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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

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▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation BUTTONWOOD FOUNDATION CHARITABLE TR		A Employer identification number 20-1853059	
Number and street (or P.O. box number if mail is not delivered to street address) 115 E 58TH ST	Room/suite	B Telephone number (see instructions) (816) 285-9000	
City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO 64113		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply: <div><input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here..... ▶ <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 30,836	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>	

Part I

Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	24,750		
	2 Check ▶ <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B			
	3 Interest on savings and temporary cash investments	56	56	56
	4 Dividends and interest from securities . . .	32	32	32
	5a Gross rents			
	b Net rental income or (loss) _____			
	6a Net gain or (loss) from sale of assets not on line 10	117		
	b Gross sales price for all assets on line 6a _____ 17,760			
	7 Capital gain net income (from Part IV, line 2) . . .			
	8 Net short-term capital gain			
	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)	18		18	
12 Total. Add lines 1 through 11	24,973	88	106	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.			
	14 Other employee salaries and wages			
	15 Pension plans, employee benefits			
	16a Legal fees (attach schedule)			
	b Accounting fees (attach schedule)	275		
	c Other professional fees (attach schedule)			
	17 Interest			
	18 Taxes (attach schedule) (see instructions) . . .	9	9	
	19 Depreciation (attach schedule) and depletion . . .			
	20 Occupancy			
	21 Travel, conferences, and meetings			
	22 Printing and publications			
	23 Other expenses (attach schedule)			
	24 Total operating and administrative expenses. Add lines 13 through 23	284	9	0
	25 Contributions, gifts, grants paid	31,970		31,970
	26 Total expenses and disbursements. Add lines 24 and 25	32,254	9	31,970
	27 Subtract line 26 from line 12:			
	a Excess of revenue over expenses and disbursements	-7,281		
	b Net investment income (if negative, enter -0-)		79	
c Adjusted net income (if negative, enter -0-) . . .			106	

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2019)

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	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	19,933	30,836	30,836
	2 Savings and temporary cash investments	541		
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	9,680		
	c Investments—corporate bonds (attach schedule)	7,963		
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	38,117	30,836	30,836	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	38,117	30,836	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances (see instructions)	38,117	30,836	
30 Total liabilities and net assets/fund balances (see instructions) .	38,117	30,836		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	38,117
2 Enter amount from Part I, line 27a	2	-7,281
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3	4	30,836
5 Decreases not included in line 2 (itemize) ▶ _____	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	30,836

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			

(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			
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			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	
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))
2018	25,716		
2017	8,494	44,077	0.192708
2016	2,597	29,082	0.089299
2015	1,496	26,320	0.056839
2014	1,746	33,686	0.051832

2 Total of line 1, column (d)	2	0.390678
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	0.097670
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	0
5 Multiply line 4 by line 3	5	
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1
7 Add lines 5 and 6	7	1
8 Enter qualifying distributions from Part XII, line 4	8	31,970

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 <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	1
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	1
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	1
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	1
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 2020 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MO _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	8b	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	Yes
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	No

Part VII-A Statements Regarding Activities (continued)

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>NONE</u>	13	Yes	
14	The books are in care of ► <u>JON MCGRAW</u> Telephone no. ► <u>(816) 822-8273</u>			

Located at ► 115 E 58TH ST KANSAS CITY MOZIP+4 ► 64113

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year	► 15		
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		Yes	No
1a	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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	1b	
	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>		
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 2019?	1c	
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)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
b	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.)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2019 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 2019.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	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 2019?	4b	No

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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 instructions		5b
	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b
	If "Yes" to 6b, file Form 8870.		No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?		7b
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JON MCGRAW 115 E 58TH ST KANSAS CITY, MO 64113	TRUSTEE 000.00	0	0	0
WENDY MCGRAW 115 E 58TH ST KANSAS CITY, MO 64113	TRUSTEE 000.00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(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. ►

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.		

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 ALL DONATIONS TO NON PROFIT ORGANIZATIONS RELATING TO MEDICAL RESEARCH, RELIGIOUS ORGANIZATIONS AND ANIMAL RIGHTS PROTECTION	275
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 N/A	
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	0
b	Average of monthly cash balances.	1b	0
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	0
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	0
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5.	6	0

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	31,970
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	31,970
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	1
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	31,969

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.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>31,970</u>				
a Applied to 2018, 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 2019 distributable amount.				
e Remaining amount distributed out of corpus	31,970			
5 Excess distributions carryover applied to 2019. (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:	31,970			
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—see instructions.				
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				
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 2014 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.				
10 Analysis of line 9:				
a Excess from 2015.				
b Excess from 2016.				
c Excess from 2017.				
d Excess from 2018.				
e Excess from 2019.				

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 foundation, and the ruling is effective for 2019, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total	
(a) 2019	(b) 2018	(c) 2017	(d) 2016		
0			417	417	
			354	354	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed	31,970	25,725	8,500	2,600	68,795
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. Subtract line 2d from line 2c	31,970	25,725	8,500	2,600	68,795
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(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.			1,469		1,469
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					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical 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**

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 <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	31,970
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated.

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

Line No. the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

[illegible]

Part XVII

- | | | | |
|--|--|------------|-----------|
| | | Yes | No |
|--|--|------------|-----------|

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- | | | |
|-------|--|----|
| 1a(1) | | No |
| 1a(2) | | No |

--	--	--

- | | | |
|--------------|--|-----------|
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |

1c		No
----	--	----

value
ue

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<div style="text-align: center;">*****</div> <div style="border-top: 1px solid black; height: 1px;"></div> <div style="text-align: center;">Signature of officer or trustee</div>	<div style="text-align: center;">2020-05-19</div> <div style="border-top: 1px solid black; height: 1px;"></div> <div style="text-align: center;">Date</div>	<div style="text-align: center;">*****</div> <div style="border-top: 1px solid black; height: 1px;"></div> <div style="text-align: center;">Title</div>	<div>May the IRS discuss this return with the preparer shown below</div> <div>(see instr.) <input type="checkbox"/> Yes <input type="checkbox"/> No</div>
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Print/Type preparer's name JANET C DOWNS EA	Preparer's Signature	Date 2020-05-19	Check if self-employed <input type="checkbox"/>	PTIN P00368289
Firm's name ► MIDWEST BOOKKEEPING & TAX				Firm's EIN ► 43-1799308
Firm's address ► 10100 E 65TH ST STE A RAYTOWN, MO 641335203				Phone no. (816) 356-4500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AAEP FOUNDATION 4033 IRON WORK PARKWAY LEXINGTON, KY 40511	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	1,000
ABILITY KC3011 BALTIMORE AVE KANSAS CITY, MO 64108	NONE	NONPROFIT	CHARITABLE CONTRIBUTION	1,500
ALS ASSOCIATION - MINNESOTA CHAPTER 1919 UNIVERSITY AVE W STE 175 ST PAUL, MN 55104	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALZHEIMER'S DISEASE 225 NORTH MICHIGAN AVE STE 1700 CHICAGO, IL 60601	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
ALZHEIMER'S FOUNDATION OF AMERICA 322 8TH AVE 7TH FLOOR NEW YORK, NY 10001	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN DIABETES ASSOC 2451 CRYSTAL DRIVE SUITE 900 ARLINGTON, VA 22202	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
AMERICAN FOUNDATION FOR THE BLIND 1401 SOUTH CLARK ST SUITE 730 ARLINGTON, VA 22202	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	500
AMERICAN HEART ASSOC-KC CHAPTER 6800 W 93RD ST OVERLAND PARK, KS 66212	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 20006	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
AMERICAN ROYAL 1701 AMERICAN ROYAL COURT KANSAS CITY, MO 64102	NONE	NONPROFIT	CHARITABLE CONTRIBUTION	250
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ARTS ENGAGEMENT FOUNDATION 20 E GREGORY KANSAS CITY, MO 64114	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	1,050
ARTSKC REGIONAL ARTS 106 SOUTHWEST BLVD KANSAS CITY, MO 64108	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	1,200
BIG BROTHERS BIG SISTERS 1709 WALNUT STREET KANSAS CITY, MO 64108	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CATHOLIC CHARITIES 4001 BLUE PARKWAY STE 250 KANSAS CITY, MO 64130	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
CATHOLIC CHARITIES OF NE KANSAS 9720 W 87TH STREET OVERLAND PARK, KS 66212	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
CATS23705 VANOWNE ST 130 WEST HILLS, CA 91307	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CATS INCPO BOX 1843 BURBANK, CA 91507	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
CHEYENNE ANIMAL SHELTER 800 SOUTHWEST DR CHEYENNE, WY 82004	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	150
CHILDREN'S MERCY 2401 GILLHAM ROAD KANSAS CITY, MO 64108	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	200
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDRENS BRAIN TUMOR FOUNDATION PO BOX 623377 OVIEDO, FL 32762	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
CHILDRENS HOSPITAL OF MICHIGAN 3011 W GRAND BLVD STE 218 DETROIT, MI 48202	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
CHRIST COMM EVAN FREE CHURCH 20600 W 119TH ST OLATHE, KS 66061	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CITY UNION MISSION1100 E 11TH ST KANSAS CITY, MO 64108	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	250
COLORADO GOLF ASSOC CADDY PROGRAM 5990 GREENWOOD PLAZA BLVD STE 102 GREENWOOD VILLAGE, CO 80111	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
COMMUNITY SCHOOL FOUNDATION 6400 STATE LINE RD MISSION HILLS, KS 66208	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CORONATION OF OUR LADY 13000 BENNINGTON AVE GRANDVIEW, MO 64030	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
EMPORIA SENIOR CENTER 603 E 12TH AVE EMPORIA, KS 66801	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	200
FACES18702 AUTUMN BREEZE DR SPRING, TX 77379	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FIRST CHRISTIAN CH FOOD PANTRY 202 E 12TH AVE EMPORIA, KS 66801	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
FOLLY FROLICPO BOX 26505 KANSAS CITY, MO 64196	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	1,200
FOSTER ADOPT CONNECT 18600 37TH TERR S INDEPENDENCE, MO 64057	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FRIENDS OF KC ANIMALS 4741 CENTRAL ST BOX 348 KANSAS CITY, MO 64112	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	200
FRIENDS OF PACIFIC RIM ELEM 1100 CAMINO DE LAS ONDAS CARLSBAD, CA 92009	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
FRIENDS OF THE AN SHELTER OF ST JOS 701 SW LOWER LAKE RD ST JOSEPH, MO 64504	NONE	NON PROFIT	CHARITABLE CONTRIBTUION	50
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GIRL SCOUTS OF NE KANSAS NW MO 8383 BLUE PARKWAY DRIVE KANSAS CITY, MO 64133	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
GOLISANO CHIRLDRENS HOSPITAL 601 ELMWOOD AVE ROCHESTER, NY 14642	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
GREEN WORKS IN KANSAS CITY 607 EAST 31ST STREET KANSAS CITY, MO 64109	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GUILDIT31 W 31ST ST KANSAS CITY, MO 64108	NONE	NONPROFIT	CHARITABLE CONTRIBUTION	1,000
HARVESTERS3801 TOPPING AVE KANAS CITY, MO 64129	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
HEAD FOR THE CURE FOUNDATION 1607 OAK STREET KANSAS CITY, MO 64108	NONE	NONPROFIT	CHARITABLE CONTRIBUTION	2,500
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HEAR 2 HELP7500 W 151ST ST 23055 OVERLAND PARK, KS 66283	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
HEART TO HEART INTLPO BOX 15566 LENEXA, KS 66285	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
HEARTLAND THERAPEUTIC RIDING 19655 ANTIOCH RD OVERLAND PARK, KS 66013	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HEARTSTRINGS COMMUNITY FOUNDATION 11599 S RIDGEVIEW ROAD OLATHE, KS 66061	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
HUMANE SOCIETY INTERNATIONAL 1255 23RD STREET NW STE 450 WASHINGTON, DC 20037	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
INTERFAITH COMMUNITY SERVICES PO BOX 4038 ST JOSEPH, MO 64504	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JUVENILE DIABETES RES FOUND KC CHAPTER215 W PERSHING ROAD SUITE 300 KANSAS CITY, MO 64108	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
KANSAS CITY BLUES RUGBY 4801 MAIN STREET STE 1000 KANSAS CITY, MO 64112	NONE	NONPROFIT	CHARITABLE CONTRIBUTION	500
KANSAS CITY JAZZ ALLIANCE 9222 WOODSTOCK STREET LENEXA, KS 66220	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	200
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KANSAS CITY RESCUE MISSION 1520 CHERRY STREET KANSAS CITY, MO 64108	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
KANSAS YOUTH RUGBY ASSOCIATION 8222 PARKHILL CIR LENEXA, KS 66215	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
KAUFMAN CENTER FOR PERF ARTS 1601 BROADWAY KANSAS CITY, MO 64108	NONE	NONPROFIT	CHARITABLE CONTRIBUTION	250
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LUBA NOYES HOME FOR CHILDREN 801 N NOYES BLVD ST JOSEPH, MO 64506	NONE	NON PROFIT	CHARITABLE CONTRIBTUION	50
MAIN COR3215 MAIN KANSAS CITY, MO 64108	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	500
MARCH OF DIMES1550 CRYSTAL DR SUITE 1300 ARLINGTON, VA 22202	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
METROPOLITAN LUTHERAN MINISTRY 3031 HOLMES KANSAS CITY, MO 64109	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
MID AMER NATIONAL MS SOCIETY 7611 STATE LINE STE 100 KANSAS CITY, MO 64114	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
MRI GLOBAL425 VOLKER BLVD KANSAS CITY, MO 64110	NONE	NONPROFIT	CHARITABLE CONTRIBUTION	5,000
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MULTIPLE MYEOMA RESEARCH FOUNDATION 383 MAIN AVENUE 5TH FLOOR NORWALK, CT 06851	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
MULTIPLE SCLEROSIS FOUNDATION 6520 N ANDREW AVE FORT LAUDERDALE, FL 33309	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
NATIONAL MUTIPLE SCLEROSIS SOCIETY 733 THIRD AVE NUE 3RD FLOOR NEW YORK, NY 10017	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	150
Total ► 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NEW ISRAEL FUNDPO BOX 177 LEWISTON, ME 04243	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
ONE LOVE WORLD WIDEP BRONXVILLE, NY 10708	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	200
OPERATION BREAKTHROUGH INC 3039 TROOST KANSAS CITY, MO 64109	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	200
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ORCHARD OF HOPE FOUNDATION 111 S ORCHARD AVE CANON CITY, CO 81212	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
PANCREATIA312 FOUNTAIN AVE PACIFIC GROVE, CA 93950	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
PARKINSONS FOUNDATION 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PENN VALLEY PARK CONSERVACY 2698 MAIN ST KANSAS CITY, MO 64108	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
PET PARTNERS OF CARBON COUNTY PO BOX 4000 RAWLINS, WY 82301	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
PILGRIM RUN3807 GILLHAM ROAD KANSAS CITY, MO 64108	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	1,000
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PLANNED PARENTHOOD OF KC 1001 EMANUEL CLEAVER II B KANSAS CITY, MO 64110	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
PLANNED PARENTHOOD OF ROCKY MTN 7155 E 38TH AVE DENVER, CO 80207	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
POLICE FOUNDATION OF KC PO BOX 25198 KANSAS CITY, MO 64119	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PROTECT OUR WINTERS 4676 BROADWAY ST BOULDER, CO 80304	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
RAMPY MS RESEARCH FOUNDATION 2002 NW DESOTO DR BENTONVILLE, AR 72712	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
ROCKY MOUNTAIN RAPTOR PROGRAM 2519 S SHIELDS STREET 115 FORT COLLINS, CO 80526	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
RONALD MCDONALD HOUSE 2502 CHERRY ST KANSAS CITY, MO 64108	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
RONALD MCDONALD HOUSE ONE KROC DRIVE OAK BROOKE, IL 60523	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
RONALD MCDONALD HOUSE 2502 CHERRY ST KANSAS CITY, MO 64108	NONE	NONPROFIT	CHARITABLE CONTRIBUTION	120
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ROSE BROOKSPO BOX 320599 KANSAS CITY, MO 64132	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
SALVATION ARMY615 SLATERS LANE ALEXANDRIA, VA 22313	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
SAMARITANS PURSEPO BOX 3000 BOONE, NC 28607	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SECOND BAPTIST CHURCH 300 E KANSAS ST LIBERTY, MO 64068	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
SHARING A VISION FOR GENERATIONS 3712 BELL STREET KANSAS CITY, MO 64111	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
SHOAL CREEK COMM CHURCH 6816 N CHURCH RD PLEASANT VALLEY, MO 64068	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SHRINER'S HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 33607	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
SIERRA CLUB2101 WWEBSTER ST STE 1300 OAKLAND, CA 94612	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	75
ST CHARLES BORROMEIO ACADEMY 900 NE SHADY LANE DR KANSAS CITY, MO 64118	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST JAMES ACADEMY 24505 PRAIRIE STAR PKWY LENEXA, KS 66227	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	200
SUNFLOWER CASA PROJECT INC 115 N 4TH MANHATTAN, KS 66502	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
SURFRIDER FOUNDATIONPO BOX 6010 SAN CLEMENTE, CA 92674	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	100
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE NATIONAL WWI MUSEUM 2 MEMORIAL DRIVE KANSAS CITY, MO 64108	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	5,000
UMKC WOMEN'S COUNCIL 5115 OAK STREET KANSAS CITY, MO 64112	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
UNIVERISTY OF MO ADVANCEMENT 407 REYNOLDS ALUMNI CENTE COLUMBIA, MO 65211	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	1,000
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF NORTHERN COLORADO CAMPUS BOX 11 GREELEY, CO 80639	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	1,100
URBAN NEIGHBORHOOD INIATIVES 8300 LONGWORTH ST DETROIT, MI 48209	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
VALLEY CATS INC23705 VANOWEN ST 130 WEST HILLS, CA 91307	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WATER ORG117 W 20TH ST STE 203 KANSAS CITY, MO 64108	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
WAYSIDE WAIFS 3901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	250
WHO IS CARTER FOUNDATION PO BOX 411857 KANSAS CITY, MO 64141	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
Total ▶ 3a				31,970

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WILLIAM JEWELL COLLEGE 500 COLLEGE HILL LIBERTY, MO 64068	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	50
WORLD WILDLIFE FUND 1250 24TH ST NW WASHINGTON, DC 20037	NONE	NON PROFIT	CHARITABLE CONTRIBUTION	25
Total ▶ 3a				31,970

TY 2019 Accounting Fees Schedule**Name:** BUTTONWOOD FOUNDATION CHARITABLE TR**EIN:** 20-1853059

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDIRECT ACCOUNTING FEES	275			

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2019 Gain/Loss from Sale of Other Assets Schedule

Name: BUTTONWOOD FOUNDATION CHARITABLE TR

EIN: 20-1853059

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
CHARLES SCHWAB 5449-3181	2019-01	PURCHASE	2019-12		2,500	2,765			-265	
CHARLES SCHWAB 5449-3181	2018-01	PURCHASE	2019-12		15,209	14,821			388	
CHARLES SCHWAB 5449-3181	2012-01	PURCHASE	2019-12		51	57			-6	

TY 2019 Investments Corporate Bonds Schedule

Name: BUTTONWOOD FOUNDATION CHARITABLE TR

EIN: 20-1853059

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
BOND FUND		

TY 2019 Investments Corporate Stock Schedule

Name: BUTTONWOOD FOUNDATION CHARITABLE TR

EIN: 20-1853059

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EQUITY FUND		

TY 2019 Other Income Schedule

Name: BUTTONWOOD FOUNDATION CHARITABLE TR

EIN: 20-1853059

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER REVENUE	18		18

TY 2019 Taxes Schedule**Name:** BUTTONWOOD FOUNDATION CHARITABLE TR**EIN:** 20-1853059

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDIRECT TAXES/LICENSES	9	9		