DLN: 93491150000138

2017

OMB No 1545-0052

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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 www.irs.gov/form990pf.

Open to Public Inspection

For	caler	ndar year 2017, or tax year beginning 01-01-2	017 , aı	nd ending 12-31-	-2017	
		indation EMORIAL FOUNDATION		A Employer id	lentification numbe	r
				48-0573809		
		f street (or P O box number if mail is not delivered to street address ICKEYE AVE NO A) Room/suite	B Telephone nu	ımber (see ınstructior	 ns)
J.	LO IN DO	CRETE AVE NO A		(785) 263-235:	1	
		, state or province, country, and ZIP or foreign postal code 5 67410	1	C If exemption	application is pending	a. check here
						" ▶ ⊔
G Ch	neck al		former public charity		ganizations, check he	▶ ⊔
		☐ Final return ☐ Amended return	1	2 Foreign of test, chec	rganizations meeting ck here and attach coi	the 85% mputation ▶ □
		☐ Address change ☐ Name change		E If private fo	undation status was t	erminated \Box
		pe of organization $oldsymbol{ olimits}$ Section 501(c)(3) exempt private a 4947(a)(1) nonexempt charitable trust $oxdot$ Other taxab		under section	on 507(b)(1)(A), chec	k here
		xet value of all assets at end J Accounting method	Cash Accru	E If the found	ation is in a 60-month	tormination —
of '	year <i>(f</i>	rom Part II, col (c),	Cash L Acciu		on 507(b)(1)(B), chec	
line	: 16)▶	(Part I, column (d) mus.	t be on cash basis)			
Pa	rt I	Analysis of Revenue and Expenses (The total	<u>.</u>	<u> </u>		(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b) Net investment income	(c) Adjusted net	for charitable
		equal the amounts in column (a) (see instructions))	books	meome	meome	(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	1,306			
	2	Check ► ✓ If the foundation is not required to attach				
	_	Sch B	2.24	224	2 244	
	3	Interest on savings and temporary cash investments Dividends and interest from securities	2,214 821,664	· · · · · · · · · · · · · · · · · · ·	· ·	
	4 5a	Gross rents	35,920		· · · · · · · · · · · · · · · · · · ·	
	b	Net rental income or (loss) 10,948	<u> </u>	33,320	33,523	
e	6a	Net gain or (loss) from sale of assets not on line 10	-33,526			
Revenue	b	Gross sales price for all assets on line 6a				
	_	217,446	6			
	7	Capital gain net income (from Part IV, line 2)		0	1,028	
	8	Net short-term capital gain			1,028	
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold	_			
	С	Gross profit or (loss) (attach schedule)	<u> </u>			
	11	Other income (attach schedule)	196,267	0	196,267	
	12	Total. Add lines 1 through 11	1,023,845	859,798	1,057,093	
	13	Compensation of officers, directors, trustees, etc	70,953	14,191	14,191	56,762
	14	Other employee salaries and wages	1,181	236	236	945
es es	15	Pension plans, employee benefits	2,110			1,688
ens	16a	Legal fees (attach schedule)	1,138			
άx	b	Accounting fees (attach schedule)	17,155	3,431	3,431	13,724
Je E	С	Other professional fees (attach schedule)				
ati	17	Interest	99-1 20.005	7.40	7.010	5.350
II St	18	Taxes (attach schedule) (see instructions)	30,385	<u> </u>	·	5,360
Ē	19	Depreciation (attach schedule) and depletion	5,652	<u> </u>		2.560
AG	20 21	Occupancy	17,491	14,922	<u> </u>	2,569 2,154
ם	22	Printing and publications	2,032	330	330	2,134
Operating and Administrative Expenses	23	Other expenses (attach schedule)	652,951	5,450	199,867	437,791
atın	24	Total operating and administrative expenses.		·		
ber		Add lines 13 through 23	801,708	52,410	246,827	521,903
Ō	25	Contributions, gifts, grants paid	23,330			23,330
	26	Total expenses and disbursements. Add lines 24 and				
	27	25 Subtract line 26 from line 12	825,038	52,410	246,827	545,233
	2/ a	Excess of revenue over expenses and	198,807			
		disbursements				
	b	Net investment income (if negative, enter -0-)		807,388	810,266	
	С	Adjusted net income(If negative, enter -0-)			810,266	

		Should be for one of year amounts only (see instructions)	(4)	Dook value	(D) DOOK Value	(C) I all Placket Value
	1	Cash—non-interest-bearing		231,043	147,361	147,361
	2	Savings and temporary cash investments		1,048,580	318,153	318,153
	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)		1,359,619	1,329,619	1,355,613
	b	Investments—corporate stock (attach schedule)		6,222,447	6,642,682	16,885,590
	С	Investments—corporate bonds (attach schedule)		4,085,273	4,449,956	4,861,570
	11	Investments—land, buildings, and equipment basis ▶236,634				
		Less accumulated depreciation (attach schedule) ▶		233,101	227,449	183,485
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)		0	9	216,785
	14	Land, buildings, and equipment basis ► 2,150,835				
		Less accumulated depreciation (attach schedule) ▶		1,890,088	2,150,835	3,467,208
	15	Other assets (describe >)	ر چ	941	953	953
	16	Total assets (to be completed by all filers—see the				
		instructions Also, see page 1, item I)		15,071,092	15,267,008	27,436,718
	17	Accounts payable and accrued expenses				
	18	Grants payable				
les	19	Deferred revenue				
ĭ	20	Loans from officers, directors, trustees, and other disqualified persons				
Liabilities	21	Mortgages and other notes payable (attach schedule)				
_	22	Other liabilities (describe)	ر چ	5,897	3,356	
	23	Total liabilities(add lines 17 through 22)		5,897	3,356	
-			t			1

Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted . Foundations that do not follow SFAS 117, check here

and complete lines 27 through 31. Capital stock, trust principal, or current funds 6,688,532 6,688,532 Paid-in or capital surplus, or land, bldg , and equipment fund Retained earnings, accumulated income, endowment, or other funds 8,376,663 8,575,120

Net Assets or Fund Balances

2

3

4

5

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

27 28 29 30 Total net assets or fund balances (see instructions) . 15,065,195 15,263,652 31 Total liabilities and net assets/fund balances (see instructions) . 15,071,092 15.267.008

Part III **Analysis of Changes in Net Assets or Fund Balances** Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

15,065,195

15,264,002

15,263,652 Form **990-PF** (2017)

198,807

350

1

2

3

4

5

6

Page **3**

Part IV Capital Gains and Losses for Tax on Investment Income								
2-story brick wai	ehouse, or comm	operty sold (e g , rea non stock, 200 shs 1		(b) How acquir P—Purcha	se	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1 a SEARS ROEBUCK ACCER	TANCE CORP DE	3ENTURE		Р		1998-12-22	2017-04-26	
b TARGET CORP 5 375%				Р		2007-08-29	2017-05-01	
c GE CAPITAL CORP 5 4%	BOND			Р		2007-08-06	2017-02-15	
d ENERGY TRANSFER PAR	TNERS PL			Р			2017-12-31	
e ENERGY TRANSFER PAR			Р			2017-12-31		
(e) Gross sales price		(f) preciation allowed (or allowable)	Cost or	(g) other basis ense of sale		(h) Gain or (loss) (e) plus (f) minus (g)		
a	35,770				3,005		-42,235	
b	00,000			98	3,255		1,745	
c	75,000			74	4,712		288	
d	1,028						1,028	
e	5,648						5,648	
Complete only for asset	s showing gain in	column (h) and owi	ned by the foundation (on 12/31/69			(1)	
(i) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69	Excess	(k) of col (ı) (յ), ıf any		Gains (Col col (k), but no	(1) (h) gain minus t less than -0-) or rom col (h))	
a							-42,235	
b							1,745	
c							288	
d							1,028	
e							5,648	
 Capital gain net income Net short-term capital If gain, also enter in Pain Part I, line 8 	gain or (loss) as art I, line 8, colun	l defined in sections 1 nn (c) (see instructio		·	}	3	-33,526 1,028	
			duced Tax on Net					
(For optional use by domestic If section 4940(d)(2) applies, I Was the foundation liable for the If "Yes," the foundation does n	eave this part bla ne section 4942 to ot qualify under s	ank ax on the distributab section 4940(e) Doi	ole amount of any year not complete this part	ın the base p	eriod?		∕es ☑ No	
1 Enter the appropriate a	nount in each coi	umn for each year, :	see instructions before	making any e	entries			
(a) Base period years Calendar year (or tax year beginning in)		(b) fying distributions	(c) Net value of noncharitab			(d) Distribution ra (col (b) divided by	col (c))	
2016		821,273		20,471,621			0 040118	
2015		971,846		21,255,427			0 045722	
2014		936,896		21,579,128			0 043417	
2013		774,843		19,379,551			0 039983	
2012		651,678		18,278,888			0 035652	
2 Total of line 1, column (•			· · · · -	2		0 204892	
3 Average distribution ration number of years the four 4 Enter the net value of not 5 Multiply line 4 by line 3	ndation has been oncharitable-use a	ın existence if less t assets for 2017 from	than 5 years . ´. ´ n Part X, line 5		3 4		0 040978 22,277,516	
5 Multiply line 4 by line 3					5		912,888	
6 Enter 1% of net investm	•			-	6		8,074	
7 Add lines 5 and 6					7		920,962	
8 Enter qualifying distribut If line 8 is equal to or gr instructions					8 t using	a 1% tax rate S	806,180 ee the Part VI	
						F	form 990-PF (2017)	

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

7b

	•	,								
Par	t VIII	Information A and Contract		cers, Directors,	Trustees,	Foundation	Managers,	Highly Paid	Employees,	
1	List all a	fficare directors	tructooc	foundation manag	nave and the	ir component	tion (soo instr	ustions\		

List all officers, directors, truster (a) Name and address	Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and deferred	Expense account, (e) other allowances
	(b) devoted to position	-0-)	compensation	(5) 54.15. 4.15.74.1555
See Additional Data Table				
				
2 Compensation of five highest-pa	id employees (other than t	hose included on line :		ne, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE			(d) compensation	
Total number of other employees paid ov	er \$50,000			0
3 Five highest-paid independent co	•			
(a) Name and address of each person	n paid more than \$50,000	(b) Typ	e of service	(c) Compensation
		_		
		-		
Total number of others receiving over \$50	0,000 for professional services			0
Part IX-A Summary of Direct 0	Charitable Activities			0
	Charitable Activities activities during the tax year Incl	ude relevant statistical inforr		0 Expenses
Part IX-A Summary of Direct (List the foundation's four largest direct charitable organizations and other beneficiaries served, con 1 OPERATION AND MAINTENANCE OF B	Charitable Activities activities during the tax year Incl ferences convened, research paper ROWN MEMORIAL HOME FOR	ude relevant statistical inforr s produced, etc SENIOR CITIZENS THE	nation such as the number of	
Part IX-A Summary of Direct (List the foundation's four largest direct charitable organizations and other beneficiaries served, con 1 OPERATION AND MAINTENANCE OF B NECESSARY SERVICES FOR FULL PER RELIGION, NATIONAL ORIGIN OR RAC	Charitable Activities Pactivities during the tax year Incl ferences convened, research paper ROWN MEMORIAL HOME FOR MANENT CARE OF AMBULATOR THE HOME CAN ACCOMMO	ude relevant statistical inforr is produced, etc SENIOR CITIZENS THE RY AGED PERSONS WITH DATE SOME 40 RESIDEN	nation such as the number of HOME OFFERS ALL IOUT RESPECT TO ITS AND GENERALLY ALL	
Part IX-A Summary of Direct (List the foundation's four largest direct charitable organizations and other beneficiaries served, con 1 OPERATION AND MAINTENANCE OF B NECESSARY SERVICES FOR FULL PER RELIGION, NATIONAL ORIGIN OR RAC AVAILABLE RESIDENT ROOMS ARE OF THE SUBSTANTIAL AND REMAINDER (OUT 12 CONTROL	Charitable Activities activities during the tax year Incl ferences convened, research paper ROWN MEMORIAL HOME FOR MANENT CARE OF AMBULATO DE THE HOME CAN ACCOMMO CCUPIED A NOMINAL MONTHI	ude relevant statistical inforr is produced, etc SENIOR CITIZENS THE RY AGED PERSONS WITH DATE SOME 40 RESIDEN LY CHARGE IS MADE TO	nation such as the number of HOME OFFERS ALL IOUT RESPECT TO ITS AND GENERALLY ALL EACH RESIDENT, WHILE	
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Part IX-A Summary of Direct (List the foundation's four largest direct charitable organizations and other beneficiaries served, con 1 OPERATION AND MAINTENANCE OF B NECESSARY SERVICES FOR FULL PER RELIGION, NATIONAL ORIGIN OR RAC AVAILABLE RESIDENT ROOMS ARE OC THE SUBSTANTIAL AND REMAINDER OCHARITABLE CAPACITY 2 OPERATION AND MAINTENANCE OF B FACILITIES IN THE PARK, AVAILABLE GENERAL, INCLUDE PERMANENT RES' FIREPLACES, FRISBEE GOLF COURSE, EXTENSIVE SYSTEM OF ROADS AND E	Charitable Activities activities during the tax year Incl ferences convened, research paper ROWN MEMORIAL HOME FOR MANENT CARE OF AMBULATOR E THE HOME CAN ACCOMMO CCUPIED A NOMINAL MONTHI COST OF OPERATING THE HOR ROWN MEMORIAL PARK CONS WITHOUT CHARGE TO CHURC FROOM BUILDINGS, SHELTER NATURE TRAIL, EXPANSIVE O BRIDGES ONE HOME IS MAIN	ude relevant statistical informs produced, etc SENIOR CITIZENS THE RY AGED PERSONS WITHDATE SOME 40 RESIDEN Y CHARGE IS MADE TO ME IS BORNE BY THE FOUR TO GROUND HOUSES, PICNIC TABLE GRASSY AREAS AND NUMEL TABLE TO THE PORT OF THE PO	nation such as the number of HOME OFFERS ALL IOUT RESPECT TO ITS AND GENERALLY ALL EACH RESIDENT, WHILE JINDATION IN ITS TELY 200 ACRES THE IPS AND THE PUBLIC IN S, MASONRY OUTDOOR IEROUS TREES AND AN PERSONNEL OF THE	Expenses
Part IX-A Summary of Direct (List the foundation's four largest direct charitable organizations and other beneficiaries served, con 1 OPERATION AND MAINTENANCE OF B NECESSARY SERVICES FOR FULL PER RELIGION, NATIONAL ORIGIN OR RAC AVAILABLE RESIDENT ROOMS ARE OF THE SUBSTANTIAL AND REMAINDER OF CHARITABLE CAPACITY 2 OPERATION AND MAINTENANCE OF B FACILITIES IN THE PARK, AVAILABLE GENERAL, INCLUDE PERMANENT RESTREPLACES, FRISBEE GOLF COURSE, EXTENSIVE SYSTEM OF ROADS AND E FOUNDATION MAY LIVE ON THE PREM METHOD FOR COUNTING PERSONS US	Charitable Activities activities during the tax year Incl ferences convened, research paper ROWN MEMORIAL HOME FOR MANENT CARE OF AMBULATOR E THE HOME CAN ACCOMMO CCUPIED A NOMINAL MONTHI COST OF OPERATING THE HOR ROWN MEMORIAL PARK CONS WITHOUT CHARGE TO CHURG TROOM BUILDINGS, SHELTER NATURE TRAIL, EXPANSIVE OF BRIDGES ONE HOME IS MAIN LISSES AS A MEANS OF FACILIT	ude relevant statistical informs produced, etc SENIOR CITIZENS THE RY AGED PERSONS WITHDATE SOME 40 RESIDENLY CHARGE IS MADE TO ME IS BORNE BY THE FOUNT OF APPROXIMATION OF AP	nation such as the number of HOME OFFERS ALL IOUT RESPECT TO ITS AND GENERALLY ALL EACH RESIDENT, WHILE JUNDATION IN ITS ELY 200 ACRES THE IPS AND THE PUBLIC IN S, MASONRY OUTDOOR IEROUS TREES AND AN PERSONNEL OF THE S THERE IS NO ACCURATE	Expenses 291,208
Part IX-A Summary of Direct (List the foundation's four largest direct charitable organizations and other beneficiaries served, con 1 OPERATION AND MAINTENANCE OF B NECESSARY SERVICES FOR FULL PER RELIGION, NATIONAL ORIGIN OR RAC AVAILABLE RESIDENT ROOMS ARE OC THE SUBSTANTIAL AND REMAINDER OC CHARITABLE CAPACITY 2 OPERATION AND MAINTENANCE OF B FACILITIES IN THE PARK, AVAILABLE GENERAL, INCLUDE PERMANENT RES' FIREPLACES, FRISBEE GOLF COURSE, EXTENSIVE SYSTEM OF ROADS AND E FOUNDATION MAY LIVE ON THE PREM	Charitable Activities Pactivities during the tax year Incl ferences convened, research paper ROWN MEMORIAL HOME FOR MANENT CARE OF AMBULATOR THE HOME CAN ACCOMMO CUPIED A NOMINAL MONTHI COST OF OPERATING THE HOR ROWN MEMORIAL PARK CONS WITHOUT CHARGE TO CHURC ROOM BUILDINGS, SHELTER NATURE TRAIL, EXPANSIVE OF BRIDGES ONE HOME IS MAIN BISES AS A MEANS OF FACILIT SING THE BROWN MEMORIAL	ude relevant statistical informs produced, etc SENIOR CITIZENS THE RY AGED PERSONS WITHDATE SOME 40 RESIDENLY CHARGE IS MADE TO ME IS BORNE BY THE FOUNT OF APPROXIMATE HEROLOGICAL GROUPS, CIVIC GROUPS, PICNIC TABLE GRASSY AREAS AND NUM TAINED IN ORDER THAT TATING THEIR WORK AS PARK, IT IS ESTIMATED	nation such as the number of HOME OFFERS ALL IOUT RESPECT TO ITS AND GENERALLY ALL EACH RESIDENT, WHILE JNDATION IN ITS ELY 200 ACRES THE IPS AND THE PUBLIC IN S, MASONRY OUTDOOR IEROUS TREES AND AN PERSONNEL OF THE THERE IS NO ACCURATE THAT 5,200 VISITORS	Expenses
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Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2

3a 3h

4

5

1,685

806.180

806,180

Form **990-PF** (2017)

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

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

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

a From 2012. **b** From 2013. c From 2014. . . . d From 2015. e From 2016.

XII, line 4 ▶ \$

indicated below:

3 Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. 4 Qualifying distributions for 2017 from Part

same amount must be shown in column (a))

a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). **d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

6 Enter the net total of each column as

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 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 e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . . (d)

Form **990-PF** (2017)

Page 9

OIII	1 330-F1 (2017)	,					
R	art XIII U	ndistrib	uted Ir	come	see inst	ructions)
							(a) Corpus
1	Distributable a	mount for	2017 fro	m Part	XI, line 7		
2	Undistributed i	ncome, if a	ny, as o	f the e	nd of 2017		
а	Enter amount	for 2016 o	nly				
b	Total for prior	years 2	.0,	20	_ , 20		

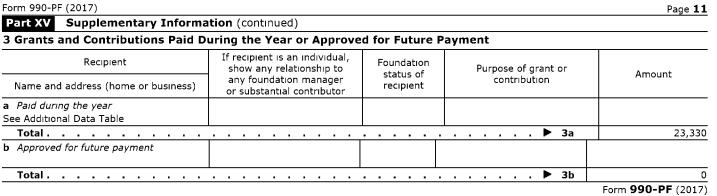
(b)

Years prior to 2016

(c)

2016

factors



orm 990-F		Activities				Page 12
Pait AV.	Analysis of Income-Producing				512 512 514	(e)
Enter gross	s amounts unless otherwise indicated	(a)	(b)	(c) (d)		Related or exempt function income
_	n service revenue	Business code	Amount	Exclusion code	Amount	(See instructions
	IE REVENUE	623000				186,92
	P MARY DELL RESERVATIONS	721210				9,03
	and contracts from government agencies					
	ership dues and assessments est on savings and temporary cash					
	ments			14	2,214	
	nds and interest from securities			14	821,664	
5 Net rer	ntal income or (loss) from real estate					
a Debt-	financed property					
	ebt-financed property			16	10,948	
6 Net re	ental income or (loss) from personal property					
7 Other i	nvestment income					
8 Gain d	or (loss) from sales of assets other than					
	tory			18		-33,52
	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
L1 Other i						
	TAX REFUND	110000	166			
	DNAGE DIVIDEND	110000	12			
	LLANOUS INCOME		129			
			207		024.026	162.42
	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		307		834,826	162,43 997,567
	orksheet in line 13 instructions to verify calcu			1	3	997,307
	-B Relationship of Activities to th		ment of Exem	pt Purposes		
	Explain below how each activity for which			-	ted importantly to	
Line No. ▼	the accomplishment of the foundation's ex instructions)					
.Α	HOME REVENUE IS THE NOMINAL CHARGE	MADE TO BROWN	MEMORIAL HOME			
.Α	RESIDENTS THE CHARGE COVERS ABOUT 3	0% OF THE OPER	ATING COSTS OF	•		
.Α	THE HOME					
.C	CAMP RESERVATIONS ARE THE MODEST CH	ARGES MADE TO	ORGANIZATIONS			
.C	AND GROUPS USING CAMP MARY DELL					
	1					000 55 /55:5
					Fo	rm 990-PF (2017

orm 9	90-PF (Pa	ge 13
	: XVII	Exempt Organi	zations						nships With Nor		le		
		janization directly or in Code (other than sectio								on 501		Yes	No
a Tra	ansfers f	rom the reporting foun	dation to a no	oncha	ırıtable exe	empt organizatio	n of						
(1) Cash.									. <u>1</u> a	(1)		No
(2) Other	assets								. 1a	(2)		No
	ner trans												
•	•	of assets to a nonchari	•	-							(1)		No
•	-	ases of assets from a n									(2)		No
•	•	l of facilities, equipmer	•								(3)		No
-		oursement arrangemen or loan guarantees.									(4) (5)		No No
•	•	mance of services or m									(6)		No
•	•	facilities, equipment, n	•		_					_	Lc		No
of	the good any tran	ver to any of the above dis, other assets, or ser saction or sharing arra (b) Amount involved	vices given by ngement, sho	the win	reporting f column (d	foundation If th	e foundati ne goods,	on receive other asse	ed less than fair mar	ket value ved		ngemen	nts
(-,		(2) runoane involved	(c) Hams on	10110110	arreadic exci	inpe organization	(2)		transfers, transactions,	, and onaring	u.r.u.	.90	
		dation directly or indire n section 501(c) of the	•							🗆	⁄es	✓	No
b If	'Yes," co	omplete the following so			l 45	V T of a		1	(a) Dagawatian	-£ -hh			
		(a) Name of organization	<u>n</u>		(6) Type of organiza	luon		(c) Description	or relations	тÞ		
	of m	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, co										
Sign Here		****				2018-05-22		*****		May the I return with the p			
	9	Signature of officer or t	rustee			Date	,	Title		below (see ınstr)? 🔽	Yes	□ _{No}
		Print/Type preparer's	name	Prepa	arer's Sıgn	ature	Date		Check if self-	PTIN			
Paid		AMY STONEBRAKE	R						employed ▶ □		P00724924		
	oarer Only	Firm's name ► WOO	DS & DURHA	м сн	ITD		'			Fırm's EIN I	▶48-	09284	196
		Firm's address ▶ PC	BOX 1516							.	-		
		SALINA KS 674021516						Phone no (785)	825-	5494		

SALINA, KS 674021516

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, (e) other allowances hours per week not paid, enter Contributions to (b) devoted to position -0-) employee benefit plans

			and deferred compensation	
PAUL MARTIN	TRUSTEE	1,650	0	
500 HILLSIDE ABILENE, KS 67410	1 00			

PRESIDENT, GENERAL

VICE PRESIDENT

MANAGER

25 00

1 00

1 00

1 00

1 00

25 00

TRUSTEE

TRUSTEE

TRUSTEE

SECRETARY/TREASURER

PHILIP J MULANAX

2828 INDY ROAD

ABILENE, KS 67410 KENNETH J WETZEL

1198 OLD 40 HWY ABILENE, KS 67410

TIM SHAFER

1714 NW 10TH ABILENE, KS 67410 ALFRED P JONES

2491 FAIR ROAD ABILENE, KS 67410 BRUCE HETTENBACH

1602 HICKOK ST ABILENE, KS 67410 JULIE SPRENKLE

1535 JEEP ROAD ABILENE, KS 67410

			and deferred compensation	
AUL MARTIN	TRUSTEE	1,650	0	
ON HILLSIDE	1 00			

35,460

8,638

1,050

1,800

1,800

20,555

1,010

0

0

544

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ABILENE AREA FOOD PANTRY NONE N/A CONTRIBUTION 1,025 409 NW 3RD ABILENE, KS 67410 ABTURNE CEMETARY ASSOCIATION NONE I NIZA CONTRIBUTION 150

513 NW 14TH ABILENE, KS 67410	NONE	IV/A	CONTRIBUTION	130
ABILENE CONVENTION AND VISITORS BUREAU 201 NW SECOND ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	100
ABILENE GIRL SCOUTS 3115 ENTERPRISE DR STE C SALINA, KS 67401	NONE	ASSOCIATION	CONTRIBUTION	100

N/A

CONTRIBUTION

3,000

23,330

NONE

CEDAR HOUSE102 NW 3RD

ABILENE, KS 67410

Total .

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CHURCH WOMEN UNITED CHRISTMAS NONE CHURCH CONTRIBUTION 800 AID DEANNA WHITEHAIR 2202 S WASHINGTON ABILENE, KS 67410

CRIME STOPPERS OF DICKINSON COUNTY 109 E 1ST STREET ABILENE, KS 67410	NONE	N/A	CONTRIBUTIONCONTRIBUTION	50
DICKINSON COUNTY 4-H FOUNDATION 712 S BUCKEYE ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	100
HERITAGE CENTER412 S CAMPBELL ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	250
HOSPICE OF DICKINSON COUNTY	NONE	N/A	CONTRIBUTION	225

1111 N BRADY ABILENE, KS 67410

> Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year KANSAS STATE HISTORICAL SOCIETY NONE N/A CONTRIBUTION 100 6425 SW 6TH AVENUE TOPEKA, KS 666151095 KSDS INC124 W 7TH NONE ASSOCIATION | CONTRIBUTION 150

WASHINGTON, KS 66968				
MEALS ON WHEELS511 NE 10TH ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	500
NATIONAL FIRE SAFETY COUNCIL INC CO ABILENE FIRE DEPT PO BOX 519 ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	80
SAFE NIGHT AFTER PROM1300 N CEDAR ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	100

ABILENE, KS 67410 SAFE NIGHT AFTER PROM1300 N CEDAR	NONE	N/A	CONTRIBUTION	100
ABILENE, KS 67410 Total			<u> </u>	23,330

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

SALVATION ARMY PRESBYTERIAN CHURCH 1400 N CEDAR ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	150
THE HOPE CENTER305 N CEDAR	NONE	N/A	CONTRIBUTION	500

BILLINE, NO 07 110				
DYS FOR TOTSPO BOX 669 BILENE, KS 67410	NONE	N/A	CONTRIBUTION	
BILENE HIGH SCHOOL BOOSTER CLUB	NONE	N/A	CONTRIBUTION	

ABILENE HIGH SCHOOL BOOSTER CLUB 906 N KUNEY ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	25
CHAPMAN HIGH SCHOOL400 W 4TH ST	NONE	N/A	CONTRIBUTION	25

150

906 N KUNEY ABILENE, KS 67410				
CHAPMAN HIGH SCHOOL400 W 4TH ST CHAPMAN, KS 67431	NONE	N/A	CONTRIBUTION	2

ABILENE, NS 6/410				
CHAPMAN HIGH SCHOOL400 W 4TH ST CHAPMAN, KS 67431	NONE	N/A	CONTRIBUTION	
Total				23,330

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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 recipient or substantial contributor			
a Paid during the year		Γ <u></u>		
CRU141 PINE VALLEY DR CONWAY, AR 72034	NONE	N/A	CONTRIBUTION	100
DICKINSON COUNTY ECONOMIC DEVELOPMENT 109 E 1ST STREET SUITE 203 ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	300
KANSAS KIDS IN CRISIS 1109 N SPRUCE WAY ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	200
SHOP WITH A COPDICKINSON CO SHERIFF OFFICE 109 E 1ST STREET ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	150
BENJAMIN YOUNGMARK 1118 OLD HIGHWAY 40 ABILENE, KS 67410	NONE	N/A	SCHOLARSHIP	2,800
Total				23,330

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year DARIANE PIPER NONE N/A SCHOLARSHIP 2,800

SALINA, KS 67401				
JESSICA HAYES300 N VAN BUREN ABILENE, KS 67410	NONE	N/A	SCHOLARSHIP	

ABILENE, KS 67410	NONE	N/A	SCHOLARSHIP	
KILEY KOHLER1709 OVERHILL RD ABILENE, KS 67410	NONE	N/A	SCHOLARSHIP	

За

709 OVERHILL RD 7410	NONE	N/A	SCHOLARSHIP	
REED	NONE	N/A	SCHOLARSHIP	

1,000

2,800

KRISTEN GRACE REED 201 S CHERRY ST LOT 125 ABILENE, KS 67410	NONE	N/A	SCHOLARSHIP	2,800
MCKENNA B SCOTT1600 JOHNS AVENUE	NONE	N/A	SCHOLARSHIP	2,800

ABILENE, KS 67410				
MCKENNA B SCOTT1600 JOHNS AVENUE ABILENE, KS 67410	NONE	N/A	SCHOLARSHIP	2,80

MCKENNA B SCOTT1600 JOHNS AVENUE ABILENE, KS 67410	NONE	N/A	SCHOLARSHIP	2
Total				23.330

Category	Amoun	-	Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
Accounting Fees Schedule							
Name: BROWN MEMORIAL FOUNDATION EIN: 48-0573809							
TY 2017 Accounting Fees Schedule							
efile GRAPHIC print - DO NOT PF	OCESS As	Filed Data -		DI	LN: 93491150000138		

3,431

13,724

17,155

ACCOUNTING SERVICES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491150000138			
TY 2017 All Other Program Related Investments Schedule						
Name:	BROWN MEMO	RIAL FOUNDATION				
EIN:	48-0573809					
	Category		Amount			
HEATERS IN MENS AND WOMEN'S SHOW	VER HOUSES AT	CAMP MARY DELL	3,241			

Note: To capture the full content of this document, please select landscape mode (11" \times 8.5") when printing.						
TY 2017 Depreciation Schedule	e					
Name:	BROWN MEMORIAL FOUNDATION					
EIN:	48-0573809					

DLN: 93491150000138

5,652

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

220,440

2016-05-01

BUILDING

		ETIA: 4	-0-03/3009						
Description of Property	Date Acquired	Cost or Other Basıs	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
LAND - 50%	2016-05-01	16,194		L		0	0	0	

39 000000000000

5,652

5,652

3,533 SL

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491150000138 TY 2017 Explanation of Non-Filing with Attorney General Statement Name: BROWN MEMORIAL FOUNDATION **EIN:** 48-0573809 **Statement:** NOT REQUIRED

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491150000138
TY 2017 Investments Corpora	te Bonds Sche	dule	
Name:	BROWN MEMORIA	L FOUNDATION	
EIN:	48-0573809		

Investments Corporate Bonds Schedule Name of Bond **End of Year Book** End of Year Fair Value Market Value CORPORATE BONDS 4,449,956 4,861,570

DLN: 93491150000138

Name: BROWN MEMORIAL FOUNDATION

EIN: 48-0573809

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

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCKS	6,642,682	16,885,590

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491150000138				
TY 2017 Investments Governr	TY 2017 Investments Government Obligations Schedule						
Name:	BROWN MEMO	ORIAL FOUNDATION					
EIN:	48-0573809						
US Government Securities - End of Year Book Value:		0					
US Government Securities - End of Year Fair Market Value:		0					
State & Local Government Securities - End of Year Book Value:		1,329,619					
State & Local Government Securities - End of Year Fair Market Value:		1,355,613					

TY	2017	Investments	-	Land	Schedule	

efile GRAPHIC print - DO NOT PROCESS

LAND - 50%

BUILDING

As Filed Data -

16,194

220,440

Name: BROWN MEMORIAL FOUNDATION

	EIN: 48-0573809		
Category/ Item	Cost/Other Basis	Accumulated Depreciation	

9,185

16,194

211,255

Book Value

End of Year Fair Market Value

16,194

167,291

DLN: 93491150000138

ie GRAPHIC Print - DO NOT PROCESS	DL	N: 93491150000138		
Y 2017 Investments - Other	Schedule			
Name:	BROWN MEN	MORIAL FOUNDATIO	DN	
EIN:	48-0573809	9		
nvestments Other Schedule 2				
Category/ Item		Listed at Cost or	Book Value	End of Year Fair

AT COST

FMV

DI N. 02/011E0000128

Market Value

216,785

ofile CRAPHIC print - DO NOT PROCESS | Ac Filed Data -

1 SH CARRIE BURTON TRUST

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	As Filed Data - DLN: 93491150000138			
TY 2017 Legal Fees Schedu	le		_		
Name: BROWN MEMORIAL FOUNDATION EIN: 48-0573809					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
LEGAL SERVICES	1,138	228	228	910	

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DLN: 93491150000138

Name: BROWN MEMORIAL FOUNDATION

EIN: 48-0573809

Other Assets Schedule					
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value		
DEFERRED PATRONAGE DIVIDEND-FARMERS COOP	941	953	953		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 934911500	00138	
TY 2017 Other Decreases Schedule					
Name:	BROWN MEMO	DRIAL FOUNDATION			
EIN:	48-0573809				
De	escription		Amount		
DISPOSAL OF OLD ASSETS				350	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491150000138		
TY 2017 Other Expenses Sche	TY 2017 Other Expenses Schedule					
Name:	BROWN MEMOR	IAL FOUNDATION	٧			
EIN:	IN: 48-0573809					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
GENERAL-INSURANCE	5,739	1,148	1,148	4,591		

7,545

1,229

9,784

3,560

24,434

35,312

30,244

595

222

119

0

0

0

0

0

0

1,509

222

119

1,509

1,229

9,784

3,560

24,434

35,312

30,244

890

476

0

0

0

0

0

6,036

Other Expenses Schedule		
Description	Revenue and Expenses per Books	Net Investn Income

GENERAL-TRUST EXPENSE

GENERAL-MISCELLANEOUS

HOME EQUIPMENT REPAIR

HOME PAYROLL TAXES

GENERAL-SUPPLIES

HOME AUTOMOBILE

HOME BUILDING

HOME FOOD

HOME INSURANCE

Description Revenue and **Net Investment Adjusted Net** Disbursements for Expenses per Income Income Charitable Books Purposes 625 HOME LAUNDRY 625 HOME LICENSES 240 240 HOME SALARIES 268,983 268.983 HOME SUPPLIES 15,108 15,108

3,192

14,351

11,390

277

4,468

57,194

3,192

14,351

11,390

277

4,468

Other Expenses Schedule

HOME UTILITIES

HOME MISCELLANEOUS

HOME SEWER PLANT MAINT

HOME EMPLOYEE BENEFITS

PARK BUILDING REPAIRS

PARK EQUIPMENT REPAIR

Description Revenue and **Net Investment Adjusted Net** Disbursements for Charitable Expenses per Income Income Books Purposes PARK PAYROLL TAXES 2,511 2,511 PARK GENERAL 2,923 2,923 13,712 0 13.712 PARK INSURANCE

Other Expenses Schedule

PARK SALARY

PARK ROADS

PARK TRUCKS

PARK TRACTORS

	· '		·	
PARK LANDSCAPING	1,589	0	1,589	0
PARK MACHINERY EXPENSE	1,744	0	1,744	0
PARK MAINTENANCE	741	0	741	0

57,633

817

3,205

4,909

57,633

817

3,205

4,909

Other Expenses Schedule Description

PARK REPAIRS & MAINTENANCE EMPLOYEE

PARK INSURANCE EMPLOYEE DWELLINGS

HOME EXCESS DEDUCTIONS OVER INCOME

MARY DELL REPAIRS & MAINTENANCE

MARY DELL OTHER EXPENSE

PARK EMPLOYEE BENEFITS

MARY DELL UTILITIES

MARY DELL SUPPLIES

PARK UTILITIES

PARK SUPPLIES

DWELLINGS

Expenses per

Revenue and

Books

13,804

3,660

3,500

1,574

5,215

2,218

4,630

788

1,960

Net Investment

Income

Adjusted Net

Income

13,804

3,660

3,500

1,574

5,215

2,218

4,630

1.960

-291,208

788

Disbursements for

Charitable

Purposes

291,208

Description **Net Investment Adjusted Net** Disbursements for Revenue and Expenses per Income Income Charitable Books Purposes Λ n -131 024 DADY EYCESS DEDUCTIONS OVED INCOME 131,024

628

895

8,280

7,013

792

209

1,714

502

716

634

8.199

126

179

158

209

126

179

158

209

TARK EXCESS BEDOCTIONS OVER INCOME		0	131,024
GENERAL-TELEPHONE/INTERNET	2,142	428	428
HOME SUBSCRIPTIONS	926	0	926

Other Expenses Schedule

PARK UTILITIES BOY SCOUT CAMP

ENERGY TRANSFER PARTNERSHIP PTP K-1 LOSS

ENTERPRISE PRODUCTS PARTNERS PTP K-1 LOSS

GENERAL - SUBSCRIPTIONS/MEMBERSHIPS/WEB

GENERAL - OFFICE EXPENSE

GENERAL - DRUG TESTING

MAINTENANCE

•			l.	
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable
	Books			Purposes

	Books	Income	Income	Purposes
INSURANCE	1,352	1,352	1,352	

Other Expenses Schedule

etile GRAPHIC P	rint - DO NOT PROCESS	AS FIIEG Data -	DLN: 93491150000138

TY 2017 Other Income Schedule

Name: BROWN MEMORIAL FOUNDATION

EIN: 48-0573809

Other Income Schedule			
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
HOME REVENUE	186,922		186,922
CAMP MARY DELL RESERVATIONS	9,038		9,038
FUEL TAX REFUND	166		166
PATRONAGE DIVIDEND	12		12
MISCELLANOUS INCOME	129		129

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491150000138		
TY 2017 Other Liabilities Schedule						
Name: BROWN MEMORIAL FOUNDATION						
EIN:	EIN: 48-0573809					
Description	n		Beginning of Year - Book Value	End of Year - Book Value		
Description SECURITY DEPOSIT	n					
·	n		- Book Value	Book Value		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-1	DLI	DLN: 93491150000138			
TY 2017 Taxes Schedule							
Name: BROWN MEMORIAL FOUNDATION							
EIN: 48-0573809							
LIN: 40-03/3009							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
FEDERAL INVESTMENT INCOME TAX	17,685	0	0	0			
KANSAS FRANCHISE TAX	90	18	18	72			
PAYROLL TAXES	3,131	626	626	2,505			
FOREIGN TAXES	2,521	2,521	2,521	0			

696

3,479

3,479

3,479

2,783

696

3,479

REAL ESTATE TAX

REAL ESTATE TAXES