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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

A typicoper international number Netheric revealed process Netheric revealed pro	For	caler	ndar year 2017, or tax year beginning 12-01-20)17 , aı	nd ei	nding 11-30-	2018		
## Continuous of the control (one institutions)						A Employer ide	entification numbe	r	
## Contributions, distributions (all final return Initial return Amended return Amend	%	MS SH	ARON MEIER			48-6102818			
Core down, size or promise, country, and ZPP or foreign posted code Actionate, its Selding 2024 1. Core control of the selding of the selding posted code Actionate, its Selding 2024 1. Core control of the selding posted code and selding posted code action of the selding code action of the selding posted code action of the selding code action of				Room/suite		B Telephone number (see instructions)			
## Analysis of Revenue and Expenses of the Selection of a former public charty Dill foreign recurred to provide return Analysis of Revenue and Expenses (in the Selection Se						(913) 367-4164			
Final return						C If exemption	application is pendin	g, check here	
Address change	G Cł	neck al	ll that apply ☐ Initial return ☐ Initial return of a	former public charity		D 1. Foreign org	ganizations, check he	ere 🗆	
H Check type of organization			☐ Final return ☐ Amended return						
			\square Address change $\ \square$ Name change			·		· -	
Far market value of all assets at end of large sets at end of large sets of large (from part II, col (c)). In a 16 \$\frac{1}{2}\$ \$1,0564,000 \$	H C	neck ty	$ \nabla$ pe of organization $ \nabla$ Section 501(c)(3) exempt private	foundation					
of year (from Part II, col (c). Chert 10,964,000 Cart C		Section	n 4947(a)(1) nonexempt charitable trust 🔲 Other taxabl						
Part Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessary vocal the amounts or columns (b), (c), and (d) may not necessary vocal the amounts or columns (b), (c), and (d) may not necessary vocal the amounts or columns (b), (c), and (d) may not necessary vocal the amounts or columns (b), (c), and (d) may not necessary vocal the amounts or columns (b), (c), and (d) may not necessary vocal the amounts or columns (b), (c), and (d) may not necessary vocal the second (c) and	of	year <i>(f</i>	from Part II, col (c), ■ 10.564.080 □ Other (specify)		ıal				
1			(Part I, column (d) must	be on cash basis)					
2 Check	Pa	rt I	of amounts in columns (b), (c), and (d) may not necessarily	expenses per	(b)			for charitable purposes	
2 Check		1		C)				
Sch B 3 Interest on savings and temporary cash investments 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,765 1,7		2	,						
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10 Section					.				
Description		-		486,200)	486,200			
121,978					1				
Description Page	æ		` ,	121.978	3				
8 Net short-term capital gain	e E	١.	• , ,						
8 Net short-term capital gain	eve		875,606						
9 Income modifications	~	_	• • •			121,978			
10a Gross sales less returns and allowances		_	. 5		-				
B Less Cost of goods sold		-	I						
C Gross profit or (loss) (attach schedule)				<u>. </u>					
12 Total. Add lines 1 through 11 610,276 609,943		c							
13 Compensation of officers, directors, trustees, etc 2,910 2,910		11	Other income (attach schedule)	9 3 333	3				
14		12	Total. Add lines 1 through 11	610,276	5	609,943			
15		13	Compensation of officers, directors, trustees, etc	2,910)	2,910			
16a Legal fees (attach schedule)		14	Other employee salaries and wages						
23 Other expenses (attach schedule)	es	15	Pension plans, employee benefits	1,717	,			1,717	
23 Other expenses (attach schedule)	sue	16a	Legal fees (attach schedule)						
23 Other expenses (attach schedule)	ğ	Ь)	6,000	0	0	
23 Other expenses (attach schedule)	ė.	C	Other professional fees (attach schedule)	12,087	<u>'</u>	12,087			
23 Other expenses (attach schedule)	ativ	17	Interest						
23 Other expenses (attach schedule)	Str		, , , , , , , , , , , , , , , , , , , ,	19,381	_				
23 Other expenses (attach schedule)	<u>=</u>	19							
23 Other expenses (attach schedule)	Actr		• •	64,098	3			64,098	
23 Other expenses (attach schedule)	ם ׳								
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)					\vdash				
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	<u> </u>								
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	era		•	106.193	3	20.997	0	65.815	
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	O	25	-		.	,			
27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)			Total expenses and disbursements. Add lines 24 and						
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)		27		496,193	3	20,997	0	455,815	
disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)				114.083	3				
c Adjusted net income(if negative, enter -0-)		_	disbursements		1				
			· - · · · · · · · · · · · · · · · · · ·			588,946			
TOT TO STAND TO STAND THE PROPERTY OF THE PROP	For				1	Cat No. 11300	·	m 000-PE (2017)	

2,069,295

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2,835,892

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2,835,892

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2.949.975 Form 990-PF (2017)

114,083

Page 2

9,857,160

20,000

10,564,080

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23

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25

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31 Part III

Liabilities

Balances

Fund

ŏ

Assets 27

Net 30

2

Pledges receivable

Less allowance for doubtful accounts

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Unrestricted . . .

Permanently restricted . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) .

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Temporarily restricted

Inventories for sale or use

Receivables due from officers, directors, trustees, and other

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

disqualified persons (attach schedule) (see instructions)

Other notes and loans receivable (attach schedule) ▶

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

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	be the kind(s)	(a) f property sold (e g , re ommon stock, 200 shs	(b) How acquired P—Purchase D—Donation	mo Date	(c) acquired , day, yr)	(d) Date sold (mo , day, yr)	
1 a JP MORGAN - ST							
b JP MORGAN - LT							
С							
d							
e							
(e) Gross sales price		(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale		Gain ò	n) r (loss)) minus (g)
a	135,499			154,	375		-18,876
b	740,107			599,	253		140,854
с							
d							
e							
Complete only for as	sets showing ga	ın ın column (h) and ow	ned by the foundation	on 12/31/69			 I)
(i) F M V as of 12/31		(j) Adjusted basis as of 12/31/69	Excess	(k) of col (ı) (j), ıf any		Gains (Col (I (k), but not	n) gain minus less than -0-) or om col (h))
a							-18,876
b							140,854
С							
d							
e							
	cal gain or (loss	ital loss)) as defined in sections :olumn (c) (see instructi		·	3		121,978
		tion 4940(e) for Re					
For optional use by domest If section 4940(d)(2) applie Was the foundation liable for If "Yes," the foundation doe 1 Enter the appropriate	s, leave this pai r the section 49 s not qualify un	t blank 42 tax on the distributa der section 4940(e) Do	ble amount of any year not complete this part	r in the base per	ıod?	☐ Y€	es 🗸 No
(a)						(d)	
Base period years Calendar year (or tax year beginning in) Adjusted	(b) qualifying distributions	(c) Net value of noncharitab			Distribution ration of the control o	ol (c))
2016		473,486		10,080,450			0 046971
2015		467,162		9,637,389			0 048474
2014		473,860		9,828,216			0 048214
2013		469,888		9,771,548			0 048087
2012		492,826		9,377,421			0 052555
2 Total of line 1, colum3 Average distribution r number of years the f4 Enter the net value of	atio for the 5-y oundation has l	peen in existence if less	the total on line 2 by 5 than 5 years	, or by the	3 4		0 244301 0 04886 10,608,102
5 Multiply line 4 by line			·	<u> </u>	5		518,312
6 Enter 1% of net inves					6		5,889
				· · · · -	7		524,201
8 Enter qualifying distri					8		455,815
		ne 7, check the box in Pa				tax rate Se	

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?. 7b

•	,
	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,
Dow VIII	information About Officers, Directors, Trustees, Foundation Planagers, Inging Faia Employees,
Lair Attr	and Contractors

Part VIIII and Contractors		,	•	<i>J</i> , <i>J</i> ,	
1 List all officers, directors, truste	es, f	oundation managers an	d their compensation	(see instructions).	
(a) Name and address		Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
,,,,,		SIDENT	0	. 0	(
1404 Hawk Parkway Suite 213 MONTROSE, CO 81401					
ANNE MIZE	DIRI 1 0	ECTOR	0	0	(
1815 11TH AVENUE E SEATTLE, WA 98102					
DAPHNE NAN MUCHNIC	DIRI 1 0	ECTOR	0	0	(
2209 W 68TH STREET MISSION HILLS, KS 66208	10				
SHARON MEIER		RETARY-TREASURER	2,910	0	(
704 NORTH 4TH STREET PO BOX 329	1 0				
ATCHISON, KS 66002	اماد		ann impleed on line 4	and implementations). The name	no onton "MONE "
2 Compensation of five highest-pa	ia e	T	lose included on line 1	Contributions to	ne, enter NONE.
(a) Name and address of each employee pomore than \$50,000	aıd	Title, and average hours per week (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
		-			
		-			
Total number of other employees paid ov 3 Five highest-paid independent of					FII
(a) Name and address of each perso			<u> </u>	e of service	(c) Compensation
			-		
			-		
			-		
Total number of others receiving over \$5	0,000	O for professional services.			
Part IX-A Summary of Direct					
List the foundation's four largest direct charitable organizations and other beneficiaries served, cor				nation such as the number of	Expenses
1	ii ci ci	ees convened, rescuren papers	produced, etc		
3					
4					
		elated Investments			
Describe the two largest program-related inv	estme	ents made by the foundation di	uring the tax year on lines 1	and 2	Amount
1					
2					
All other program-related investments	See	instructions			
3	500				
Total Add lines 1 through 3				.	
Total. Add lines 1 through 3 .	•			· · · · · · · •	

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1b

2

3a 3h

4

5

455.815

455,815

Form **990-PF** (2017)

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

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.

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

b Total for prior years

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

455.815

62,811

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(d)

Page 9

t XIII	Undistributed Income (

a Enter amount for 2016 only.

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. 4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ 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

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

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

6 Enter the net total of each column as

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) . . .

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

indicated below:

Ш	Undistributed Income (see instruc	ctions)
		(a) Corpus

2015 , 2014 , 2013

Distributable amount for 2017 from Part XI, line 7	
Undistributed income, if any, as of the end of 2017	

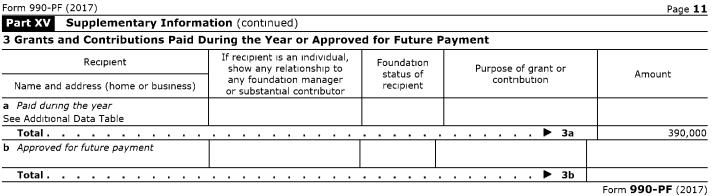
(c)

2016

(b)

Years prior to 2016

0



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Part XVI-A Analysis of Income-Producing	Activities				
Enter gross amounts unless otherwise indicated		isiness income	Excluded by section		(e) Related or exempt function income
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions)
a b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments.3 Interest on savings and temporary cash				. 765	
Investments			14	1,765 486,200	
5 Net rental income or (loss) from real estate				.00,200	
a Debt-financed property.					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than			18	121 079	
inventory			16	121,978	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a MISCELLANEOUS REFUNDS			01	333	
b					
c					
d e					
43 Cultital Addluming (b) (d)d (-)				610,276	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)			13	3	
(See worksheet in line 13 instructions to verify calcul	lations)				·
Part XVI-B Relationship of Activities to the			<u> </u>		
Explain below how each activity for which the accomplishment of the foundation's exinstructions)					
,					
					000 55 (55)
				Fo	rm 990-PF (2017)

Form 990-PF	(2017)				Pa	ge 13
Part XVII	Information Re Exempt Organia		ions and Relationships With Nonchari	table		
		directly engage in any of the following with an 501(c)(3) organizations) or in section 527	any other organization described in section 501 , relating to political organizations?		Yes	No
a Transfers	from the reporting foun	dation to a noncharitable exempt organization	on of			
(1) Cash				1a(1)		No
(2) Othe	rassets			1a(2)		No
b Other tran						
		itable exempt organization		1b(1)		No
				1b(2)		No
				1b(3)		No
	-	ts		1b(4)		No
` '	-			1b(5)		No
		embership or fundraising solicitations.		1b(6)		No
-		nailing lists, other assets, or paid employees		1c		No
		ngement, show in column (d) the value of t	ne foundation received less than fair market values the goods, other assets, or services received (d) Description of transfers, transactions, and sha		ngemen	ts

(3)	LUaiis	or loan guarantees.								· · <u> -</u> -	0(3)	110
(6)	Perfor	mance of services or m	nembership o	r fund	raising sol	icitations				. 1	b(6)	No
		facilities, equipment, r									1c	No
	_	ver to any of the above										
of th	ne goo	ds, other assets, or ser nsaction or sharing arra	vices given b	y the	reporting	foundation If th	ne foundat	on receive	ed less than fair ma	arket value	ue	
(a) Line	No	(b) Amount involved	(c) Name of	nonch	arıtable exe	mpt organization	(d) D	escription o	f transfers, transactior	ns, and sharing	g arrangem	ents
	-											
			+									
			+									
			-									
	_											
	_		-									
		ndation directly or indir in section 501(c) of the	•		•	•				\square	Yes 🔽	Z No
		omplete the following s	,	ciidii	30001011 30	1(0)(3)) 0: 111 3:	200011 327					
D IT Y	es, c	omplete the following s (a) Name of organization			1 4) Type of organiza	ation	1	(a) Description	on of relations	hin	
		(a) Name or organization	JII		(1) Type of organiza	ation		(C) Description	on or relations	ШР	
		er penalties of perjury, ly knowledge and belief										
		h preparer has any kno		011000	, and com	piete Beciaratio	iii oi prepe	i ci (ociici	than taxpayer, is	basea on an	mormaci	011 01
Sign						1		May the IRS				this
Here	k ;	*****				2019-01-10	L	*****		return		
	-)			with the below	preparer sh	own
	,	Signature of officer or t	rustee			Date	,	Title				п
		-								(see insti	r)? 🗹 Ye	s⊔No
		Print/Type preparer's	name	Dran	arer's Sıgı	nature				PTIN		
		Trinicy Type preparers	o name	Freb	arers Jigi	iatule	Date		Check if self-	LITIN		
									employed ▶ □	PC	1336391	
		Erın S Morgan							Cpio,cu			

Paid Preparer

Use Only

Firm's name ▶ JMW & ASSOCIATES LLC

Firm's address ▶ 6400 Glenwood Suite 100

Overland Park, KS 66202

Phone no (913) 499-4920

Fırm's EIN ▶

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 recipier or substantial contributor							
a Paid during the year								
ATCHISON LIBRARY401 KANSAS AVE ATCHISON, KS 66002	N/A	PC	TO DEVELOP AND IMPLEMENT A PROGRAM OF LIBRARY SERVICES	5,000				
MOUNT VERNON ENDOWMENT CORP PO BOX 33 ATCHISON, KS 66002	N/A	PC	BURIAL ASSOCIATION	2,000				

Total			•	390,000
MOUNT COMMUNITY CENTER 801 SOUTH 8TH ST ATCHISON, KS 66002	N/A	PC	TO EMPOWER WOMEN IN THE URBAN CORE OF KANSAS CITY THROUGH EDUCATION, ADVOCACY, PERSONAL AND SPIRITUAL DEVELOPMENT	2,500
PO BOX 33 ATCHISON, KS 66002				

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orm 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 or substantial contributor	recipient		
a Paid during the year				
HUMANE SOCIETY OF ATCHISON 100 NORTH 21ST ATCHISON, KS 66002	N/A	PC	TO PROVIDE CARE AND SHELTER FOR ANIMALS	5,000
GRAMERCY PARK BLOCK ASSOC 34 GRAMARCY PARK EAST NEW YORK, NY 10003	N/A	PC	To educate the population of the area known as Gramercy Park as to the safety and security issues in this historic neighborhood, and to bring about civic betterment in order to promote the well-being of those who live and/or work in the greater Gramercy Park area	1,000
UPPER ROOM5930 SWOPE PARKWAY KANSAS CITY, MO 64130	N/A	PC	To break the cycle of poverty that restricts the economic well	3,000

			to bring about civic betterment in order to promote the well-being of those who live and/or work in the greater Gramercy Park area	
UPPER ROOM5930 SWOPE PARKWAY KANSAS CITY, MO 64130	N/A	PC	To break the cycle of poverty that restricts the economic well being of inner city families by providing life long learning opportunities	3,000

390,000

Total . . . За

Form 990PF Part XV Line 3 - Grant	s 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 or substantial contributor	recipient		
a Paid during the year				
NELSON-ATKINS MUSEUM OF ART 4525 OAK STREET KANSAS CITY, MO 64111	N/A	PC	TO ENCOURAGE THE PUBLIC INTEREST IN ART	5,000
FRICK COLLECTION1 EAST 70TH ST NEW YORK, NY 10021	N/A	PC	The Collection operates an internationally recognized art museum and art historical research center for the inspiration and enjoyment of the public and for the advancement of the study of fine arts and kindred subjects	2,000
RAINBOW MEADOWS EQUINE RESCUE & RETIREMENT 1949 DALTON ROAD SEDAN KS 67361	N/A	PC	HORSE RESCUE AND REITREMENT	2,000

RAINBOW MEADOWS EQUINE RESCUE &	N/A	PC	HORSE RESCUE AND	2,00
RETIREMENT			REITREMENT	
1949 DALTON ROAD				
SEDAN, KS 67361				

IN/ /^	FC	HOUSE KESCOL AND	۷, ک
		REITREMENT	
	IN/A		'

390,000

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 OPERATION BREAKTHROUGH N/A PC to help children who are living in 4,000

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

3039 TROOST AVE

poverty develop to their fullest KANSAS CITY, MO 64109 potential by providing them a safe, loving, and educational environment N/A PC TO ADVOCATE ART AND IMROVE 45,000 ATCHISON ART ASSOCIATION 704 NORTH 4TH ST THE LIVES AND LIVABILITY OF ATCHISON, KS 66002 THE ATCHISON COMMUNITY

THROUGH EDUCATION, OUTREACH PROJECTS, EVENTS AND EXHIBITIONS 10,000

SALINA, KS 67402	N/A	PC	to provide scholarships for students	10,00
Total				390,000

form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future Pa	ayment
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		
a Paid during the year				
BENEDICTINE COLLEGE 1020 NORTH 2ND ST ATCHISON, KS 66002	N/A	PC	TO PROVIDE SCHOLARSHIPS FOR STUDENTS AND FUNDS TO FURTHER THE ENDEAVORS OF THE COLLEGE	7,500
DELASALLE EDUCATION CENTER 3740 FOREST AVE KANSAS CITY, MO 64109	N/A	PC	to provide a holistic environment that offers students an opportunity to improve learning and life skills	3,000
DARTMOUTH COLLEGE ADMINISTRATIVE OFFICE HANOVER, NH 03755	N/A	PC	To educate the most promising students and prepares them for a lifetime of learning and of responsible leadership, through a faculty dedicated to teaching and	2,000

			and me skins	
DARTMOUTH COLLEGE ADMINISTRATIVE OFFICE HANOVER, NH 03755	N/A	PC	To educate the most promising students and prepares them for a lifetime of learning and of responsible leadership, through a faculty dedicated to teaching and the greating of knowledge.	2,00

390,000 Total . . 3a

offic 5 of the contract of the	ts und contributions i ald	During the	real of Approved for Fatare	i ayıncırı
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		
a Paid during the year				
PEMBROKE HILL SCHOOL 5121 STATE LINE BLVE KANSAS CITY, MO 64112	N/A	PC	to help each student to build character and to develop their intellectual, physical and creative abilities to the highest level	1,000
ATCHISON HOSPITAL AUXILIARY 800 RAVEN HILL ROAD ATCHISON, KS 66002	N/A	PC	TO PROVIDE HEALTH CARE TO THE PUBLIC	1,000
CYSTIC FIBROSIS FOUNDATION 260 CHATHAM DR COLORADO SPRINGS, CO 80905	N/A	PC	To cure cystic fibrosis and to provide all people with the disease the opportunity to lead full, productive lives by funding research and drug development, promoting individualized treatment, and ensuring access to high-quality, specialized care	10,000
Total				390,000

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 ST JUDE CHILDREN'S RESEARCH N/A PC To find cures and means of 8,000

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

HOSPITAL

Total.

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501 ST JUDE PLACE

MEMPHIS,TN 38105			research and treatment	
ATCHISON AREA UNITED WAY 710 SOUTH 9TH ST ATCHISON, KS 66002	N/A	PC	TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES AROUND THE WORLD TO ADVANCE THE COMMON GOOD	10,000
ROSE BROOKSPO BOX 320599 KANSAS CITY, MO 64132	N/A	PC	TO PROVIDE SANCTUARY AND SERVICES FOR WOMEN AND	3,000

prevention for childhood

catastrophic diseases through

CHILDREN WHO ARE VICTIMS OF DOMESTIC VIOLENCE

390,000

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 **BOYS & GIRLS CLUB** N/A PC to promote the development of 3,000 6301 ROCKHILL RD SUITE 303 self-esteem, values, and skills for

KANSAS CITY, MO 64131

boys and girls, ages 5 to 18, with special emphasis on youth from disadvantaged circumstances

MOTHER TO MOTHER MINISTRY
3436 N 27TH ST
KANSAS CITY, KS 66104

PC

TO ASSIST CAREGIVERS OF MINOR CHILDREN THROUGH SUPPORTIVE FRIENDSHIPS THAT

2,000

5,000

390,000

TRINITY EPISCOPAL CHURCH
300 SOUH 5TH ST
ATCHISON, KS 66002

PC

To provide a sanctuary for prayful worship within a respectful and welcoming environment and to meet the needs of our parishioners and community, using Christian ideas

Total . .

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and values

orm 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 or substantial contributor	recipient			
a Paid during the year					
ATCHISON FAMILY YMCA 317 COMMERCIAL ST ATCHISON, KS 66002	N/A	PC	TO ENRICH THE QUALITY OF FAMILY, SPIRITUAL, SOCIAL, MENTAL AND PHYSICAL WELLBEING	5,000	
ST THOMAS CHAPELPO BOX 103 AMAGASETT, NY 11930	N/A	PC	To foster, develop and contribute to the support of the religious, educational and charitable work of The Episcopal Church in the Diocese of Long Island	1,000	
EARTH JUSTICE 50 California Street Suite 500	N/A	PC	To protect peoples health, to preserve magnificent places and	25,000	

AMAGASETT, NY 11930			to the support of the religious, educational and charitable work of The Episcopal Church in the Diocese of Long Island	
EARTH JUSTICE 50 California Street Suite 500 san francisco, CA 94111	N/A	PC	To protect peoples health, to preserve magnificent places and wildlife, to advance clean energy, and to combat climate change	25,000

Total

3a

390,000

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 or substantial contributor	recipient		
a Paid during the year				
IVAN BORRELLO MYELOMA PROGRAM JOHN HOPKINS HOSPITAL 1650 ORLEANS ST BALTIMORE, MD 21231	N/A	PC	To augment anti-tumor immunity targeting multiple myeloma	10,000
CASA OF JOHNSON & WYANDOTTE COUNTIES INC 5700 BROADMOOR SUITE 201 MISSION, KS 66202	N/A	PC	TO EMPOWER ABUSED AND NEGLECTED CHILDREN WITH A VOLUNTEER'S VOICE IN COURT BY SEEKING A SAFE AND PERMANENT HOME FOR EACH	2,000

CASA OF JOHNSON & WYANDOTTE COUNTIES INC 5700 BROADMOOR SUITE 201 MISSION, KS 66202	N/A	PC	TO EMPOWER ABUSED AND NEGLECTED CHILDREN WITH A VOLUNTEER'S VOICE IN COURT BY SEEKING A SAFE AND PERMANENT HOME FOR EACH CHILD	2,000
THEATRE ATCHISON401 SANTA FE	N/A	PC	TO PROMOTE THEATER	5,000

390,000 3a

orm 990PF Part XV Line 3 - Grant	orm 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 or substantial contributor	recipient			
a Paid during the year					
BLACK CANYON BOYS AND GIRLS CLUB PO Box 1907 Montrose, CO 81402	N/A	PC	TO PROVIDE A FUN, SAFE, POSITIVE ENVIRONMENT WHERE WE ENABLE EVERY YOUNG PERSON TO DEVELOP INTO CARING, HEALTHY, RESPONSIBLE CITIZENS WITH ATTAINABLE GOALS FOR A GREAT FUTURE	5,000	
7TH JUDICIAL DISTRICT CHILD ADVOCACY CENTER 735 SOUTH 1ST STREET MONTROSE, CO 81401	N/A	PC	TO PROVIDE HELP, HOPE AND HEALING FOR VICTIMS OF CHILD ABUSE	10,000	
VALLEY SYMPHONY ASSOCIATION PO BOX 3144 MONTROSE, CO 81402	N/A	PC	To Provide community concerts	2,500	
Total				390,000	

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 or substantial contributor	recipient		
a Paid during the year				
Libraries of Montrose County Foundation 320 SOUTH 2ND ST MONTROSE, CO 81401	N/A	PC	to ensure the people of Montrose County, Colorado the full measure of resources, services and access befitting great public libraries	5,000
MONTROSE MEMORIAL HOSPITAL 800 S 3rd Street MONTROSE, CO 81401	N/A	PC	TO PROVIDE HIGH QUALITY ACCESSIBLE HEALTHCARE FOR THE PEOPLE OF MONTROSE COUNTY AND SURROUNDING AREAS	5,000
COMMON GROUND MONTROSE INC 1800 6450 RD MONTROSE, CO 81401	N/A	PC	Helping the homeless through "One Congregation, One Familyin providing meals for children over the weekend with Kids Aid Montrose	5,000
Total				390,000

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 MONTROSE ANIMAL SHELTER N/A PC To enforce the Animal Control 2,500 3383 North Townsend Ave Ordinances to protect the health and welfare of the citizens of the MONTROSE, CO 81401

City of Montrose PC. FAST HAMPTON HEALTHCARE N/A TO IMPROVE THE AVAILABILITY 10,000 AND QUALITY OF HEALTHCARE FOUNDATION SERVICES IN THE TOWN OF 200 pantigo place suite m east hampton, NY 11937 EAST HAMPTON, NY FOR THE DENIETT OFFIC CENEDAL

			PUBLIC, INCLUDING RESIDENTS OF EAST HAMPTON, VISITORS, THE INDIGENT AND UNDERINSURED	
Kansas University Williams Fund 1651 Naismith Drive	n/a	PC	to provide funding for scholarships needed to attract	10,0

Kansas University Williams Fund 1651 Naismith Drive awrence, KS 66045	n/a	to provide funding for scholarships needed to attract the finest student-athletes	10,000
Total		 	390,000

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

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mocsa3100 Broadway suite 400 kansas city, MO 64111	n/a	PC	to lessen the ill effects of sexual assualt and abuse through prevention, education, intervention, treatment and advocacy	3,000
Wayside Waifs Inc 3901 Martha Truman Road kansas city, MO 64137	n/a	PC	to place adoptable companion animals in responsible homes	2,000

new housePO Box 240019 kansas city, MO 64124	n/a	PC	to break the cycle of domestic violence by providing the tools which allow women to make positive choices and lead self- sufficient lives	2,000
Total				390,000

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 or substantial contributor	recipient		
a Paid during the year				
COMMUNITY OPTIONS INCPO BOX 31 MONTROSE, CO 81402	N/A	PC	COMMUNITY BASED SERVICES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES IN WESTERN COLORADO	5,000
VICTOR D'AMICO INSTITUTE OF ART PO BOX 1266 AMAGANSETT, NY 11930	N/A	PC	TO PROVIDE FUNDS FOR THE RESTORATION, RECONSTRUCTION AND REPAIR OF THE D'AMICO HOUSE	4,000
GREAT PLAINS SPCA 5428 ANTIOCH ROAD MERRIAM, KS 66202	N/A	PC	TO SAVE, PROTECT AND IMPROVE THE LIVES OF ANIMALS, WHILE STRENGTHENING THE RELATIONSHIP BETWEEN PETS AND THEIR HUMAN COMPANIONS	1,000
Total				390,000

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future F	ayment
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		
a Paid during the year				
AMAGANSETT FIRE DEPARTMENT 439 MAIN STREET PO BOX 911 AMAGANSETT, NY 11930	N/A	PC	TO PROVIDE FIRE, RESCUE AND EMERGENCY SERVICES TO THE RESIDENTS AND VISITORS OF AMAGANSETT, IN ORDER TO ENSURE THE PROTECTION OF LIFE AND PROPERTY	2,000
SALVATION ARMY926 commercial st atchison, KS 66002	n/a	PC	to support and strengthen the salvation army's efforts to work hand in hand with communities to improve the health, economic, and spiritual conditions of the poor throughout the world	2,000
elephant family usa inc 130 west 79th st no 16a	n/a	PC	to save the endangered asian	5,000

			to improve the health, economic, and spiritual conditions of the poor throughout the world	
elephant family usa inc 130 west 79th st no 16a	n/a	PC	to save the endangered asian elephant from extinction in the	5,000

		poor throughout the world	
elephant family usa inc 130 west 79th st no 16a	n/a	to save the endangered asian elephant from extinction in the	5,00

new york, NY 10024 wild

390,000 Total . 3a

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Name and address (home or business)

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Name and address (home or business)

a Paid during the year

wildlife conservation network inc 209 mississippi street san francisco, CA 94107	n/a	PC	to fund the ewaso lion program	5,000
paws15305 44th ave w lynwood, WA 98087	n/a	PC	to rehabilitate injured and orphaned wildlife, sheltering, and adopting homeless cats and	25,000

			adopting homeless cats and dogs	
conservation northwest 1829 10th ave w suite b seattle, WA 98119	n/a	PC	to protect old-growth forests and other wildlands, connect large landscapes and vital habitats, and restore native wildlife	5,000
Total				390,000

orm 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	rear or Approved for Future F	ayment
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		
a Paid during the year				
ALASKA WILDERNESS LEAGUE 122 C STREET NW STE 240 WASHINGTON, DC 20001	N/A	PC	TO LEAD THE EFFORT TO PRESERVE ALASKA'S WILD LANDS AND WATERS BY ENGAGING CITIZENS AND DECISION MAKERS WITH A COURAGEOUS, CONSTANT, VICTORIOUS VOICE FOR ALASKA	5,000
Scripps Institution of Oceanography 9500 Gilman Dr 0210 LA JOLLA, CA 92093	N/A	PC	TO CREATE A HEALTHIER PLANET FOR FUTURE GENERATIONS	3,000
THE FRIENDS OF CHAMBER MUSIC 4635 WYANDOTTE KANSAS CITY, MO 64112	N/A	PC	TO PROVIDE THE COMMUNITY WITH CHAMBER MUSIC	2,000

Scripps Institution of Oceanography 9500 Gilman Dr 0210 LA JOLLA, CA 92093	N/A	PC	TO CREATE A HEALTHIER PLANET FOR FUTURE GENERATIONS	3,000
THE FRIENDS OF CHAMBER MUSIC 4635 WYANDOTTE KANSAS CITY, MO 64112	N/A	PC	TO PROVIDE THE COMMUNITY WITH CHAMBER MUSIC	2,000

Total . . 390,000

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Form 990PF Part XV Line 3 - Grant	s and Contributions Paid	During the	rear 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 or substantial contributor	recipient		
a Paid during the year				
CHILDREN'S CENTER FOR THE VISUALLY IMPAIRED 3101 MAIN STREET KANSAS CITY, MO 64111	N/A	PC	TO PREPARE CHILDREN WHO ARE BLIND AND VISUALLY IMPAIRED TO FUNCTION AT THEIR HIGHEST POTENTIAL IN THE SIGHTED WORLD	1,000
LA JOLLA MUSIC SOCIETY 7946 IVANHOE AVENUE LA JOLLA, CA 92037	N/A	PC	TO ENHANCE THE VITALITY AND DEEPEN THE CULTURAL LIFE OF SAN DIEGO BY PRESENTING AND PRODUCING A DYNAMIC RANGE OF PERFORMING ARTS	3,000
FRIENDS OF HEARST CASTLE MONUMENT 700 HEARST CASTLE ROAD SAN SIMEON, CA 93452	N/A	PC	TO HELP PRESERVE AND RESTORE THE HEARST CASTLE'S TWENTY FIVE THOUSANDS ARTIFACTS	1,000

390,000

Total

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 THE NELSON GALLERY FOUNDATION N/A PC. ENCOURAGEMENT OF PUBLIC 2,000 4525 OAK STREET INTEREST IN ART KANSAS CITY, MO 64111

	1			
THE J PAUL GETTY TRUST 1200 GETTY CENTER DR 401 LOS ANGELES, CA 90049	N/A	PC	TO DELIGHT, INSPIRE, AND EDUCATE A DIVERSE PUBLIC THROUGH THE COLLECTION, PRESERVATION, EXHIBITION AND INTERPRETATION OF WORKS OF ART OF THE HIGHEST QUALITY	6,000
VETERANS COMMUNITY PROJECT 8900 TROOST	N/A	PC	TO ELIMINATE VETERAN HOMELESSNESS BY PROVIDING	2,000

			QUALITY	
VETERANS COMMUNITY PROJECT 8900 TROOST KANSAS CITY, MO 64131	N/A	PC	TO ELIMINATE VETERAN HOMELESSNESS BY PROVIDING TRANSITIONAL HOUSING AND ENABLING ACCESS TO EXCEPTIONAL 360-DEGREE SERVICE SOLUTIONS	2,000
Total				390,000

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 or substantial contributor	recipient		
a Paid during the year				
Kansas City Anti Violence Project PO BOX 411211 KANSAS CITY, MO 64141	N/A	PC	TO PROVIDE INFORMATION, SUPPORT, REFERRALS, ADVOCACY AND OTHER SERVICES TO LESBIAN, GAY, BISEXUAL AND TRANSGENDER VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, AND HATE CRIMES	2,000
HAVEN HOUSE OF MONTROSE INC PO BOX 3122 MONTROSE, CO 81402	N/A	PC	TO PROVIDE HOUSING FOR HOMELESS FAMILIES	2,500
MONTROSE ARTS COUNCIL INC PO BOX 2123 MONTROSE, CO 81402	N/A	PC	TO PROMOTE THE ARTS IN THE MONTROSE COUNTY, CO	2,500
Total				390,000

Form 990PF Part XV Line 3 - Grant	is and Contributions Paid	During the	rear or Approved for Future	Payment
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ROCKY MOUNTAIN COUNCIL INC-BOYS SCOUTS OF AMERICA 411 SOUTH PUEBLO BLVD PUEBLO, CO 81005	N/A	PC	THE DCORPORATION SHALL PROMOTE, WITHIN THE TERRITORY COVERED BY THE CHARTER FROM TIME TO TIME GRANTED IT BY THE BOYS SCOUTS OF AMERICA	2,000
OURAY COUNTY PERFORMING ARTS GUILD INC PO BOX 14 OURAY, CO 81427	N/A	PC	TO PROVIDE PRESENTATION OF MUSIC, DANCE, AND THEATRE TO THE RESIDENTS OF RURAL, OURAY COUNTY, CO	1,000
SHEPHERD'S HAND INC 17 N 6TH STREET MONTROSE, CO 81402	N/A	PC	TO PROVIDE A SAFE AND FRIENDLY GATHERING PLACE FOR DELIVERING NEEDED SERVICES TO HELP MAKE EACH DAY BETTER	2,500
Total				390,000

orm 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 or substantial contributor	recipient		
a Paid during the year				
HOPEWEST 3090 NORTH 12TH STREET UNIT B GRAND JUNCTION, CO 81506	N/A	PC	TO PROVIDE MEDICAL, EMOTIONAL, PSYCHOSOCIAL, AND BEREAVEMENT SUPPORT FOR PEOPLE WITH SERIOUS ILLNESS AND FOR THEIR FAMILIES	5,000
HABITAT FOR HUMANITY OF THE SAN JUANS PO BOX 162 MONTROSE, CO 81402	N/A	PC	TO PROVIDE HOUSING FOR EMOTIONALLY DISADVANTAGED FAMILIES	5,000
SECOND CHANCE HUMANE SOCIETY PO BOX 2096 177 COUNTRY ROAD 10 RIDGWAY, CO 81432	N/A	PC	TO SAVE ANIMALS AND TO PROMOTE THE HUMAN-ANIMAL BOND	2,500
Total				390,000

Form 990PF Part XV Line 3 - Gran	ts 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 or substantial contributor	recipient		
a Paid during the year				
THE NEO-POLITICAL CAWGIRLS 236 OLD STONE HIGHWAY EAST HAMPTON, NY 11937	N/A	PC	TO CREATE NEW SITE SPECIFIC THEATRE AND WORKSHOPS FOR GIRLS AND WOMEN	4,000
ROBIN HOOD FOUNDATION 826 BROADWAY SUITE 9TH FL NEW YORK, NY 10003	N/A	PC	TO SUPPORT THE MOST EFFECTIVE POVERTY-FIGHTING PROGRAMS IN NYC	9,000
Southampton Hospital Association 240 MEETING HOUSE LANE SOUTHAMPTON, NY 11968	N/A	PC	TO PROVIDE AND ENSURE THE HIGHEST QUALITY OF HEALTHCARE SERVICES FOR ITS ENTIRE COMMUNITY	3,000

390,000

ROBIN HOOD FOUNDATION 826 BROADWAY SUITE 9TH FL NEW YORK, NY 10003	N/A	PC	TO SUPPORT THE MOST EFFECTIVE POVERTY-FIGHTING PROGRAMS IN NYC	9,0
Southampton Hospital Association	N/A	PC	TO PROVIDE AND ENSURE THE	3,0

Recipient	If recipient is an individual,	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor			
a Paid during the year				
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET SUITE ROOM 305 PHILADELPHIA, PA 19104	N/A	PC	THE PROVISION OF EDUCATION, RESEARCH, AND CHARITABLE PATIENT CARE SERVICES	5,000
Amber Waves Farm IncPO BOX 2623 AMAGANSETT, NY 11930	N/A	PC	TO PRODUCE ORGANIC, HEALTHY FOOD FOR THE LOCAL COMMUNITY, AND TO PROVIDE EDUCATIONAL OPPORTUNITIES IN FOOD AND FARMING FOR CHILDREN AND FAMILIES AND ASPIRING FARMERS	4,000
THE CHILDREN'S SCHOLARSHIP FUND 8 WEST 38TH FLOOR ST 9TH FLOOR NEW YORK, NY 10018	N/A	PC	TO MAXIMIZE EDUCATIONAL OPPORTUNITY FOR ALL CHILDREN FOR THOSE IN NEED BY OFFERING TUITION ASSICSTANCE IN GRADES K-8 FOR ALTERNATIVES TO FALTERING CONVENTIONAL SCHOOLS, AND FOR ALL CHILDREN BY SUPPORTING AND CULTIVATING EDUCATION REFORM AND PARENTAL CHOICE EFFORTS	4,000

390,000 Total . . 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, 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 Guild Hall Of East Hampton Inc. N/A PC TO SUPPORT THE GENERAL 3,000

158 MAIN STREET EAST HAMPTON, NY 11937			FUND	
Humane Society International 1255 23rd Street NW Suite 450 Washington, DC 20037	N/A	PC	GLOBAL ANIMAL PROTECTION ORGANIZATION THAT HELPS ALL ANIMALS-INCLUDING ANIMALS IN LABORATORIES, ANIMALS ON FARMS, COMPANION ANIMALS, AND WILD IFFE	2,000

390,000

Total .

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efile GRAPHIC print - DO NO	T PROCESS	As Filed D	ata -		DLN: 93491043001029		
TY 2017 Accounting Fees Schedule							
Name: Muchnic Foundation EIN: 48-6102818 Accounting Fees Schedule							
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
PROFESSIONAL FEES		6,000	6,00	0			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491043001029 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2017 Depreciation Schedule

Name: Muchnic Foundation EIN: 48-6102818

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93491043001029 TY 2017 Explanation of Non-Filing with Attorney General Statement Name: Muchnic Foundation **EIN:** 48-6102818 Statement: FOUNDATION IS EXEMPT FROM FILING UNDER THE KANSAS REGULATIONS.

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491043001029						
TY 2017 Investments Corporate Stock Schedule								
11 2017 Investments Corporate Stock Schedule								
Name: N	Muchnic Foundat	ion						

586,750

EIN: 48-610			
Name of Stock		End of Year Book Value	End of Year Fair Market Value
JPMORGAN #5002		1,656,305	2,159,440

VALLEY COMPANY

Name: Muchnic Foundation

FTN: 40 (103010

EIN: 48-6102818

MISCELLANEOUS INCOME

Other Income Schedule

| Description | Revenue And Expenses Per Books | Income | Adjusted Net Income | Income | Revenue And Expenses Per Books | Income | Income | Revenue And Expenses Per Books | In

333

TY 2017 Other Professional Fees Schedule							
Name: Muchnic Foundation EIN: 48-6102818							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

12,087

12,087

INVESTMENT ADVISORY FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491043001029
TY 2017 Taxes Schedule				
Name:	Muchnic Fou	ndation		
EIN:	48-6102818			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BALANCE W/ PRIOR YEAR RETURN	3,434			
1ST QTR ESTIMATED TAX PAID	12,800			
SECRETARY OF STATE	40			
BALANCE W/ 2015 YEAR RETURN	3,107			