neetings		1,0	04.		0.			<u>-</u>	0.
	a		Printing and publications	amı	.m. c	1 2						ļ	
	ing		Other expenses		T 5	1,3	69.		0.			<u> </u>	0.
	Operating and	24	Total operating and admi			12 =	1,		2 015				0.
	ğ	0.E	expenses. Add lines 13 th	-	•	12,5 32,9	14.		2,915.			32	906.
			Contributions, gifts, grants Total expenses and disbu			32,3	٠.,					, ,,	700.
		20	Add lines 24 and 25	กจะกายกเจ้.		45,4	ا ۱۶		2,915.			32	906.
	\dashv	27	Subtract line 26 from line	12:		20,4	•		_,,			† 32,	
			Excess of revenue over expens		ements	112,6	33.						!
			Net investment income (#					3	4,023.			-	
	_		Adjusted net income (if ne							N/A	<u> </u>		

	art	Balance Sheets Atlached schedules and amounts in the description	Beginning of year	End o	f year
<u> </u>	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	20,373.	8,487.	
	2	Savings and temporary cash investments	10,898.	17,863.	17,863.
	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			
	7	Other notes and loans receivable	_		
		Less: allowance for doubtful accounts			
ţ	8	Inventories for sale or use			_
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations STMT 6	511,328.	535,749.	544,686.
	Ь	Investments - corporate stock STMT 7	34,528.	127,661.	242,423.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment; basis 🕨		<u> </u>	-
		Less accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
_		ınstructions. Also, see page 1, item I)	577,127.	689,760.	813,459.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ies	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ei.	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	,
_	23	Foundations that follow SFAS 117, check here	V •	<u> </u>	
		and complete lines 24 through 26, and lines 30 and 31.			
es	24	Unrestricted			
JE C	25	Temporarily restricted			
3al		Permanently restricted			
둳	-	Foundations that do not follow SFAS 117, check here			
₫		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
ets	28	Paid-in or capital surplus, or land, bidg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	577,127.	689,760.	
Net Assets or Fund Balance	30	Total net assets or fund balances	577,127.	689,760.	
~					
	31	Total liabilities and net assets/fund balances	577,127.	689,760.	
Р	art	Analysis of Changes in Net Assets or Fund B	alances		
=		net assets or fund balances at beginning of year - Part II, column (a), line	30		
		t net assets or fund balances at beginning of year - Part II, column (a), line ist agree with end-of-year figure reported on prior year's return)	JU	1	577,127.
	•	r amount from Part I, line 27a		2	112,633.
		r increases not included in line 2 (itemize)	•	3	0.
		lines 1, 2, and 3	· · · - · ·	3	689,760.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	689,760.
				<u> </u>	Form 990-PF (2017)

Part IV Capital Gains	and Lo	osses for Tax on In	vestmen	t Income					
		s) of property sold (for exar or common stock, 200 shs		ite,	(b) F	low ac - Purch - Dona	nase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a DOWDUPONT INC								L0/31/17	12/08/17
b QUALCOMM INC								L0/31/17	12/08/17
c CSX CORPORATIO								2/24/15	02/17/17
d BANK OF NOVA S					<u> </u>			02/22/16	05/16/17
e THE OHIO STATE	UNI	V GEN REC BD	S SER	2011A	<u> </u>			02/08/16	08/28/17
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (los (e) plus (f) minus	s (g))
a 4,819.				4,90					-86.
b 1,232.					8.				274.
c 9,466.				4,02					5,440.
d 25,932.				24,97					959. -901.
e 52,516.	.a. aoin in	column (h) and award by t	the foundation	53,41	· / •			0 (0-1 (5)	
Complete only for assets showing								Gains (Col. (h) gai (k), but not less th	
(i) FMV as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any				Losses (from col.	. (h)) ´
_a									-86.
<u>b</u>									274.
С									5,440.
d									959.
е					_	ī			-901.
2 Capital gain net income or (net ca	pital loss	$ \begin{cases} \text{ If gain, also enter} \\ \text{ If (loss), enter -0-} \end{cases} $			}	2			5,686.
3 Net short-term capital gain or (los	s) as dof	ined in sections 1222(5) an	d (6):		ς				
If gain, also enter in Part I, line 8,	column (c).			\downarrow			27.7	_
If (loss), enter -0- in Part I, line 8	ndou C	Section 4940(e) for	Daduaca	Toy on Not		3	ant Inc.	N/2	<u>A</u>
							ient mo	Jille	
(For optional use by domestic private	roundau	ons subject to the section 4	i940(a) tax on	i net investment in	come	.)			
If section 4940(d)(2) applies, leave the	ns part b	lank.							
Was the foundation liable for the sec	non 4042	tay on the distributable am	ount of any ve	oar in the bace nor	nod2				Yes X No
If "Yes," the foundation doesn't qualif				•	lou.				1C3 [21] NO
1 Enter the appropriate amount in e					ntries.				
(a)		(b)			(c)			D4	(d)
Base periód years Calendar year (or tax year beginnii	ng in)	Adjusted qualifying dist	tributions	Net value of no			use assets		ributión ratio Ivided by col. (c))
2016		4	1,750.			60	6,502	,	.068837
2015			7,650.				2,367		.053104
2014			6,378.			6	6,646	,	.095700
2013			7,828.			3	3,489		.233748
2012									
2 Total of line 1, column (d)								2	.451389
3 Average distribution ratio for the	year ba	se period divide the total o	on line 2 by 5.0	0, or by the numb	cr of y	cars			
the foundation has been in exister	nce if less	than 5 years						3	.112847
4 Enter the net value of noncharitab	le-use as	sets for 2017 from Part X. I	ine 5					4	697,475.
	., 200 40							 	
5 Multiply line 4 by line 3								5	78,708.
6 Enter 1% of net investment incom	ne (1% of	Part I, line 27b)						6	340.
7 Add lines 5 and 6								,	79,048.
7 Add lines 5 and 6								7	13,040.
8 Enter qualifying distributions from	n Part XII,	line 4						8	32,906.
If line 8 is equal to or greater than	line 7, ch	neck the box in Part VI, line	1b, and comp	lete that part usin	g a 19	% tax ra	ate.		
See the Part VI instructions									
723521 01-03-18									Form 990-PF (2017)

orm 990-P				308868 <u>7</u>		Page 4
Part VI	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940	(e), or 49	948 -	see instru	ctio	ns)
	t operating foundations described in section 4940(d)(2), check here 🕨 🔛 and enter "N/A" on line 1.					
Date of	ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b Domes	tic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔲 and enter 1%	} [1		6	80.
of Part	I, line 27b					
c All oth	er domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	. 丿				
2 Tax un	der section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	Ļ	2			0.
3 Add Iir	es 1 and 2	ļ	3		<u>6</u>	80.
	e A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	Ļ	4			0.
	sed on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	1	5		6	80.
	/Payments:	500				
		,792.				
	t foreign organizations - tax withheld at source	0.				
	· · · · · · · · · · · · · · · · · · ·	,000.	ı			
	withholding erroneously withheld 6d	0.			0 7	00
	redits and payments. Add lines 6a through 6d		7		8,7	92.
	ny penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8			<u> </u>
	e. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶	9		~ -	10
•	syment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		8,1	$\frac{12\cdot}{0\cdot}$
	he amount of line 10 to be: Credited to 2018 estimated tax 8,112. Ref	unded 🚩	11			<u> </u>
	-A Statements Regarding Activities				Yes	No
	the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate of	ir intervene i	ın	-	162	X
	litical campaign?	ar tha dafini		1a		X
	pend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions f		uon	1b		
	nswer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	UI				
	sted by the foundation in connection with the activities.					x
	foundation file Form 1120-POL for this year?			1c		
	the amount (if any) of tax on political expenditures (section 4955) imposed during the year; the foundation. ▶ \$	0.				
	the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on found					
	ers. \triangleright \$ \circ	allon				
	e foundation engaged in any activities that have not previously been reported to the IRS?			2		x
	" attach a detailed description of the activities.					
	e foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of inco	rooration or	,			
	, or other similar instruments? If "Yes," attach a conformed copy of the changes	i poration, or		3		X
	foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	"has it filed a tax return on Form 990-T for this year?		N/		\neg	
	ere a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	" attach the statement required by General Instruction T					
	requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	nguage in the governing instrument, or					
-	ate legislation that effectively amends the governing instrument so that no mandatory directions that conflict w	th the state	law			
	in the governing instrument?			6	х	
	foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Pa	ırt XV		7	х	
	······································				\neg	
8a Enter t	ne states to which the foundation reports or with which it is registered. See instructions.					
	nswer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designa	ate)				
	state as required by <i>General Instruction G?</i> If "No," attach explanation	,		8b	х	
	oundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)	(5) for calen	ndar			
	117 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	(3) .01 001011		9		x /
-	persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addre	seese Sr	гмт	8 10	X	4
5,4 411	a rest a solicotole listing the land solicotole listing their italies and adult		·	Form 990		(2017)

Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
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		Х
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address HTTPS://BAUKEFOUNDATION.ORG/			
14	The books are in care of ► CHARLOTTA DUFFY Telephone no. ►913-21	9-5	134	
	Located at ▶5110 WEST 96TH STREET, OVERLAND PARK, KS ZIP+4 ▶66	207		
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	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pá	art 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
18	During the year, did the foundation (either directly or indirectly):			۱ ۱
	(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)			
	a disqualified person?			l i
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			'
	(5) Transfer any income or assets to a disqualified person (or make any of either available	<u> </u>		!
	for the benefit or use of a disqualified person)?			'
	(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)			{
ľ	olf 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	1b		 ,
_	Organizations relying on a current notice regarding disaster assistance, check here			
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	~	-	x
•	before the first day of the tax year beginning in 2017? Taxon on failure to distribute recome (control 4043) (does not each for years the faundation was a private encentral faundation.	10		Α.
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)):			1
	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			, ا
•	before 2017?			}
	If "Yes," list the years ▶ , , ,			;
	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			1
	statement - see instructions.) N/A	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.			
				· '
3 <i>a</i>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time]
	during the year?)
b	If "Yes," did it have excess business holdings in 2017 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 2017.) N/A	3b		~
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			<u> </u>
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X
	For	m 99 0)-PF	(2017)

	4			
2 Compensation of five highest-paid employees (other than those in	 cluded on line 1). If none	, enter "NONE."	<u> </u>	·· - · - · - · - · - · - · - · - · -
(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, othe allowances
NONE				
Total number of other employees paid over \$50,000		***		

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Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
	4	
····		
	-	
	┨	
Total number of others receiving over \$50,000 for professional services	· L · · · · · · · · · · · · · · · · · ·	▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic	cal information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produ	uced, etc.	Expenses
1 N/A		
2		
3		
3		
•		
4		
· · · · · · · · · · · · · · · · · · ·		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total Add lines 1 through 3	▶	0.

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P	Minimum Investment Return (All domestic foundations	must complete this part. Fore	ıgn four	ndations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charita	ble, etc., purposes:			
а	Average monthly fair market value of securities			1a	682,412.
b	Average of monthly cash balances			1b	682,412. 25,684.
C	Fair market value of all other assets			1c	
d	Total (add lines 1a, b, and c)			1d	708,096.
е	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	708,096.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount	it, see instructions)		4	10,621.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and	on Part V, line 4		5	697,475.
6	Minimum investment return. Enter 5% of line 5			6	34,874.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) foreign organizations, check here ▶ ☐ and do not complete this pai		itions an	d certain	
1	Minimum investment return from Part X, line 6			1	34,874.
2a	Tax on investment income for 2017 from Part VI, line 5	2a	580.		***
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b			
C	Add lines 2a and 2b			2c	680.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	34,194.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	34,194.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa	rt XIII, line 1		7	34,194.
P	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu	rposes:			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	32,906.
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 charit	able, 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	32,906.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv	estment			
	income. Enter 1% of Part I, line 27b			5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	32,906.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years	when calculating whether the four	dation d	ualifies for t	he section

Form **990-PF** (2017)

4940(e) reduction of tax in those years.

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				34,194.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	·
b Total for prior years:				
, ,		0.		;
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013 6,975.				
c From 2014 3,574.				
d From 2015 1,949.				
eFrom 2016 14,716.				
f Total of lines 3a through e	27,214.			<u>.</u>
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 32,906.			-	
a Applied to 2016, 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 2017 distributable amount				32,906.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	1,288.	-		1,288.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	25,926.			
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 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2018				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions) 8 Excess distributions carryover from 2012	U•			
-	0.			
not applied on line 5 or line 7 9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	25,926.			
10 Analysis of line 9	23,520.			
a Excess from 2013 5,687.				
b Excess from 2014 3,574.				
c Excess from 2015 1,949.				
dExcess from 2016 14,716.				
e Excess from 2017				
				Form 000 DE (2017)

723581 01-03-18

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
ALPHAPOINTE	NONE	PUBLIC	ORGANIZATION'S GENERAL	
7501 PROSPECT			CHARITABLE PURPOSE	
KANSAS CITY, MO 64132				5,000
ALZHEIMERS COMMUNITY CARE	NONE	PUBLIC	ORGANIZATION'S GENERAL	
800 NORTHPOINT PARKWAY SUITE 101B			CHARITABLE PURPOSE	
WEST PALM BEACH, FL 33407				3,000
ALZHEIMERS RESOURCES OF ALASKA	NONE	PUBLIC	ORGANIZATION'S GENERAL	
1750 ABBOT RD			CHARITABLE PURPOSE	
ANCHORAGE, AK 99507				3,500
CARE DIMENSIONS	NONE	PUBLIC	ORGANIZATION'S GENERAL	
75 SYLVAN STREET SUITE B-102			CHARITABLE PURPOSE	
DANVERS, MA 01923				3,500
FLORIDA OUTREACH CENTER FOR THE BLIND 2315 S CONGRESS AVE PALM BEACH, FL 33406	NONE	PUBLIC	ORGANIZATION'S GENERAL CHARITABLE PURPOSE	3,000
	NTINUATION SHE	ET(S)	→ 3a	32,906
b Approved for future payment				·
NONE				
-				
Total			▶ 3b	

Form 990-PF (2017) THE BAUKE FAM Part XVI-A Analysis of Income-Prod				40-3	3088687 Page 12
Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income	Excluded b	y section 512, 513, or 514	(e)
Zinor group amounts amount out of majoutou.	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue;	code	Amount	sion code	Amount	function income
a	_		ļ		
b	_				
C	_		 		
d	_		 		
e	-		 .		
Toward contracts from a constant				····	_ .
g Fees and contracts from government agencies	-				
Membership dues and assessments Interest on savings and temporary cash			+ +		
investments					
4 Dividends and interest from securities			14	31,252.	
5 Net rental income or (loss) from real estate:			+	31,2321	
a Debt-financed property	-		 -		
b Not debt-financed property			 		
6 Net rental income or (loss) from personal	<u> </u>				
property	1				
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	5,686.	
9 Net income or (loss) from special events		•			
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b	_				
c	_				
d	_				
e			1	26 020	
2 Subtotal. Add columns (b), (d), and (e)		0	<u>•l</u>	36,938.	<u>0</u> 36,938
3 Total. Add line 12, columns (b), (d), and (e)				13	36,938
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accon	nplishment of E	xempt P	urposes	
Line No. Explain below how each activity for which in	come is reported in a	olumn (e) of Part XVI-	A contributed	importantly to the accomi	alishment of
the foundation's exempt purposes (other tha			- Continuated	importantly to the accomp	Mishine of
	 	-		. .	
-					
		_			
		 .			
					

Form **990-PF** (2017)

P00907087

(913) 663-2500

X Yes

11/07/18

Phone no.

self-employed

Check

Firm's EIN ► 20-4532171

īf

Firm's address ▶ 4901 WEST 136TH STREET LEAWOOD, KS 66224

Firm's name ► NAIL CPA FIRM.

Form **990-PF** (2017)

Sign Here

Paid

Preparer

Use Only

on of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

 \bowtie 1

Preparer's signature

Signature of officer or trustee

Print/Type preparer's name

BRIAN NAIL

TREASURER

Title

Date

THE BAUKE FAMILY FOUNDATION

CHARITABLE PURPOSE CHARITABLE PURPOSE	
SUIDE DOGS FOR THE BLIND PO BIX 151200 SAN RAFAEL, CA 94915 CRC BLIND ALL-STARS FOUNDATION LIOU STATE AVENUE CRANIZATION'S GENERAL CHARITABLE PURPOSE	Amount
CHARITABLE PURPOSE CHARITABLE PURPOSE	
PO BIX 151200 SAN RAFAEL, CA 94915 KC BLIND ALL-STARS FOUNDATION NONE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE KANSAS CITY, KS 66102 LIGHTHOUSE FOR THE VLIND AND VISUALLY IMPAIRED 1155 MARKET ST 10TH FL SAN FRANCISCO, CA 94103 NATIONAL PARKINSON FOUNDATION NONE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE CHARITABLE PURPOSE WHEARTLAND RATIONAL PARKINSON FOUNDATION NONE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE KANSAS CITY CARE CLINIC NONE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE KANSAS CITY CARE CLINIC NONE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE	
SAN RAFAEL, CA 94915 KC BLIND ALL-STARS FOUNDATION NONE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE	
1100 STATE AVENUE KANSAS CITY, KS 66102 LIGHTHOUSE FOR THE VLIND AND VISUALLY IMPAIRED 1155 MARKET ST 10TH FL SAN FRANCISCO, CA 94103 NATIONAL PARKINSON FOUNDATION HEARTLAND 8900 STATE LINE RD STE 320 LEAWOOD, KS 66206 KANSAS CITY CARE CLINIC NONE PUBLIC CHARITABLE PURPOSE	
CHARITABLE PURPOSE KANSAS CITY, KS 66102 LIGHTHOUSE FOR THE VLIND AND VISUALLY NONE LIGHTHOUSE FOR THE VLIND AND VISUALLY NONE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE CHARITABLE PURPOSE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE NATIONAL PARKINSON FOUNDATION HEARTLAND 8900 STATE LINE RD STE 320 LEAWOOD, KS 66206 KANSAS CITY CARE CLINIC NONE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE CHARITABLE PURPOSE	2,50
CHARITABLE PURPOSE KANSAS CITY, KS 66102 LIGHTHOUSE FOR THE VLIND AND VISUALLY NONE LIGHTHOUSE FOR THE VLIND AND VISUALLY NONE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE CHARITABLE PURPOSE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE NATIONAL PARKINSON FOUNDATION HEARTLAND 8900 STATE LINE RD STE 320 LEAWOOD, KS 66206 KANSAS CITY CARE CLINIC NONE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE CHARITABLE PURPOSE	
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LIGHTHOUSE FOR THE VLIND AND VISUALLY NONE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE 1155 MARKET ST 10TH FL SAN FRANCISCO, CA 94103 NATIONAL PARKINSON FOUNDATION NONE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE 8900 STATE LINE RD STE 320 LEAWOOD, KS 66206 KANSAS CITY CARE CLINIC NONE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE KANSAS CITY CARE CLINIC NONE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE	2,00
IMPAIRED 1155 MARKET ST 10TH FL SAN FRANCISCO, CA 94103 NATIONAL PARKINSON FOUNDATION NONE PUBLIC CHARITABLE PURPOSE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE KANSAS CITY CARE CLINIC NONE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE CHARITABLE PURPOSE	2,00
1155 MARKET ST 10TH FL SAN FRANCISCO, CA 94103 NATIONAL PARKINSON FOUNDATION NONE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE KANSAS CITY CARE CLINIC STORMAN ONE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE	
SAN FRANCISCO, CA 94103 NATIONAL PARKINSON FOUNDATION NONE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE KANSAS CITY CARE CLINIC STORMAN ONE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE	
NATIONAL PARKINSON FOUNDATION NONE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE RANSAS CITY CARE CLINIC NONE PUBLIC ORGANIZATION'S GENERAL PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE	6,00
HEARTLAND 8900 STATE LINE RD STE 320 LEAWOOD, KS 66206 KANSAS CITY CARE CLINIC NONE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE	
8900 STATE LINE RD STE 320 LEAWOOD, KS 66206 KANSAS CITY CARE CLINIC NONE PUBLIC ORGANIZATION'S GENERAL	
LEAWOOD, KS 66206 KANSAS CITY CARE CLINIC NONE PUBLIC ORGANIZATION'S GENERAL CHARITABLE PURPOSE	
KANSAS CITY CARE CLINIC NONE PUBLIC ORGANIZATION'S GENERAL 3515 BROADWAY CHARITABLE PURPOSE	4,00
3515 BROADWAY CHARITABLE PURPOSE	<u> </u>
3515 BROADWAY CHARITABLE PURPOSE	
	40
	,
	· -
Total from continuation sheets	14,90

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Employer identification number

THE BAUKE FAMILY FOUNDATION 46-3088687 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 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 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 33 1/3% 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 Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

THE	BAUKE	FAMILY	FOUNDATION
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46-3088687

MALTER E BAUKE S				300000
No. Name, address, and ZIP + 4 WALTER B BAUKE SOMERSET A SI21,113. Person Complete Part II for noncash contributions Person Payroll Complete Part II for noncash Comple	Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
SOMERSET A S 121,113.				(d) Type of contribution
No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions Person Payroll Noncash (Complete Part II for noncash contributions Person Payroll Noncash (Complete Part II for noncash contributions (Complete Part II for non	1	5 SOMERSET A	\$121,113.	Payroll
S Payroll Noncash (Complete Part II for noncash contributions (a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Total contributions Person Payroll Noncash (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 (c) (d) Total contributions Person Payroll Noncash (Complete Part II for noncash contributions) S (c) (d) Type of contributions Person Payroll Noncash (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Total contributions Person Payroll Noncash (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Total contributions Person Payroll Noncash (Complete Part II for noncash contributions) Type of contributions Person Payroll Pay				(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contribution Person			\$	Payroll
S				(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 Person (Complete Part II for noncash contributions) Person Type of contributions Person (Complete Part II for noncash contributions) (Complete Part II for noncash contributions) (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Total contributions Person Payroll Payroll Payroll Payroll Payroll Payroll Payroll Payroll				Payroll
\$ Payroll Noncash (Complete Part II for noncash contributions (Complete Part II) for noncash contributions (Complete Part II) for noncash contributions (Complete Part II) for noncash (Complete Part II) for noncash contributions (Complete Part I				(d) Type of contribution
No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 Person (Complete Part II for noncash contributions) (b) No. Name, address, and ZIP + 4 Person Payroll Payroll	<u></u>			Payroll
\$ Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Total contributions Payroll Payroll Payroll				(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll	<u> </u>			Payroll
Payroll				(d) Type of contribution
(Complete Part II for noncash contributions			\$	Payroll

Name of organization

Employer identification number

THE BAUKE FAMILY FOUNDATION

46-3088687

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		
		\$			
(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		
723453 11-01-		\$Schedule R/Form S	190. 990-EZ or 990-PF) (2017)		

Schedulé B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number THE BAUKE FAMILY FOUNDATION 46-3088687 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III 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 info once) Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	DIVIDENDS	S AND INTER	EST	FROM SECUR	ITIES ST	TATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
RBC CAPITAL MARKETS LLC 833 RBC CAPITAL	384.		0.	384.	384.		
MARKETS LLC 966 RBC CAPITAL	31,724.		0.	31,724.	31,724.		
MARKETS LLC BPA WELLS FARGO	-857. 1.		0. 0.	-857. 1.			
TO PART I, LINE 4	31,252.		0.	31,252.	31,252.	-	
FORM 990-PF		ACCOUNTI	NG I	FEES	Si	PATEMENT	2
DEGGDIDETON		(A) EXPENSES		(B) F INVEST- NT INCOME		(D) CHARITAE PURPOSE	
DESCRIPTION	_	2,742.		2,742.		- FORFOSE	0.
TO FORM 990-PF, PG 1,	LN 16B	2,742.		2,742.			0.
FORM 990-PF	ΓO	HER PROFES	SIO	NAL FEES	Si	PATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
INVESTMENT ADVISORY F	EES	173.		173.			0.
TO FORM 990-PF, PG 1,	LN 16C	173.		173.			0.

FORM 990-PF	TAXES			STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS				(D) CHARITABLE E PURPOSES	
ESTIMATED TAXES FRANCHISE FEE	7,163. 61.	J	0.		0.	
TO FORM 990-PF, PG 1, LN 18	7,224.		0.		0.	
FORM 990-PF	OTHER E	XPENSES			STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	NET INVE		ADJUSTED	CHARITABLE	
OFFICE EXPENSES WEBSITE DONATION PROCESSING FEE MISCELLANEOUS	593. 480. 122. 174.		0. 0. 0.		0. 0. 0.	
TO FORM 990-PF, PG 1, LN 23	1,369.		0.		0.	
FORM 990-PF U.S. AND	STATE/CITY G	OVERNMENT	OBLI	GATIONS	STATEMENT 6	
DESCRIPTION	U.S GOV'		вос	OK VALUE	FAIR MARKET VALUE	
MUNICIPAL OBLIGATIONS				535,749.	544,686.	
TOTAL U.S. GOVERNMENT OBLIGAT	rions	•				
TOTAL STATE AND MUNICIPAL GOV	VERNMENT OBL	IGATIONS		535,749.	544,686.	
TOTAL TO FORM 990-PF, PART I	I, LINE 10A			535,749.	544,686.	

FORM 990-PF CORPORATE STOCK		STATEMENT 7
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CHEVRON - 125 SH	5,688.	15,649.
PEP - 135 SH	5,493.	16,189.
PFE - 390 SH	5,866.	14,126.
UTX - 130 SH	4,107.	16,584.
DIS - 120 SH	3,982.	8,601.
WFC - 120 SH	3,975.	7,280.
AAPL - 375 SH	1,391.	63,461.
AMGEN INC	4,919.	4,869.
APPLE INC	4,894.	4,908.
AT&T INC	4,888.	5,638.
COCA COLA COMPANY	4,870.	4,863.
EMERSON ELECTRICCO	4,997.	5,296.
EXXON MOBIL CORP	4,915.	4,935.
JOHNSON AND JOHNSON	4,874.	4,890.
MCDONALDS CORP	4,849.	4,991.
MICROSOFT CORP	4,860.	4,961.
NEXTERA ENERGY INC	4,971.	4,998.
NUCOR CORP	5,068.	5,277.
PHILIP MORRIS INTERNATIONAL	4,932.	4,966.
QUALCOMM INC	3,924.	4,930.
TEXAS INSTRUMENTS INC	4,946.	5,326.
UNITED PARCEL SERVICE	4,861.	4,885.
UNITED HEALTH GROUP	4,830.	5,071.
US BANCORP DEL COM	4,906.	4,822.
3M COMPANY	4,850.	4,943.
MEDTRONIC PLC COM	4,904.	4,926.
TORONTO-DOMINION BANK	4,901.	5,038.
TOTAL TO FORM 990-PF, PART II, LINE 10B	127,661.	242,423.

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	8
ADDRESS		
5110 W 96TH STREET OVERLAND PARK, KS 66207		
8941 MAST STREET ANCHORAGE, AK 99502		
5 SOMERSET A WEST PALM BEACH, FL 33417		
	ADDRESS 5110 W 96TH STREET OVERLAND PARK, KS 66207 8941 MAST STREET ANCHORAGE, AK 99502 5 SOMERSET A	ADDRESS 5110 W 96TH STREET OVERLAND PARK, KS 66207 8941 MAST STREET ANCHORAGE, AK 99502 5 SOMERSET A

	ST OF OFFICERS, DECEMBER OF STREET		STAT	EMENT 9
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
WALTER E BAUKE 5 SOMERSET A WEST PALM BEACH, FL 33417	PRESIDENT 0.25	0.	0.	0.
CHARLOTTA A DUFFY 5110 W 96TH STREET OVERLAND PARK, KS 66207	SECRETARY/TREAS	SURER 0.	0.	0.
DENIS BAUKE 260 GREENVIEW DRIVE DALY CITY, CA 64014	VICE PRESIDENT 0.00	0.	0.	0.
ROBERT G BAUKE 51 MAGNOLIA AVE MAGNOLIA, MA 01930	DIRECTOR 0.00	0.	0.	0.
WALTER D BAUKE 729 S STEVENSON OLATHE, KS 66061	DIRECTOR 0.00	0.	0.	0.
LEISCHEN BAUKE 8941 MAST CIRCLE ANCHORAGE, AK 99502	VICE PRESIDENT 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	- 5, PART VIII =	0.	0.	0.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 10

NAME OF MANAGER

WALTER E BAUKE CHARLOTTA A DUFFY LEISCHEN BAUKE