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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

2018

Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

Name of foundation
INA CALKINS TRUST

A Employer identification number
52-6994869

Number and street (or P O box number if mail is not delivered to street address)
BANK OF AMERICA NA PO BOX 831

Room/suite

B Telephone number (see instructions)
(800) 357-7094

City or town, state or province, country, and ZIP or foreign postal code
DALLAS, TX 752831041

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here ▶ ☐

2 Foreign organizations meeting the 85% test, check here and attach computation ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return

Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)				
	2	Check ▶ ☑ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	155,075	155,075		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	106,860			
	b	Gross sales price for all assets on line 6a 1,239,860				
	7	Capital gain net income (from Part IV, line 2)		106,860		
	8	Net short-term capital gain			0	
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	261,935	261,935		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	55,082	33,049		22,033
	14	Other employee salaries and wages		0	0	0
	15	Pension plans, employee benefits		0	0	
	16a	Legal fees (attach schedule)				0
	b	Accounting fees (attach schedule)	1,295	777	0	518
	c	Other professional fees (attach schedule)				0
	17	Interest				0
	18	Taxes (attach schedule) (see instructions)	5,288	2,321		0

Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
1	Cash—non-interest-bearing				
2	Savings and temporary cash investments		113,583	842,562	842,562
3	Accounts receivable ▶				
	Less allowance for doubtful accounts ▶			0	0
4	Pledges receivable ▶				
	Less allowance for doubtful accounts ▶				
5	Grants receivable				
6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
7	Other notes and loans receivable (attach schedule) ▶				

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	See Additional Data Table			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	See Additional Data Table			
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a	See Additional Data Table			
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	106,860
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	296,397	6,435,455	0 046057
2016	312,696	5,986,158	0 052237
2015	317,640	6,353,252	0 049996
2014	232,684	6,588,323	0 035318
2013	232,282	6,273,092	0 037028

2	**Total** of line 1, column (d)	2	0 220636
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 044127
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	6,565,089
5	Multiply line 4 by line 3	5	289,698
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	2,258
7	Add lines 5 and 6	7	291,956
8	Enter qualifying distributions from Part XII, line 4	8	322,551

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

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 necessary—see instructions)**

[redacted]

Part VII-A **Statements Regarding Activities** (continued)

[redacted]

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over $50,000. . . . . ▶				0

Part VII-B **Statements Regarding Activities for Which Form 4720 May Be Required** *(continued)*

		Yes	No
5a	During the year did the foundation pay or incur any amount to		
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . . ☐ .. ☑ ..		

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "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 statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions **3**	
Total. Add lines 1 through 3 . . . . . ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations,see instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	6,422,111
b	Average of monthly cash balances	1b	242,954
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	6,665,065

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				325,996
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			297,034	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013 0				
b From 2014 0				
c From 2015 0				
d From 2016 0				
e From 2017 0				
f **Total** of lines 3a through e	0			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ $ 322,551				
a Applied to 2017, but not more than line 2a			297,034	

SUBMISSION DEADLINE INFORMATION IS AVAILABLE ON THE FOLLOWING WEB SITE WWW CALKINSBOARD ORG

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

GRANTS MUST BENEFIT CITIZENS OF KANSAS CITY, MISSOURI IN THE AREAS OF EDUCATION, MEDICAL OR WELFARE SEE SPECIFIC RESTRICTIONS AND REQUIREMENTS ON THE WEB SITE WWW CALKINSBOARD ORG

Part XIV **Private Operating Foundations** (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
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 investments					
4 Dividends and interest from securities. . . .			14	155,075	
5 Net rental income or (loss) from real estate					
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 inventory			18	106,860	
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					
12 Subtotal Add columns (b), (d), and (e). .				261,935	
13 **Total.** Add line 12, columns (b), (d), and (e).				13	261,935

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash.	1a(1)		No
	(2) Other assets.	1a(2)		No
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
	(3) Rental of facilities, equipment, or other assets.	1b(3)		No
	(4) Reimbursement arrangements.	1b(4)		No
	(5) Loans or loan guarantees.	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value

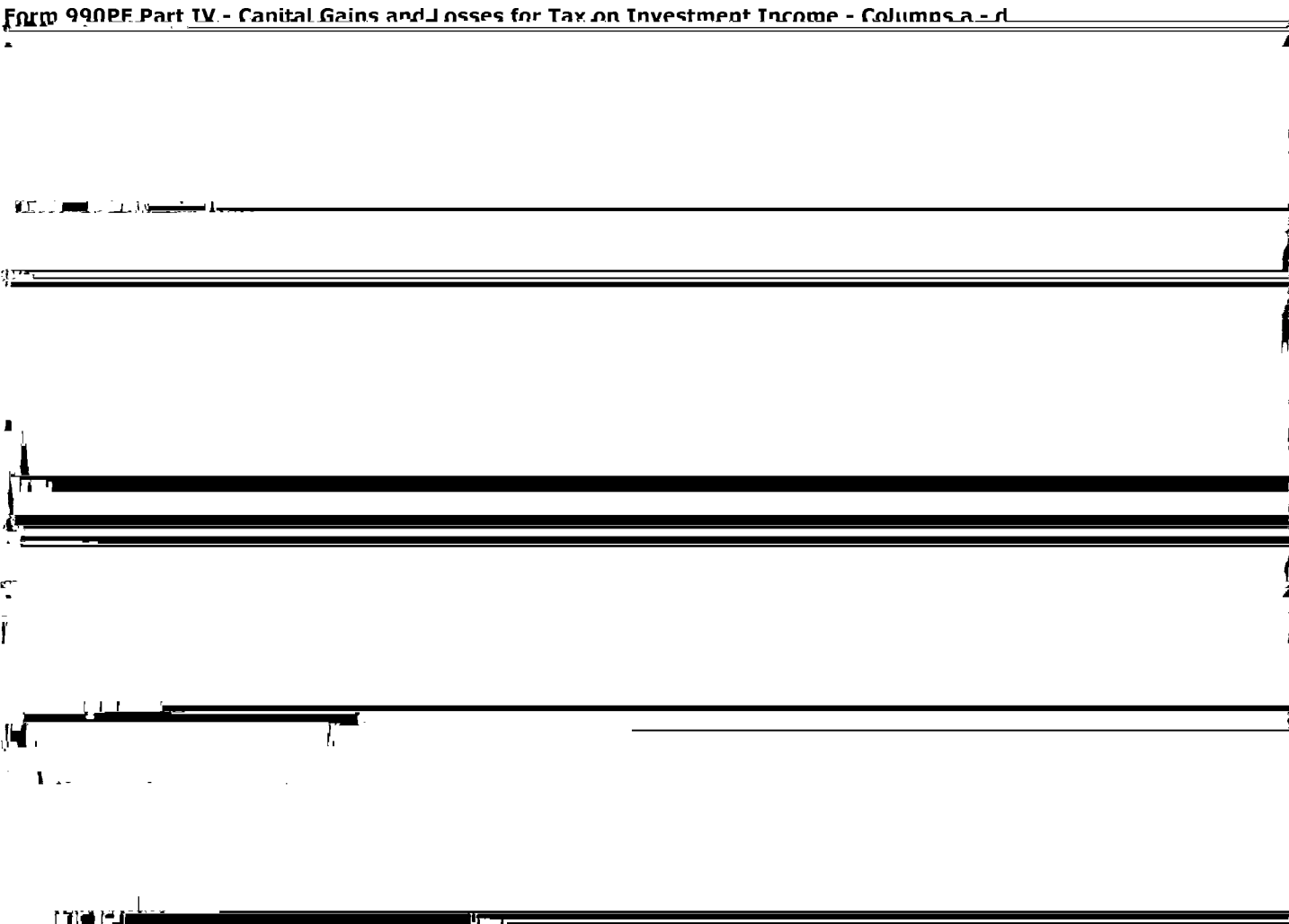
[redacted]

	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

	List and describe the kind(s) of property sold (e g , real estate, **(a)** 2-story brick warehouse, or common stock, 200 shs MLC Co)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
1	???-??? CMG ULTRA SHORT-TERM BOND FUND		2015-10-14	2018-11-02

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d



Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(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
BANK OF AMERICA N A PO BOX 219119 KANSAS CITY, MO 641219119	TRUSTEE 1	55,082		
LISA JONES SCHELLHORN - CO BOA PO BOX 219119 KANSAS CITY, MO 641219119	BOARD MEMBER 1	0		
BETSY R HUGHES - CO BOA PO BOX 219119 KANSAS CITY, MO 641219119	BOARD PRESIDENT 1	0		
ROBERT N SAWYER - CO BOA PO BOX 219119 KANSAS CITY, MO 641219119	BOARD MEMBER 1	0		
HELEN C EMMOTT RN - CO BOA PO BOX 219119 KANSAS CITY, MO 641219119	BOARD MEMBER 1	0		
LINDA B LYON - CO BOA PO BOX 219119 KANSAS CITY, MO 641219119	BOARD MEMBER 1	0		
THOMAS J TURNER - CO BOA PO BOX 219119 KANSAS CITY, MO 641219119	BOARD MEMBER 1	0		
MICHAEL C KIRK - CO BOA PO BOX 219119 KANSAS CITY, MO 641219119	BOARD MEMBER 1	0		
MRS CAPPY POWELL - CO BOA PO BOX 219119 KANSAS CITY, MO 641219119	BOARD MEMBER 1	0		
KEVIN JONES - CO BOA PO BOX 219119 KANSAS CITY, MO 641219119	BOARD MEMBER 1	0		
JACK OVEL - CO BOA PO BOX 219119 KANSAS CITY, MO 641219119	BOARD SECRETARY 1	0		

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year 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*				
MILES OF SMILES INC 5536 NE ANTIOCH RD KANSAS CITY, MO 64119	N/A	PC	SUPPORT PORTABLE DENTAL	10,000
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year 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*				
SHEPHERDS CENTER OF KANSAS CITY CENTRAL5200 OAK ST KANSAS CITY, MO 64112	N/A	PC	SUPPORT FOR SENIOR	15,000
JACKSON COUNTY CASA 2544 HOLMES ST KANSAS CITY, MO 64081	N/A	PC	SUPPORT YOUNGEST VICTIMS	20,000
SHEFFIELD PLACE6604 E 12TH ST KANSAS CITY, MO 64126	N/A	PC	STRONG TOMORROWS MENTAL	10,000
Total . . . . . ▶ **3a**				300,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year 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*				
AMETHYST PLACE INC 2732 TROOST AVE APT A KANSAS CITY, MO 64109	N/A	PC	SUPPORT FOR FAMILY THERAPY	10,000
JEWISH FAMILY SERVICES INC 5801 W 115TH ST STE 103 OVERLAND PARK, KS 66211	N/A	PC	SUPPORT FOR OLDER ADULT	20,000
YMCA OF GREATER KANSAS CITY 3100 BROADWAY STE 1070	N/A	PC	LINWOOD Y-KID ZONE, KIDS	110,000

[redacted]

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year 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*				
ABILITY KC3011 BALTIMORE AVE KANSAS CITY, MO 64108	N/A	PC	THERAPEUTIC SERVICES FOR	20,000
ALPHAPOINTE ASSOCIATION FOR THE BLIND7501 PROSPECT AVE KANSAS CITY, MO 64132	N/A	PC	SERVICES FOR METRO SENIORS	10,000
DON BOSCO COMMUNITY CENTER 580 CAMPBELL ST KANSAS CITY, MO 64106	N/A	PC	SUPPORT EMERGENCY	10,000
Total . . . . . ▶ **3a**				300,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year 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*				
AVILA UNIVERSITY11901 WORNALL RD KANSAS CITY, MO 64145	N/A	PC	SUPPORT FOR SCHOLARSHIPS	10,000
FIRST CALL ALCOHOL & DRUG PREVENTION & RECOVERY 633 E 63RD ST KANSAS CITY, MO 64110	N/A	PC	SUPPORT 'CARING FOR KIDS'	15,000
EPEC INC5829 TROOST AVE STE B KANSAS CITY, MO 64110	N/A	PC	SUPPORT THE GROOMING	20,000
Total . . . . . ▶ **3a**				300,000

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TY 2018 Accounting Fees Schedule

Name: INA CALKINS TRUST

EIN: 52-6994869

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION FEE - BOA	1,295	777		518

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TY 2018 General Explanation Attachment

Name: INA CALKINS TRUST

EIN: 52-6994869

General Explanation Attachment

Identifier	Return Reference	Explanation	
[redacted]			

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TY 2018 Investments Corporate Stock Schedule

Name: INA CALKINS TRUST

EIN: 52-6994869

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
464287507 ISHARES CORE S&P MID	120,311	171,540
464287655 ISHARES RUSSELL 2000	154,277	217,320
921943858 VANGUARD FTSE DEVELO	612,770	614,005
464287200 ISHARES CORE S&P 500	350,403	425,976
464287473 ISHARES RUSSELL MID-	291,639	297,765
464287630 ISHARES RUSSELL 2000	341,358	365,636
78468R408 SPDR BLOOMBERG BARCL	195,446	174,401
922908538 VANGUARD MID-CAP GRO	316,156	359,070
922908736 VANGUARD GROWTH ETF	407,594	483,588
258620103 DOUBLELINE TOTAL RET	888,898	841,264
19765E823 CMG ULTRA SHORT TERM	105,000	105,000
464288273 ISHARES MSCI EAFE SM		
464288687 ISHARES US PFD STK E	91,666	83,863
922908744 VANGUARD VALUE ETF	664,841	768,907
81369Y308 SELECT SECTOR SPDR T		
81369Y209 SELECT SECTOR SPDR T		
[illegible]	[illegible]	[illegible]

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TY 2018 Other Decreases Schedule

Name: INA CALKINS TRUST

EIN: 52-6994869

Description	Amount
MUTUAL FUND ADJUSTMENT	1,834

TY 2018 Other Increases Schedule

Name: INA CALKINS TRUST

EIN: 52-6994869

Description	Amount
ROUNDING	4

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TY 2018 Taxes Schedule

Name: INA CALKINS TRUST

EIN: 52-6994869

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX - PRIOR YEAR	955	0		0
EXCISE TAX ESTIMATES	2,012	0		0
FOREIGN TAXES ON QUALIFIED FOR	1,907	1,907		0
FOREIGN TAXES ON NONQUALIFIED	414	414		0