Form 990-PF Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

For	alen	dar year 2017 or tax year beginning		, and ending		
Nai	ne of	foundation			A Employer identificatio	n number
_J	OS.	REHS WAY INC			81-2558072	2
Nur	ber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
		21 W 87TH ST		294	913-208-05	573
		own, state or province, country, and ZIP or foreign p EXA, KS 66219		C If exemption application is i	pending, check here	
		all that apply: Initial return	ormer public charity	D 1. Foreign organization	s, check here	
		Final return	Amended return		2	
		Address change	Name change		Foreign organizations m check here and attach c	eeting the 85% test, omputation
H	~	type of organization: \mathbf{X} Section 501(c)(3) ex		NV	E If private foundation sta	
			Other taxable private founda		under section 507(b)(1)(A), check here
		irket value of all assets at end of year J Accounti	- -	Accrual	F If the foundation is in a	
(1)		Part II, col. (c), line 16) O1 O1	her (specify)		under section 507(b)(1)(B), check here
	rt I			(b) Net investment	(a) Adjusted net	(d) Disbursements
<u>ب</u> بر		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	income	(c) Adjusted net income	for charitable purposes (cash basis only)
1	1	Contributions, gifts, grants, etc., received	37,500.		N/A	
	2	Check If the foundation is not required to attach Sch. B. Interest on savings and temporary	A A	44.	 	STATEMENT 1
	3	cash investments	44.	44.		STATEMENT 1
	4 5a	Dividends and interest from securities Gross rents				
		Net rental income or (loss)				
		Net gain or (loss) from sale of assets not on line 10				
Revenue	ь	Gross sales price for all assets on line 6a				
ķ	7	Capital gain net income (from Part IV, line 2)		0.		
ď	8	Net short-term capital gain				
;	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold	ļ			
	C	Gross profit or (loss)	ļ		DECEIVED	
3	11	Other income	27 544	Act	RICOLIVE	\$
_	12	Total. Add lines 1 through 11	37,544.	44.	AAV M 7 2018	0.
	13 14	Compensation of officers, directors, trustees, etc Other employee salaries and wages	ļ	<u> </u>	MAY 0 7 2018	
		Pension plans, employee benefits			0.052	
es		Legal fees			OGDEN, UI	
ens		Accounting fees				
Ä		Other professional fees				
<u>k</u>	17	Interest				
Operating and Administrative Expens	18	Taxes STMT 2	40.	0.		40.
nis.	19	Depreciation and depletion				ļ
Ę	20	Occupancy		ļ	 	
Þ	21	Travel, conferences, and meetings				
) au	22	Printing and publications Other expanses		 		
ţi	23 24	Other expenses Total operating and administrative	<u> </u>			
era	-"	expenses. Add lines 13 through 23	40.	0.	}	40 -
o	25	Contributions, gifts, grants paid	9,500.			9,500.
	ı	Total expenses and disbursements		 		1
	L	Add lines 24 and 25	9,540.	0.		9,540.
	27	Subtract line 26 from line 12:				
	a	Excess of revenue over expenses and disbursements	28,004.			
	b	Net investment income (if negative, enter -0-)		44.		
	С	Adjusted net income (if negative, enter -0-)			N/A	<u> </u>

Form **990-PF** (2017)

Add lines 1, 2, and 3

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

Decreases not included in line 2 (itemize)

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co)					(b) }	low acc - Purch - Donat	quired ase tion	(c) Date ac (mo., day	quired v, yr.)	(d) Date sold (mo., day, yr.)
1a				· · · · · · · · · · · · · · · · · · ·						
b NC	NE				ļ					
_ <u>C</u>										
e e				·						
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		st or other basis expense of sale				(h) Gair ((e) plus (n or (loss) f) minus ((3))
a					_		·			
<u>b</u>										
<u>C</u>										
<u>d</u> e										
Complete only for assets show	ng gain in c	olumn (h) and owned by	the foundation	on 12/31/69.			(1)	Gains (Col	. (h) gain r	minus
(i) FMV as of 12/31/69	(i) Adjusted basis (k) Excess of col (i) col.			I) Gains (Col. (h) gain minus I. (k), but not less than -0-) or Losses (from col. (h))						
a										
b										
<u>C</u>										
d	-									
<u>e</u>	1			_	\dashv					
2 Capital gain net income or (net c	apıtal loss)	$\begin{cases} \text{ If gain, also enter} \\ \text{ If (loss), enter -0} \end{cases}$	n Part I, line - in Part I, line	7 7	}	2				
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8	, column (c		nd (6):		}	3				
Part V Qualification L	Jnder Se	ection 4940(e) for	Reduced	Tax on Net	Inv	estm	ent Inc	ome		
If section 4940(d)(2) applies, leave t Was the foundation liable for the sec If "Yes," the foundation doesn't qual	ction 4942 t	ax on the distributable am		•	rıod?					Yes X No
Enter the appropriate amount in	each colum	in for each year; see the ir	nstructions be	fore making any e	ntries			-, - -		
(a) Base period years Calendar year (or tax year beginn	ıng ın)	(b) Adjusted qualifying dis		Net value of no	(c) of noncharitable-use assets			(d) Distribution ratio (col. (b) divided by col. (c))		
2016			2,342.			24	<u>1,748</u>	•		.094634
2015										
2014 2013		· · · · · · · · · · · · · · · · · · ·								
2012	-									
	•									
2 Total of line 1, column (d)								2		.094634
3 Average distribution ratio for the			on line 2 by 5.	O, or by the numb	er of y	ears/				
the foundation has been in existe	ence if less t	than 5 years						3		.094634
4 Enter the net value of noncharita	ble-use ass	ets for 2017 from Part X,	line 5					4		1,136.
5 Multiply line 4 by line 3								5		108.
6 Enter 1% of net investment inco	me (1% of F	Part I, line 27b)						6		0.
7 Add lines 5 and 6								7		108
8 Enter qualifying distributions fro								8		9,540.
If line 8 is equal to or greater tha See the Part VI instructions.	n line 7, che	eck the box in Part VI, line	1b, and comp	lete that part usir	ng a 19	% tax ra	ate.			

	990-PF (2017) JOSPEHS WAY INC	1040(1) 404		81-255			Page 4	_
	rt VI Excise Tax Based on Investment Income (Section 4940(a		iu(e), or 4	948 - see	instru	CTIO	ns)	-
1a	Exempt 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 necess)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	X and enter 1%	} !	1			0.	-
	of Part I, line 27b							
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of	f Part I, line 12, col. (b). 丿					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; other	s, enter -0-)	ļ	2			0.	
3	Add lines 1 and 2			3			0.	_
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; other	rs, enter -0-)	ļ	4			<u> 0.</u>	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5			0.	-
6	Credits/Payments:	1	1					
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	0.					
b	Exempt foreign organizations - tax withheld at source	6b	0.					
C	Tax paid with application for extension of time to file (Form 8868)	6c	0.					
d	Backup withholding erroneously withheld	6d	0.					
7	Total credits and payments. Add lines 6a through 6d			7			<u>0.</u>	-
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attache	d		8			0.	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		>	9			<u>0.</u>	
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		▶	10				
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax	R	efunded 📐	11				
	rt VII-A Statements Regarding Activities							-
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	on or did it participati	e or intervene	in		Yes		
	any political campaign?				1a		X	
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?			tion	1b		_X_	
	If the answer is "Yes" to ${f 1a}$ or ${f 1b}$, attach a detailed description of the activities and copies of an	ny materials publishe	d or					
	distributed by the foundation in connection with the activities.							
C	Did the foundation file Form 1120-POL for this year?				10		X	-
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		_					
	(1) On the foundation. ► \$ O. (2) On foundation managers. ►		0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure	e tax imposed on fou	ndation					
	managers. ► \$O.							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?)			2		X	-
	If "Yes," attach a detailed description of the activities.							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing insti	rument, articles of in	corporation, o	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		X	-
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			37/3	4a		X	-
	If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	4b			-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5	ļ <u> </u>	_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	r;						
	By language in the governing instrument, or		th the etcle	love				
	By state legislation that effectively amends the governing instrument so that no mandatory discussion at the passage and	rections that connict	with the state	iaw			v	
,	remain in the governing instrument?	Dort II ool (a) and	Doct VII		6_	v	_X	-
′	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete	e Part II, col. (c), and	Pan XV		7	X		
0-	Fater the state to which the favorable secretary with which the grant stand Control of the state	_			ļ			
вa	Enter the states to which the foundation reports or with which it is registered. See instructions.				1			
	KS	racy Canadal (as disco						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attor	ney General (or desig	ynate)		۸.	v		
_	of each state as required by General Instruction G? If "No," attach explanation	n 4049/3/2) 4040)/1\(E\ far ==!-	ndar	_8b	X		. ~
9	Is the foundation claiming status as a private operating foundation within the meaning of section		elist for cale	nual	_		v	1
10	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," comple				9		☆	. •
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule in	sting their names and ad	gresses		10 orm 99 (\ DE	(0047)	-

Pa	int 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		<u>X</u>
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		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A	<u> </u>	<u> </u>	
14	The books are in care of ► THOMAS J BICKIMER Telephone no. ► 913-20		<u> 5 / 3</u>	
	Located at ► 15621 W 87TH ST #294, LENEXA, KS ZIP+4 ►61	<u> 277</u>		$\overline{}$
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	N	· / ¬	
	and enter the amount of tax-exempt interest received or accrued during the year		/A Yes	No
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,	10	163	X
	securities, or other financial account in a foreign country?	16	1	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
De	foreign country ► Int VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
ΙC			Yes	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	 	100	
ıa	During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(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.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b_		
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2017?	10		<u>X</u>
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)):			
ē	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		İ	
	before 2017?			
	If "Yes," list the years >,,,			
ŧ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	0.6		
		2b		
(of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
•	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			1
38	during the year? Yes X No			
	of "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	Зь		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		Х
	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 2017?	4b		<u> </u>
	F	orm 99	0-PF	(2017)

Form 990-PF (2017) JOSPEHS WAY INC Part VII-B Statements Regarding Activities for Which F	Form 4720 May Be I		81-25580	72	Page 6		
5a During the year, did the foundation pay or incur any amount to:	Onn 4720 May Do 1	icqui ca (contin	1	Yes	No		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1015/01/2	[v	s X No		 		
(2) Influence the outcome of any specific public election (see section 4955); o				1			
any voter registration drive?		s X No	1				
(3) Provide a grant to an individual for travel, study, or other similar purposes'		s X No		Í			
(4) Provide a grant to an individual for flavel, study, or other similar purposes	TE	is LALINU	- 1				
	11 062011060 111 26011011		. .				
4945(d)(4)(A)? See instructions Yes X No							
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?							
the prevention of cruelty to children or animals? Yes X No b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations							
section 53.4945 or in a current notice regarding disaster assistance? See instru		iii negulalions	N/A	5b	}		
				30	 		
Organizations relying on a current notice regarding disaster assistance, check h		aad		i			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		. —	s No				
expenditure responsibility for the grant?	T,	1/A	'S 8'				
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					ļ		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on		. चि.				
a personal benefit contract?		Y €	s X No	۸.			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b	X		
If "Yes" to 6b, file Form 8870.		Γ.	[1]				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		J Y6	s X No	_ _	 		
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	Ш		
Part VIII Information About Officers, Directors, Trustore Paid Employees, and Contractors	ees, Foundation Ma	inagers, Higniy	<i>,</i>				
List all officers, directors, trustees, and foundation managers and to	heir compensation						
List all officers, directors, trustees, and foundation managers and to	(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Evr	nense		
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp account allowa	, other nces		
THOMAS J BICKIMER	DIRECTOR						
15621 W 87TH ST #294							
LENEXA, KS 66219	1.00	0.	0.		0.		
	DIRECTOR						
15621 W 87TH ST #294							
LENEXA, KS 66219	1.00	0.	0.	0. 0.			
_ 	DIRECTOR						
15621 W 87TH ST #294							
LENEXA, KS 66219	1.00	0.	0.		0.		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	7.5			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp account	ense , other		
	devoted to position	(6) 66 (6)	compensation	allowa	nces		
NONE							
		<u> </u>					
		ļ					
		ļ	<u> </u>				
			1				
		<u> </u>	<u></u>				
· 							
	<u> </u>	L	<u> </u>	ļ			
Total number of other employees paid over \$50,000					0		
			Form	990-PF	(2017)		

Form 990-PF (2017) JOSPEHS WAY INC		2558072 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
	 	
		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the oduced, etc.	Expenses
1 N/A		
2		
3		
<u> </u>		
4		
D. HV D		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year or	n lines 1 and 2	Amount
1 N/A	it lines 1 dilu 2.	Amount
I N/A		
2		
All other program-related investments. See instructions.		
3		
		<u></u>
Total, Add lines 1 through 3	>	0.

Part 2	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations must complete this part.	ndations, see	instructions)
1 Fair	market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Aver	age monthly fair market value of securities	_1a	0.
b Aver	age of monthly cash balances	1b	1,153.
c Fairi	market value of all other assets	1c	
d Tota	(add lines 1a, b, and c)	1d	1,153.
e Redu	iction claimed for blockage or other factors reported on lines 1a and		
	ttach detailed explanation) 1e 0.		
2 Acqu	isition indebtedness applicable to line 1 assets	2	0.
	ract line 2 from line 1d	3	1,153.
4 Cash	deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	17.
	value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,136.
6 Mini	mum investment return. Enter 5% of line 5	6	57.
Part >	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
	foreign organizations, check here and do not complete this part.)		
1 Minii	num investment return from Part X, line 6	1	57.
2a Tax	on investment income for 2017 from Part VI, line 5		
b Inco	ne tax for 2017. (This does not include the tax from Part VI.)	1	
c Add	lines 2a and 2b	2c	0.
3 Distr	butable amount before adjustments. Subtract line 2c from line 1	3	57.
4 Reco	veries of amounts treated as qualifying distributions	4	0.
5 Add	lines 3 and 4	5	57.
6 Dedu	ction from distributable amount (see instructions)	6	0.
	ibutable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	57.
	Qualifying Distributions (see instructions)		
		T 1	
	unts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	nses, contributions, gifts, etc total from Part I, column (d), line 26	1a	9,540.
-	ram-related investments - total from Part IX-B	1b	<u> </u>
	unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
	unts set aside for specific charitable projects that satisfy the:		
	bility test (prior IRS approval required)	3a	
	distribution test (attach the required schedule)	3b	
	ifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	9,540.
	dations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ne. Enter 1% of Part I, line 27b	5	0.
	sted qualifying distributions. Subtract line 5 from line 4	6	9,540.
Note	: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for the	section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

1 Distributable amount for 2017 from Part XI, Inle 7 2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only b Total for prior years. 3 Excess distributions carryover, if any, to 2017: a From 2012 b From 2013 c From 2015 e From 2016		(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only b Total for prior years. 3 Excess distributions carryover, if any, to 2017: a From 2013 c From 2014 d From 2015 e From 2016	-				57.
b Total for prior years. 3 Excess distributions carryover, if any, to 2017: a From 2012 b From 2013 c From 2014 d From 2015 e From 2016 1	2 Undistributed income, if any, as of the end of 2017				
3 Excess distributions carryover, if any, to 2017: a From 2012 b From 2013 c From 2014 d From 2015 e From 2016 1	a Enter amount for 2016 only			0.	
3 Excess distributions carryover, if any, to 2017: a From 2012 b From 2013 c From 2014 d From 2015 e From 2016 1	b Total for prior years.		0		
a From 2012 b From 2013 c From 2014 d From 2015 e From 2016 1	3 Excess distributions carryover, if any, to 2017:				
c From 2014 d From 2015 e From 2016 1,518. f Total of lines 3a through e 4 Qualifying distributions for 2017 from Part XII, line 4: \(\)	1 2 2 2				
d From 2015 e From 2016 1,518. 1 Total of lines 3a through e 4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ 9,540. 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 (a)) 6 Enter the net total of each column as indicated below: 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'	b From 2013			i	
e From 2016	c From 2014				
f Total of lines 3a through e 4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ 9,540. 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 Excess distributions carryover applied to 2017 (if an amount appears in column (a), the same amount must be shown in column (a) Enter the net total of each column as indicated below: 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'	d From 2015				
f Total of lines 3a through e 4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ 9,540. 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 Excess distributions carryover applied to 2017 (if an amount appears in column (a), the same amount must be shown in column (a) Enter the net total of each column as indicated below: 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'	e From 2016 1,518.	ļ			
4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ 9,540. 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 57. Excess distributions carryover applied to 2017 (if an amount appears in column (a), the same amount must be shown in column (a). 6 Enter the net total of each column as indicated below: 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'		1,518.			
Part XII, line 4: ►\$ 9,540. 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 same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: 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'	4 Qualifying distributions for 2017 from				
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 same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: 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'					
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 57. Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: 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'				0.	
c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2017 distributable amount e Remaining amount distributed out of corpus 57 . Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 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'					
c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2017 distributable amount e Remaining amount distributed out of corpus 57 . Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 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'	years (Election required - see instructions)		0.		
(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 same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: 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'					
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 same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: 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'	· 1	0.			
e Remaining amount distributed out of corpus 5					57.
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: 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'		9,483.			
6 Enter the net total of each column as indicated below: 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'	(If an amount appears in column (d), the same amount	0.			0.
b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years'	6 Enter the net total of each column as	·			
b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years'	& Corpus Add lines 3f, 4c, and 4e Subtract line 5	11,001.			
line 4b from line 2b c Enter the amount of prior years'	<u> </u>				
c Enter the amount of prior years'			0.		
deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0		
d Subtract line 6c from line 6b. Taxable					
amount - see instructions			ا. ۱		
e Undistributed income for 2016. Subtract line			•		
4a from line 2a. Taxable amount - see instr.	· 1			n .	
f Undistributed income for 2017, Subtract					
lines 4d and 5 from line 1. This amount must	lines 4d and 5 from line 1. This amount must				
					0.
7 Amounts treated as distributions out of	7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	may be required - see instructions)	0.			
8 Excess distributions carryover from 2012	8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018	9 Excess distributions carryover to 2018				
Subtract lines 7 and 8 from line 6a 11,001.	Subtract lines 7 and 8 from line 6a	11,001.			
0 Analysis of line 9:	O Analysis of line 9:				
a Excess from 2013	a Excess from 2013	1			
b Excess from 2014	b Excess from 2014				
c Excess from 2015					
d Excess from 2016 1,518.	f				
e Excess from 2017 9, 483.	e Excess from 2017 9, 483.				

	WAY INC	 			58072 🖊 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	it is a private operating			/
foundation, and the ruling is effective fo	or 2017, enter the date of t	the ruling	▶ L		
b Check box to indicate whether the found	d <u>ation is a private operatir</u>	ng foundation described i		4942(j)(3) or49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	/	
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014, T	(e) Total
investment return from Part X for					
each year listed				//	
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed				//	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					· · · · · · · · · · · · · · · · · · ·
e Qualifying distributions made directly					
for active conduct of exempt activities.		į			
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:	1				
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter		//			
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter;					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization				1	
(4) Gross investment income	4				
Part XV Supplementary Info			if the foundation	n had \$5,000 or mo	ore in assets
at any time during t	the year-see instr	ructions.)	<u></u>	<u></u>	
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh			ributions received by the	e foundation before the clos	se of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	ection 507(a)(2).)			
SEE STATEMENT 3					
 b List any managers of the foundation who other entity) of which the foundation ha 			(or an equally large porti	on of the ownership of a pa	artnership or
	is a 10 % of greater filteres	51.			
NONE					···
2 Information Regarding Contribut					anto for fundo. If
Check here \(\sum \big \text{ \text{X}} \) if the foundation of the foundation makes gifts, grants, etc.					6212 101 101102. 11
a The name, address, and telephone num					
a mo namo, agoroso, and tolophone nun	ioo, or ornan address of th	to porcon to whom applic	anono onodia do addros		
b The form in which applications should l	be submitted and informa	tion and materials they si	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	.

Part XV

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient a Paid during the year N/A PC AFFORDABLE HOUSING CHWC 2 S 14TH ST 500. KANSAS CITY, KS 66102 AFFORDABLE HOUSING HABITAT FOR HUMANITY N/A PC 121 HABITAT ST 500. AMERICUS, GA 31709 MORNING GLORY MINISTRIES N/A PC GENERAL CHARITABLE PURPOSE 416 W 12TH ST 600. KANSAS CITY, MO 64105 GENERAL CHARITABLE ST BENEDICTS ABBY N/A PC PURPOSE 1020 N 2ND ST 400. ATCHISON, KS 66002 VILLA ST FRANCIS PC GENERAL CHARITABLE N/A PURPOSE 16600 W 126TH ST 4.500. OLATHE KS 66062 9 500. SEE CONTINUATION SHEET(S) ▶ 3a Total b Approved for future payment NONE Total

Part XVI-A	Analys	sis of Inc	ome-Produ	cing Activitie	s
					_

Enter gross amounts unless otherwise indicated	Unrelated business income		Exclu	ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
_					
a			 - -		
b			 		
c					
d	ļ				
e			 		
f				· · · · · · · · · · · · · · · · · · ·	
g Fees and contracts from government agencies		·	ļ		
2 Membership dues and assessments					
3 Interest on savings and temporary cash			۱.,		
investments		<u> </u>	14	44.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:			ļ		
a Debt-financed property					
b Not debt-financed property			<u> </u>		
6 Net rental income or (loss) from personal					
property			<u></u>		
7 Other investment income			<u> </u>		
8 Gain or (loss) from sales of assets other					
than inventory			1	}	ĺ
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d		- 			
e	ļ		 	 	
12 Subtotal. Add columns (b), (d), and (e)		0.		44.	0.
13 Total. Add line 12, columns (b), (d), and (e)		<u> </u>	٠		44.
(See worksheet in line 13 instructions to verify calculations.)				,,,	
Part XVI-B Relationship of Activities to	o the Acc	omplishment of Ex	cemp	t Purposes	
Line No. Explain below how each activity for which incor	ne is reported	in column (e) of Part XVI-A	contri	buted importantly to the accor	malishment of
the foundation's exempt purposes (other than be				55154 m.pontamij 15 m. 4555	TIP TO THE O
					
				·	
					<u></u>

Part XVII	Information Re		sfers to a	nd Transaction	s an	d Relations	hips With Nor	charitable		.go 1 0
	Exempt Organi									
1 Did the c	organization directly or indir	ectly engage in any	of the followin	g with any other organ	iization	described in sect	tion 501(c)		Yes	No
(other th	an section 501(c)(3) organ	izations) or in sectio	on 527, relating	g to political organization	ons?					
a Transfer	s from the reporting founda	ition to a noncharita	ble exempt or	ganization of:						ļ
(1) Cas	h							1a(1)		X
(2) Othe	er assets							1a(2)	<u> </u>	X
b Other tra	insactions:									
(1) Sale	s of assets to a noncharitat	ole exempt organiza	tion					1b(1)		X
(2) Puro	chases of assets from a nor	icharitable exempt o	organization					1b(2)	L	X_
(3) Ren	tal of facilities, equipment, o	or other assets						1b(3)		X
(4) Rein	nbursement arrangements							1 <u>b(4)</u>		_X_
(5) Loans or loan guarantees										_X_
(6) Perf	formance of services or mei	mbership or fundrai	sing solicitatio	ns				1 <u>b(6)</u>	<u> </u>	X
c Sharing	of facilities, equipment, mai	ling lists, other asse	ets, or paid em	ployees				10	<u> </u>	X_
d If the ans	swer to any of the above is '	Yes," complete the	following sche	dule. Column (b) shou	ild alwa	ys show the fair r	market value of the g	goods, other as	sets,	
or servic	es given by the reporting fo	oundation. If the four	ndation receivi	ed less than fair market	t value	in any transaction	n or sharing arrange	ment, show in		
column	(d) the value of the goods, (,				
a) Line no	(b) Amount involved	(c) Name of	f noncharitable	exempt organization		(d) Description	n of transfers, transaction	ns, and sharing a	rrangeme	ents
			N/A							
						ļ	 			
		· · · · · · · · · · · · · · · · · · ·								
						<u> </u>				
						ļ				
						<u> </u>				
			-							
						ļ				
						-				
						 				
						<u> </u>	 			
	undation directly or indirect	-		or more tax-exempt or	rganiza	tions described			_ -	- 1
	n 501(c) (other than section		ection 5277					Yes	LX	No
b it Yes,	complete the following sche			(h) Tung of organizat	tion		(c) Description of re	alationehin		
	(a) Name of org	anization		(b) Type of organizat	LIUH		(c) Description of re	Hallonship		
	N/A			<u> </u>	-+		 			
					-+					
					}					
					} -					
Und	er penalties of perjury, I declare	that I have examined the	ıs return, ıncludin	d accompanying schedule	s and st	atements, and to the	best of my knowledge			
	belief, it is true, correct, and com							May the IRS return with the	ne prepar	er
Here	7/4	2.)/	. 0 1	15/1/18		700	ALLON)	Shown below		i No
	gnature of officer or trustee	alim		Date		Title		_ []	·	_ NO
	Print/Type preparer's na	me	Preparer's s		1	Date	Check If	PTIN		
	<i>P</i>						self- employed			
Paid	ANDREW J.	HOEDI.	ANDREW	J. HOEDL	n	4/26/18	. ,	P00290	670	
Preparer	Firm's name ► HOE					-/-0/10	Firm's EIN ▶ 4			
Use Only			· · · · · · · · · · · · · · · · · · ·	••						
•	Firm's address ▶ 88	26 SANTA	FE DRI	VE STE 16	0					
	VO	_	Phone no. 91	<u>3-338-4</u>	1949					

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

Employer identification number

JO	SPEHS WAY INC	81-2558072
Organization type (check o		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 501(c) General Rule X For an organizatio	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule in filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.	; \$5,000 or more (in money or
Special Rules		
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amou, line 1 Complete Parts I and II	or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ cruelty to children or animals. Complete Parts I, II, and III.	•
year, contributions is checked, enter l purpose. Don't co	In described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled makere the total contributions that were received during the year for an exclusively religious implete any of the parts unless the General Rule applies to this organization because it is e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc ,
but it must answer "No" or	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (File 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-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

JOSPEHS WAY INC

81-2558072

JOSPE.	ns wai inc	0.1	-2330012
Part I	Contributors (see instructions) Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PROMISE OF LEARNING FOUNDATION 9312 PINNACLE LENEXA, KS 66220	\$ 35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THOMAS J & MARY H BICKIMER 15621 W 87TH ST #294 LENEXA, KS 66219	\$2,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		*	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

JOSPEHS WAY INC

81-2558072

Part II	Noncash Property (see instructions) Use duplicate copies of Part II r	f 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
		- - - - \$	

Name of orga	nization		Employer identification number		
JOSPEH	S_WAY_INC		81-2558072		
Part III	Exclusively religious, charitable, etc., contribut the year from any one contributor. Complete colur completing Part III, enter the total of exclusively religious, charules duplicate copies of Part III if additional sp	nns (a) through (e) and the follow witable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	t		
-	Transferee's name, address, and Z	IP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	(e) Transfer of gift				
-	Transferee's name, address, and Z	IIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gif	<u> </u>		
	Transferee's name, address, and Z	ZIP + 4	Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	t		
-	Transferee's name, address, and Z		Relationship of transferor to transferee		

(A REVE)		(B)	(5)	
PER B			VESTMENT NCOME	(C) ADJUSTED NET INCOME	
	44.		44.		
	44.		44.		_ =
TAX	ES			STATEMENT	2
	NET I	WEST-			
40.		0.		4	0.
40.		0.		4	0.
	(A) EXPENSES ER BOOKS	TAXES (A) (IEXPENSES NET INVER BOOKS MENT INVER BOOKS MENT INVERSED INVERS	TAXES (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME 40. 0.	TAXES (A) (B) (C) EXPENSES NET INVEST- ADJUSTED PER BOOKS MENT INCOME NET INCOME 40. 0.	TAXES STATEMENT (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITABE PER BOOKS MENT INCOME NET INCOME PURPOSES 40. 0. 4

NAME OF MANAGER

THOMAS J BICKIMER MARY H BICKIMER

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amazzak
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
ESUIT REFUGE SERVICE 016 16TH ST NW	N/A	PC	PUERTO RICO FUND	
ASHINGTON DC 20036				. 5
2000				
RCHDIOCESE OF KANSAS CITY IN KANSAS	N/A	PC	GENERAL CHARITABLE	lii
2615 PARELLEL PKWY		İ	PURPOSE	
ANSAS CITY, KS 66109		 		2,5
			!	
	:			
		 		
			!	
			<u> </u>	
				21
		 		
				<u></u>
Total from continuation sheets		1		