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/Form990PFfor instructions and the latest information

OMB No 1545-0047

_						
Fo	r cal	endar year 2019 or tax year beginning		, 2019, and end	ding	, 20
Na	me of	foundation			A Employer	identification number
	EDW/	<u> </u>	ON			20-6728720
Nu	mber	and street (or P O box number if mail is not delivered to	ite B Telephone	enumber (see instructions)		
_ !	590:	l COLLEGE BOULEVARD, SUITE 1	.00			913-319-0300
Cıt	y or to	wn, state or province, country, and ZIP or foreign posta	l code			
					C If exemption pending, ch	n application is leck here.
_(OVE	RLAND PARK, KS 66211-1503				
G	Che	ck all that apply: Initial return	Initial return of	of a former public cha	arity D 1. Foreign o	organizations, check here ►
		Final return	Amended ret	urn		organizations meeting the
		Address change	Name change	9		, check here and attach
H	Che	ck type of organization X Section 501(c)(3) exempt private fo	oundation	E if arrests to	undation status was terminated
	s	ection 4947(a)(1) nonexempt charitable trust	Other taxable pri	vate louridation		on 507(b)(1)(A), check here
ı	Fair	market value of all assets at JAccom	unting method: X Ca	ish Accrual	F If the found	ation is in a 60-month termination
	end	·	ther (specify)		under section	on 507(b)(1)(B), check here . 🕨
	16)	► \$ 17,014,882. (Part I, c	column (d), must be on ca	ish basis.)		
P	art l	Analysis of Revenue and Expenses (The	(a) Revenue and	(h) Not investment	(a) Advisted m	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	(b) Net investment income	(c) Adjusted r	purposes
_		column (a) (see instructions).)	books			(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule) .			ļ	1
	2	Check X if the foundation is not required to attach Sch B				1
	3	Interest on savings and temporary cash investments-			***	
	4	Dividends and interest from securities	420,183.	402,825	•	STMT 1
	5a	Gross rents				
	b	Net rental income or (loss)				,
e		Net gain or (loss) from sale of assets not on line 10	256,952.		ļ, <u> </u>	RECEIVED
eu	b	Gross sales price for all 4,238,757.			<u> </u>	TCOLIVED O
Revenue	7	Capital gain net income (from Part IV, line 2) .		256,959	5	NOV 16 2020 8
I	8	Net short-term capital gain			8	NOV 23 2020 9
	9	Income modifications			<u> </u>	
	IVa	and allowances · · · · ·				OGDEN, UT
		Less Cost of goods sold .				
		Gross profit or (loss) (attach schedule)	140			OTTAKE O
	11	Other income (attach schedule)	147.	650 504	 	STMT 2
4	12	Total. Add lines 1 through 11	677,282.	659,784		150,000
s	13	Compensation of officers, directors, trustees, etc	185,524.	27,242 NON		158,282.
Se	14	Other employee salaries and wages	0 EOF	NON!		NONE 9 505
jer	15	Pension plans, employee benefits	8,505.	NON	C	NONE 8,505.
X	16a	Legal fees (attach schedule)	2 563	NON	<u></u>	NONE 2,563.
é		Accounting fees (attach schedule) STMT. 3.	2,563.		<u> </u>	1NOINE 2, 363.
ij	C	Other professional fees (attach scheding . 4 .	54,484.	54,484	•	
str	17	Interest	10,837.	8,697		
Ĕ	18	Taxes (attach schedule) (see instructions, 5.	10,837.	/ 90 رة	-	
Ε	19	Depreciation (attach schedule) and depletion.				
Ä	20	Occupancy	3,440.	NON	<u></u>	NONE 3,440.
2	21 22	Travel, conferences, and-meetings	3,440.	NON:		NONE 3,440.
a	22	Printing and publications	- 5,281.	914	1	4,367.
Ĕ	23 24	Other expenses (attach schedule) STMT. 6.	5,201.		1	4,307
rat	24	Total operating and administrative expenses.		01 227		NONE 177,157.
be		Add lines 13 through 23	270,634. 757,541.	91,337	<u> </u>	NONE 177,157. 757,541.
0	25	Contributions, gifts, grants paid	1,028,175.	91,337	 	NONE 934,698.
_	26	Total expenses and disbursements Add lines 24 and 25	1,020,1/5.	71,337	 	1VOIVE 334,038.
	27	Subtract line 26 from line 12	-350 903			
		Excess of revenue over expenses and disbursements	-350,893.	ECO 117		
	D	Net investment income (if negative, enter -0-)		568,447	·	

SCANNED FEB 0 3 2021

c Adjusted net income (If negative, enter -0-). .

JSA For Paperwork Reduction Act Notice, see instructions.

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Form **990-PF** (2019) 5

		Polonna Chiasta	Attached schedules and amounts in the	Beginning of year	6720720 F	nd of	vear
	art II	· Balance Sheets	description column should be for end-of-year amounts only (See instructions)	<u> </u>	(b) Book Value		(c) Fair Market Value
П	1	Cook non-interest boom	ng	13,333.		\neg	,,,
			cash investments	496,555.		55	252,465
İ				150,333.		33.	.)
	3	Accounts receivable	btful accounts ▶				
						\dashv	1
	4	leages receivable	btful accounts ▶			-	
						\neg	
						_	
	6		officers, directors, trustees, and other				
	_	•	ach schedule) (see instructions)		 	\dashv	
	7		eceivable (attach schedule)				 J
			btful accounts ► NONE				
Assets	8		se				
SS	9		eferred charges	1 470 201			
٩			e government obligations (attach schedule)	1,478,321.			.
			stock (attach schedule)	6,828,444.			
	11 ^C	Investments - corporate Investments - land, building	bonds (attach schedule)	4,138,129.	·		
	• •	and equipment basis				—-[·	
		Less accumulated deprecia (attach schedule)	ation >				
	12	Investments - mortgage	loans		10 005 0		16 560 445
	13	Investments - other (atta	ach schedule)		12,337,80	01.	16,762,417
İ	14	Land, buildings, and equipment basis	>				
	15	Other assets (describe I)	3,695.	_		
	16	Total assets (to be	completed by all filers - see the				
		instructions. Also, see p	age 1, item I)	12,958,477.	12,590,20	<u>66.</u>	17,014,882
	17	Accounts payable and a	accrued expenses				
	18	Grants payable]
es	19	Deferred revenue					
Liabilities	20		ors, trustees, and other disqualified persons.		_		<u> </u>
abi	21	Mortgages and other no	otes payable (attach schedule)]
ڐ	22	Other liabilities (describ	e ▶)				
		•	· ·				į
	23	Total liabilities (add line	es 17 through 22)		N(ONE	
s		Foundations that follow	w FASB ASC 958, check here				
Se		and complete lines 24,	25, 29, and 30.				
lan	24	Net assets without done	or restrictions				
Ba	25	Net assets with donor r					ì
פַ			follow FASB ASC 958, check here				
ᆵ		and complete lines 26 thi				-	
Ξ	24 25 26		cipal, or current funds	12,958,477.	12,590,20	66.	
		•	or land, bldg , and equipment fund				
Assets	28		rlated income, endowment, or other funds				ì
Ass	29	- -	d balances (see instructions)	12,958,477.	12,590,2	66.	-
et	30		I net assets/fund balances (see		<u> </u>		
Net				12,958,477.	12,590,2	66.	
P	art II		nges in Net Assets or Fund Bala				
			balances at beginning of year - Part		nust agree with		
•			ed on prior year's return)			1	12,958,477.
•			, line 27a			2	-350,893.
			ded in line 2 (itemize) ► MARKET DISCO			3	6,603.
			MARKET DISCO		-	4	12,614,187.
			n line 2 (itemize) ► SEE STA			5	23,921.
			palances at end of year (line 4 minus l) line 29	6	12,590,266.
_0	100	ai iiet assets of juiid C	raianices at end of year (inte 4 millus i	me of factil, columnity	,, 20		

(a) List and describe the kindfal of property sold (for example, real estate, 2-tonty place of place accounted (in property sold (for example, real estate), 2-tonty place (in property sold (for example, real estate), 2-tonty place (in property sold (for example, real estate), 2-tonty place (in property sold (for example, real estate), 2-tonty place (in property sold (for example, real estate), 2-tonty place (in property sold (for example, real estate), 2-tonty place (in property sold (for example, real estate), 2-tonty place (in property sold (for example, real estate), 2-tonty place (in property sold (for example, real estate), 2-tonty place (in property sold (for example, real estate), 2-tonty place (in property sold (for example, real estate), 2-tonty place (in property sold (for example, real estate), 2-tonty place (in property sold (for example, real estate), 2-tonty place (in property sold (for example, real estate), 2-tonty place (in place estate), 2-tonty place (in pl	FORM 990-PF (2019) *					rage .
Ta PUBLICLY TRADED SECURITIES b c d e (e) Gross sales price (f) Deprecision allowed (or allowable) a 4,238,757. c d e (or allowable) a 4,238,757. c d e Complete only for assets showing gain in column (b) and owned by the foundation on 12/31/69. c d e Complete only for assets showing gain in column (b) and owned by the foundation on 12/31/69. c) Hill Excess of col. (a) column (b) Losses (for in allowable) a 4,238,757. c d e Complete only for assets showing gain in column (b) and owned by the foundation on 12/31/69. c) Hill Excess of col. (a) column (b) Losses (for in allowable) a 5 of 12/31/69 a 6 of 12/31/69 a 6 of 12/31/69 a 7 over col. (a) finany a 7 over col. (b) finany a 8 over col. (c) finany a 9 over col. (d) finany a 9 over col. (d) finany a 10 over col. (d) finany a 10 over col. (d) finany a 10 over col. (d) finany a 10 over col. (d) finany a 10 over col. (d) finany a 10 over col. (d) finany a 256, b 0 over col. (d) finany a 256, b 1 over col. (d) finany a 256, b 1 over col. (d) finany a 256, b 1 over col. (d) finany a 256, b 2 over col. (d) finany a 256, b 2 over col. (d) finany a 256, b 2 over col. (d) finany a 256, b 2 over col. (d) finany a 256, b 2 over col. (d) finany a 256, b 1 over col. (d) finany a 256, b 2 over col. (d) finany a 256, b 2 over col. (d) finany a 256, b 2 over col. (d) finany a 256, b 2 over col. (d) finany a 256, b 2 over col. (d) finany a 256, c d) finany a 256, b 2 over col. (d) finany a 256, c d) finany a 256, d) finany a 256, d) finany a 256, d) finany a 4, 123, 124, a 26, a 26, a 26, a 27, a	Part IV Capital Gains	and Losses for Tax on Inve	stment Income	_	•	
1a PUBLICLY TRADED SECURITIES b c d d (e) Gross sales price (f) Depreciation allowed for allowable) (g) Cost or other basis plus expense of sale (h) Gain or floss) (acquired P - Purchase	(mo , day, yr.)	(d) Date sold (mo , day, yr)
b (e) Gross sales price (f) Depreciation allowed (or allowable) plus expense of sale (le) plus (f) minus (g)) a 4, 238, 757. 3, 981, 798. 256, b (c) (a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	1a PUBLICLY TRADED	SECURITIES		D - DONALON		
Ce Ce Ce Ce Ce Ce Ce Ce	b					
Celebrate Cele	С					
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Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (i) Adjusted datas as of 12/31/69 (ii) Gains (Col. (h) gain mine col. (li), fill any over col. (li), if any col. (li), but not less than 49-6 b c d d e 2 Capital gain net income or (net capital loss) 3 Net short-term capital gain or (loss) as defined in sections 122(5) and (6): If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss)	d					
(ii) FMV as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (iii) Adjusted basis as of 12/31/69 (iv) Adjusted publish basis as on 12/21(5) and (6): (iv) Adjusted publish basis as on 12/21(5) and (6): (iv) Adjusted publish basis as on 12/21(5) and (6): (iv) Adjusted publish basis as on 12/21(5) and (6): (iv) Adjusted publish basis as on 12/21(5) and (6): (iv) Adjusted publish basis as on 12/21(6): (iv) Adjusted publish basis as on 12/21(7):						
(i) FMV as of 12/31/69 a	Complete only for assets sl	nowing gain in column (h) and owned by	y the foundation on 12/31/69.			
b c d d d d d d d d d d d d d d d d d d	(i) FMV as of 12/31/69			col.		
c d d e 2 Capital gain net income or (net capital loss)	a					256,959.
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7 256, 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. 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 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. (a) (b) (c) (a) (b) (c) (c) (c) (c) (c) (c) (c	b					
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (gain, also enter in Part I, line 7 fl (gain, also enter in Part I, line 8 fl (gain, also enter in Part I, line 8 fl (gain, also enter in Part I, line 8 fl (gain, also enter in Part I, line 8 fl (gain, also enter in Part I, line 8 fl (gain, also enter in Part I, line 8 fl (gain, also enter in Part I, line 8 fl (gain, also enter in Part I, line 8 fl (gain, also enter in Part I, line 8 fl (gain, also enter in Part I, line 8 fl (gain, also enter in Part I, line 7 fl (loss), enter -0- in Part I, line 8 fl (gain, also enter in Part I, line 7 fl (loss), enter -0- in Part I, line 8 fl (gain, also enter in Part I, line 7 fl (loss), enter -0- in Part I, line 8 fl (gain, also enter in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (gain, also enter in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (gain, also enter in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (gain, also enter in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (gain, also enter in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (loss), enter -0- in Part I, line 8 fl (loss), enter -0- in Part I, line 8 fl (loss), enter -0- in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (loss), enter -0- in Part						
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 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 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 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. (a) (b) (c) (c) (d) (b) (d) (col (b) divided by col (c)) 2018 649, 921. 16,171,163. 0.04 2017 792,135. 15,973,324. 0.04 2016 651,878. 15,008,484. 0.04 2016 2016 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. 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 Multiply line 4 by line 3. 5 792, 6 Enter 1% of net investment income (1% of Part I, line 27b). 6 5,4	d					
2 Capital gain net income or (net capital loss) 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, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8, column (c). See instructions before making any enter in 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?	<u>e</u>			<u> </u>		
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? If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. (a) (b) Adjusted qualifying distributions (c) Net value of noncharitable-use assets (colindar year for tax year beginning in) 2018 649,921. 16,171,163. 0.04 2016 649,921. 16,171,163. 0.04 2016 651,878. 15,008,484. 0.04 2015 935,524. 15,858,367. 0.05 2014 926,221. 16,230,008. 0.05 2 Total of line 1, column (d) 2 0.24 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5. 4 15,904, 5 Multiply line 4 by line 3. 5 792, 6 Enter 1% of net investment income (1% of Part I, line 27b). 6 5,	, -	or (net capital loss)	oss), enter -0- in Part I, line 7	2		256,959.
(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 if "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. (a) (b) (c) (a) (b) (c) (b) (c) (c) (c) (c) (d) (D) (instribution ratio) (col) (b) (col) (col) (col) (b) (d) (instribution ratio) (col) (col) (d) (instribution ratio) (col) instribution ratio) (col) (instribution ratio) (co	•			3		
(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 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. (a) (b) (c) (c) (d) (b) (col (b) divided possibility of the section 4940(e). Do not complete this part. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d) (col (b) divided possibility of the section 4940(e). Do not complete this part. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d) (col (b) divided possibility of the section 4940(e). Do not complete this part. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d) (d) (Distribution and possibility of the section 4940(e). Do not complete this part. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d) (d) (Distribution and possibility of the section for the folial part of the section for the folial part of the	Part V Qualification I	Inder Section 4940(e) for Redu	uced Tax on Net Investment I	ncome		
1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. (a) (b) (c) (d)	Was the foundation liable for	the section 4942 tax on the distrib		ase perio	d?]Yes ∑ No
(a) (b) (c) (d) Distribution ratio (col (b) divided by col (c)) 2018 649,921. 16,171,163. 0.04 2017 792,135. 15,973,324. 0.04 2016 651,878. 15,008,484. 0.04 2015 935,524. 15,858,367. 0.05 2014 926,221. 16,230,008. 0.05 2 Total of line 1, column (d) 2 0.24 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 0.04 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 4 15,904, 5 792, 5 792, 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 5,			· · · · · · · · · · · · · · · · · · ·			
Base period years Adjusted qualifying distributions Net value of noncharitable-use assets Col (b) divided by col (c)				ng any en T		
2017 792,135. 15,973,324. 0.04 2016 651,878. 15,008,484. 0.04 2015 935,524. 15,858,367. 0.05 2014 926,221. 16,230,008. 0.05 2 Total of line 1, column (d) 2 0.24 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 0.04 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 4 15,904, 5 Multiply line 4 by line 3 5 792, 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 5,	Base period years				Distribution ra	col (c))
2016 651,878. 15,008,484. 0.04 2015 935,524. 15,858,367. 0.05 2014 926,221. 16,230,008. 0.05 2 Total of line 1, column (d) 2 0.24 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 0.04 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 4 15,904, 5 Multiply line 4 by line 3 5 792, 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 5,				<u> </u>		0.040190
2015 935,524. 15,858,367. 0.05 2014 926,221. 16,230,008. 0.05 2 Total of line 1, column (d) 2 0.24 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 0.04 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 4 15,904, 5 Multiply line 4 by line 3 5 792, 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 5,						0.049591
2014 926, 221. 16, 230, 008. 0.05 2 Total of line 1, column (d)						0.043434
Total of line 1, column (d)				<u> </u>		0.058992
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	2014	926,221.	16,230,008.			0.057068
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	2 Total of line 1, column	(d)		2		0.249275
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	3 Average distribution rate	tio for the 5-year base period - divid	le the total on line 2 by 5.0, or by	3		0.049855
5 Multiply line 4 by line 3	,				1 5	-
6 Enter 1% of net investment income (1% of Part I, line 27b)					15,	
	5 Multiply line 4 by line 3			5		792,899.
798	6 Enter 1% of net investm	nent income (1% of Part I, line 27b)		6		5,684.
Add lines 5 and 6	7 Add lines 5 and 6			7		798,583.
8 Enter qualifying distributions from Part XII, line 4	8 Enter qualifying distribu	utions from Part XII, line 4	in Don't Million 45 and 1 and 1		110mg = 40/ c	934,698.

Pari	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions	<u>s)</u>
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)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		5,6	84.
	here X and enter 1% of Part I, line 27b			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-)			ONE
3	Add lines 1 and 2			84.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			<u>IONE</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		5,6	<u> 84.</u>
6	Credits/Payments			1
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 11, 200 . Exempt foreign organizations - tax withheld at source			
b				1
С	Tax paid with application to extension of time to me (form seed).			
d	Backup Withholding Choneously Withhold		11,2	200
7	Total credits and payments. Add lines 6a through 6d		<u> </u>	<u> </u>
8 9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
9 10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		5.5	516.
11	Enter the amount of line 10 to be Credited to 2020 estimated tax > 5,516. Refunded > 11			<u> </u>
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	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.			
c	Did the foundation file Form 1120-POL for this year?	1c		<u> X</u>
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 ► \$			
е	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?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	3		
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	4a		v
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4b		
_	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
5	If "Yes," attach the statement required by General Instruction T.			i
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	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	KS			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		— <u>-</u> -	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	1
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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes,"	9		x 7
	complete Part XIV	3		^ ∠
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		x
	names and addresses		∩ DE	

Part	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	1		
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
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		X
-13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ▶N/A			
14	The books are in care of ▶ SEE STATEMENT 8 Telephone no. ▶			
	Located at ▶ ZIP+4 ▶			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	•
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		1 65	140
1a	During the year, did the foundation (either directly)	j		Ì
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			:
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.} Yes X 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		X
	Organizations relying on a current notice regarding disaster assistance, check here			
С	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	ļ	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			i
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019? Yes X No			i
	If "Yes," list the years		1	li
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	2b		
	all years listed, answer "No" and attach statement - see instructions.)	20	-	<u> </u>
С				;
2-	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
Sa	at any time during the year?			
ь	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
u	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 Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019.)	3b	<u> </u>	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
		00	N_DE	12010

Part	VII-B Statements Regarding Activities f	or Which For <u>m</u> 4	720 May Be Red	uirea (continuea)			
5a	During the year, did the foundation pay or incur any amo	unt to:				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influer	nce legislation (section	n 4945(e))?	. Yes X No	0		1
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,						
	directly or indirectly, any voter registration drive?				o		- 1
•	(3) Provide a grant to an individual for travel, study, or o						1
	(4) Provide a grant to an organization other than a				-		ļ
	section 4945(d)(4)(A)? See instructions	=		Yes X N	0		j
	(5) Provide for any purpose other than religious, ch						
	purposes, or for the prevention of cruelty to children				0		Ì
h	If any answer is "Yes" to 5a(1)-(5), did any of the			•	n		
	Regulations section 53.4945 or in a current notice regar					-	
	Organizations relying on a current notice regarding disas	-					ī
_	If the answer is "Yes" to question 5a(4), does the						İ
C	because it maintained expenditure responsibility for the				.		İ
							ļ
c -	If "Yes," attach the statement required by Regulations se		actly to pay promise	me.			- 1
6a	Did the foundation, during the year, receive any fur	•		Yes X N			
_	on a personal benefit contract?				6b	~ -	Х,
ь	If "Yes" to 6b, file Form 8870.	ily of munectly, on a	personal benefit contra		. 60		
7a	At any time during the tax year, was the foundation a pa	rty to a prohibited tay	chalter transaction?	. Yes X N	.		ļ
/a b	If "Yes," did the foundation receive any proceeds or have				. 7b	-	
8	Is the foundation subject to the section 4960 tax on pay	-			. /5		
٥	remuneration or excess parachute payment(s) during the			. Yes X N	.	1 1	į
Par	Information About Officers, Directo					· · · · · ·	
	and Contractors List all officers, directors, trustees, and foundation						
	niet all officers directors trustees and inilianialio	n managers and H		See mstructions.			
1	List all officers, directors, trastees, and realitation	(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Expans	e accond	
•	(a) Name and address	(b) Title, and average hours per week			(e) Expens	se accour owances	
		(b) Title, and average	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans			
MIDWE	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans			
MIDWE	(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			
MIDWE 5901 DAVID	(a) Name and address ST TRUST COMPANY COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211-	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			
MIDWE 5901 DAVIC 5901	(a) Name and address ST TRUST COMPANY COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- A SCHAEFER	(b) Title, and average hours per week devoted to position TRUSTEE 2 GRANT COMMITTEE	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			
MIDWE 5901 DAVIC 5901 MELIS	(a) Name and address ST TRUST COMPANY COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- A SCHAEFER COLLEGE BLVD , STE 100, OVERLAND PARK, KS 66211- SA D MADER-SCHAEFER	(b) Title, and average hours per week devoted to position TRUSTEE 2 GRANT COMMITTEE 2	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			
MIDWE 5901 DAVID 5901 MELIS	(a) Name and address ST TRUST COMPANY COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- A SCHAEFER COLLEGE BLVD , STE 100, OVERLAND PARK, KS 66211-	(b) Title, and average hours per week devoted to position TRUSTEE 2 GRANT COMMITTEE 2 GRANT COMMITTEE	(c) Compensation (If not paid, enter -0-) 54,484	(d) Contributions to employee benefit plans and deferred compensation - () -			
MIDWE 5901 DAVIC 5901 MELIS 5901 KATHE 5901	(a) Name and address ST TRUST COMPANY COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- A SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- ISA D MADER-SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- IRYN D SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211-	(b) Title, and average hours per week devoted to position TRUSTEE 2 GRANT COMMITTEE 2 GRANT COMMITTEE 30 GRANT COMMITTEE	(c) Compensation (If not paid, enter -0-) 54,484 -0- 107,040.	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 -	other all	owances -	
MIDWE 5901 DAVIC 5901 MELIS 5901 KATHE 5901	(a) Name and address ST TRUST COMPANY COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- A SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- SA D MADER-SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- RYN D SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 2 GRANT COMMITTEE 2 GRANT COMMITTEE 30 GRANT COMMITTEE	(c) Compensation (If not paid, enter -0-) 54,484 -0- 107,040.	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 -	other all	owances -	
MIDWE 5901 DAVIC 5901 MELIS 5901 KATHE 5901	(a) Name and address ST TRUST COMPANY COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- A SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- ISA D MADER-SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- IRYN D SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211-	(b) Title, and average hours per week devoted to position TRUSTEE 2 GRANT COMMITTEE 2 GRANT COMMITTEE 30 GRANT COMMITTEE 2 (other than thos	(c) Compensation (If not paid, enter -0-) 54,484 -0- 107,040.	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- -0- -0- 1 - see instructi	other all	owances -	-0- -0- -0-
MIDWE 5901 DAVID 5901 MELIS 5901 KATHE 5901 2	(a) Name and address ST TRUST COMPANY COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- A SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- SA D MADER-SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- RYN D SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 2 GRANT COMMITTEE 2 GRANT COMMITTEE 30 GRANT COMMITTEE	(c) Compensation (If not paid, enter -0-) 54,484 -0- 107,040.	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- 1 - see instructi (d) Contributions to employee benefit	ons). If no	owances	-0- -0- -0- -nter
MIDWE 5901 DAVID 5901 MELIS 5901 KATHE 5901 2	(a) Name and address ST TRUST COMPANY COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- A SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- SA D MADER-SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- RYN D SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 2 GRANT COMMITTEE 2 GRANT COMMITTEE 30 GRANT COMMITTEE 2 (other than thos	(c) Compensation (If not paid, enter -0-) 54,484 -0- 107,040. 24,000. se included on lin	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - - 0 - (d) Contributions to	ons). If no	owances	-0- -0- -0- -nter
MIDWE 5901 DAVID 5901 MELIS 5901 KATHE 5901 2	(a) Name and address ST TRUST COMPANY COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- A SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- SA D MADER-SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- RYN D SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 2 GRANT COMMITTEE 2 GRANT COMMITTEE 30 GRANT COMMITTEE 2 (other than thos	(c) Compensation (If not paid, enter -0-) 54,484 -0- 107,040. 24,000. se included on lin	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - e 1 - see instructi (d) Contributionsto employee benefit plans and deferred	ons). If no	owances	-0- -0- -0- -nter
MIDWE 5901 DAVID 5901 MELIS 5901 KATHE 5901 2	(a) Name and address ST TRUST COMPANY COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- DA SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- SA D MADER-SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- RYN D SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- COMPENSATION OF five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 2 GRANT COMMITTEE 2 GRANT COMMITTEE 30 GRANT COMMITTEE 2 (other than thos	(c) Compensation (If not paid, enter -0-) 54,484 -0- 107,040. 24,000. se included on lin	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - e 1 - see instructi (d) Contributionsto employee benefit plans and deferred	ons). If no	owances	-0- -0- -0- -nter
MIDWE 5901 DAVID 5901 MELIS 5901 KATHE 5901 2	(a) Name and address ST TRUST COMPANY COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- DA SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- SA D MADER-SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- RYN D SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- COMPENSATION OF five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 2 GRANT COMMITTEE 2 GRANT COMMITTEE 30 GRANT COMMITTEE 2 (other than thos	(c) Compensation (If not paid, enter -0-) 54,484 -0- 107,040. 24,000. se included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - e 1 - see instructi (d) Contributionsto employee benefit plans and deferred compensation	ons). If no	owances	-0- -0- -0- -nter
MIDWE 5901 DAVID 5901 MELIS 5901 KATHE 5901 2	(a) Name and address ST TRUST COMPANY COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- DA SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- SA D MADER-SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- RYN D SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- COMPENSATION OF five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 2 GRANT COMMITTEE 2 GRANT COMMITTEE 30 GRANT COMMITTEE 2 (other than thos	(c) Compensation (If not paid, enter -0-) 54,484 -0- 107,040. 24,000. se included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - e 1 - see instructi (d) Contributionsto employee benefit plans and deferred compensation	ons). If no	owances	-0- -0- -0- -nter
MIDWE 5901 DAVID 5901 MELIS 5901 KATHE 5901 2	(a) Name and address ST TRUST COMPANY COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- DA SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- SA D MADER-SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- RYN D SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- COMPENSATION OF five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 2 GRANT COMMITTEE 2 GRANT COMMITTEE 30 GRANT COMMITTEE 2 (other than thos	(c) Compensation (If not paid, enter -0-) 54,484 -0- 107,040. 24,000. se included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - e 1 - see instructi (d) Contributionsto employee benefit plans and deferred compensation	ons). If no	owances	-0- -0- -0- -nter
MIDWE 5901 DAVID 5901 MELIS 5901 KATHE 5901 2	(a) Name and address ST TRUST COMPANY COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- DA SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- SA D MADER-SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- RYN D SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- COMPENSATION OF five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 2 GRANT COMMITTEE 2 GRANT COMMITTEE 30 GRANT COMMITTEE 2 (other than thos	(c) Compensation (If not paid, enter -0-) 54,484 -0- 107,040. 24,000. se included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - e 1 - see instructi (d) Contributionsto employee benefit plans and deferred compensation	ons). If no	owances	-0- -0- -0- -nter
MIDWE 5901 DAVID 5901 MELIS 5901 KATHE 5901 2	(a) Name and address ST TRUST COMPANY COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- DA SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- SA D MADER-SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- RYN D SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- COMPENSATION OF five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 2 GRANT COMMITTEE 2 GRANT COMMITTEE 30 GRANT COMMITTEE 2 (other than thos	(c) Compensation (If not paid, enter -0-) 54,484 -0- 107,040. 24,000. se included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - e 1 - see instructi (d) Contributionsto employee benefit plans and deferred compensation	ons). If no	owances	-0- -0- -0- -nter
MIDWE 5901 DAVID 5901 MELIS 5901 KATHE 5901 2	(a) Name and address ST TRUST COMPANY COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- DA SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- SA D MADER-SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- RYN D SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- COMPENSATION OF five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 2 GRANT COMMITTEE 2 GRANT COMMITTEE 30 GRANT COMMITTEE 2 (other than thos	(c) Compensation (If not paid, enter -0-) 54,484 -0- 107,040. 24,000. se included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - e 1 - see instructi (d) Contributionsto employee benefit plans and deferred compensation	ons). If no	owances	-0- -0- -0- -nter
MIDWE 5901 DAVID 5901 MELIS 5901 KATHE 5901 2	(a) Name and address ST TRUST COMPANY COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- DA SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- SA D MADER-SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- RYN D SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- COMPENSATION OF five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 2 GRANT COMMITTEE 2 GRANT COMMITTEE 30 GRANT COMMITTEE 2 (other than thos	(c) Compensation (If not paid, enter -0-) 54,484 -0- 107,040. 24,000. se included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - e 1 - see instructi (d) Contributionsto employee benefit plans and deferred compensation	ons). If no	owances	-0- -0- -0- -nter
MIDWE 5901 DAVIC 5901 MELIS 5901 KATHE 5901 2 (a)	(a) Name and address ST TRUST COMPANY COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- DA SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- SA D MADER-SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- RYN D SCHAEFER COLLEGE BLVD., STE 100, OVERLAND PARK, KS 66211- COMPENSATION OF five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 2 GRANT COMMITTEE 30 GRANT COMMITTEE 2 (other than thos (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) 54,484 -0- 107,040. 24,000. se included on lin NONE	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - e 1 - see instructi (d) Contributionsto employee benefit plans and deferred compensation	ons). If no	one, e	-0- -0- -0- -nter

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
10N	E	NONE NONE
		
	number of others receiving over \$50,000 for professional services	NONE
	IX-A Summary of Direct Charitable Activities	
Or	t the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N	ONE	
2_	<u></u>	
_		
<u>,</u> -		
3 _		
-		
4		
_		
	IX-B Summary of Program-Related Investments (see instructions)	Amount
	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 ONE	Amount
• 17	ONE	
-		
2		
	other program-related investments. See instructions	
31\	O <u>NE</u>	

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign found	dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	15,708,620.
	Average of monthly cash balances		437,686.
	Fair market value of all other assets (see instructions)		NONE
d		1d	16,146,306.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	16,146,306.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	242,195.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	15,904,111.
6	Minimum investment return. Enter 5% of line 5	6	795,206.
Par	To XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part.)	ndations	
1	Minimum investment return from Part X, line 6	1	795,206.
2 a			<u></u>
b]	
С		2c_	5,684.
3	Distributable amount before adjustments. Subtract line 2c from line 1	1	789,522.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4		789,522.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	789,522.
Par	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
•	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		934,698.
	Program-related investments - total from Part IX-B		334,030.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	ID	
_	purposes		NONE
3	•	2	NOINE
_	Suitability test (prior IRS approval required)	-	NONE
	Cash distribution test (attach the required schedule)	3a 3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4		NONE 934,698.
5	· ·	4	
,	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	E 601
e	Enter 1% of Part I, line 27b. See instructions		5,684. 929,014.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		
	qualifies for the section 4940(e) reduction of tax in those years.		whether the loundation

Form **990-PF** (2019)

Part XIII Undistributed Income (see instruct	ions			Page 3
Part XIII Undistributed Income (see instruct		/b)	(0)	(d)
1 Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018	2019
line 7				789,522.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			177,481.	•
b Total for prior years 20,20		NONE	•	1
3 Excess distributions carryover, if any, to 2019:				
a From 2014 NONE	•			, -
b From 2015 NONE				1
c From 2016 NONE				!
d From 2017 NONE				j
e From 2018 NONE				1
f Total of lines 3a through e	NONB			1
4 Qualifying distributions for 2019 from Part XII,				
line 4 ▶ \$ 934,698.				Ì
a Applied to 2018, but not more than line 2a			177,481.	+
b Applied to undistributed income of prior years		*****		İ
(Election required - see instructions)		. NONE		
c Treated as distributions out of corpus (Election	270277			
required - see instructions)	NONE			757 017
d Applied to 2019 distributable amount	MONTE			757,217.
e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2019	NONE			<u> </u>
(If an amount appears in column (d), the same amount must be shown in column (a).)	NONE			NONE
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	NONE			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		NONE		1
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)		NONE		4
tax has been previously assessed		NONE		j 1
d Subtract line 6c from line 6b. Taxable		NONE		
e Undistributed income for 2018. Subtract line		NONE		
4a from line 2a. Taxable amount - see	,			
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2020				32,305.
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				i
required - see instructions}	NONE			1
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	NONB			
9 Excess distributions carryover to 2020.				J
Subtract lines 7 and 8 from line 6a	NONE			
10 Analysis of line 9				
a Excess from 2015 NONE	-			
b Excess from 2016 NONE				
c Excess from 2017 NONE				
d Excess from 2018 NONE				
e Excess from 2019 NONE				

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Pai	t XIV Private Ope	erating Foundations	s (see instructions	and Part VII-A, questi	ion 9)	NOT APPLICABL				
1 a	If the foundation has	received a ruling or d	etermination letter th	at it is a private oper	ating					
	foundation, and the ruling is effective for 2019, enter the date of the ruling									
b	Check box to indicate v	whether the foundation	is a private operating	foundation described in	n section 4942(j)(3) or 4942(j)(5)				
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	_	(e) Total				
	justed net income from Part	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total				
	I or the minimum investment									
	return from Part X for each year listed									
h	85% of line 2a	1								
С	Qualifying distributions from Part XII, line 4, for each year listed .									
d	Amounts included in line 2c not				 -					
	used directly for active conduct									
_	of exempt activities									
е	Qualifying distributions made directly for active conduct of									
	exempt activities Subtract line									
3	2d from line 2c Complete 3a, b, or c for the									
•	alternative test relied upon · ·									
а	"Assets" alternative test - enter									
	(1) Value of all assets				-					
	(2) Value of assets qualifying under section									
	4942(j)(3)(B)(i)									
D	"Endowment" alternative test- enter 2/3 of minimum invest-									
	ment return shown in Part X,									
	line 6 for each year listed									
C	"Support" alternative test - enter									
	(1) Total support other than gross investment income									
	(interest, dividends, rents,					•				
	payments on securities loans (section 512(a)(5)),									
	or royalties)		<u> </u>							
	(2) Support from general public and 5 or more									
	exempt organizations as provided in section 4942									
	(j)(3)(B)(m)				1					
	(3) Largest amount of sup- port from an exempt									
	organization	· 				-				
D.	(4) Gross investment income	tom Information I	Complete this per	t only if the found:	ation had \$5 000	or more in assets at				
Рa		uring the year - see		t only if the lound	ation nau \$5,000 t	Ji ilivie ili assets at				
1	Information Regarding									
a	List any managers of			ore than 2% of the tot	al contributions recei	ved by the foundation				
	before the close of any	tax year (but only if the	ney have contributed	more than \$5,000). (S	See section 507(d)(2).)	·				
	NONE									
b	List any managers of	the foundation who	own 10% or more	of the stock of a corr	poration (or an equal	ly large portion of the				
_				on has a 10% or greate		, .				
	NONE									
	NONE									
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholars	hip, etc., Programs:						
	Check here ▶ If t	the foundation only	makes contributions	s to preselected char	ritable organizations	and does not accept				
	unsolicited requests f	or funds. If the found	ation makes gifts, g	rants, etc., to individu	als or organizations u	inder other conditions,				
	complete items 2a, b,	c, and d. See instruction	ons.							
a	The name, address, an	d telephone number o	or email address of th	e person to whom app	lications should be ad	dressed.				
	SEE STATEMENT									
b	The form in which app		bmitted and informat	tion and materials they	should include:					
	SEE ATTACHED S'	TATEMENT FOR L	INE 2							
C	Any submission deadli	nes:								
	SEE ATTACHED S'	TATEMENT FOR L	INE 2							
	Any socialists 1	mortations on acceptance	nuch on his acc-	ranhical areas shows	able fields kinds of	inclitutions or other				
d	Any restrictions or I factors.	imitations on awards	, such as by geog	papriicai areas, charit	avie lielus, Kiñus Of	msutudons, or other				

Form **990-PF** (2019)

SEE ATTACHED STATEMENT FOR LINE 2

Form 990-PF (2019) • Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual show any relationship to any foundation manager or substantial contributor Foundation status of recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year SEE STATEMENT 22 757,541. 757,541. **b** Approved for future payment

Form 990-PF (2019)

Total

Part XVI-	Analysis of Income-Produ	ucing Acti	vities			
Enter gross a	amounts unless otherwise indicated.	Unrela (a)	ted business income	Excluded by	section 512, 513, or 514 (d)	(e) Related or exempt
1 Program	service revenue	Business code	Amount	Exclusion code	Amount	function income (See instructions.)
a						
b		<u> </u>		 -		
						
						
f	and contracts from accomment accoming					
•	and contracts from government agencies					
	ship dues and assessments					
	n savings and temporary cash investments. Is and interest from securities	_		14	420,183.	
	al income or (loss) from real estate:					
	financed property					
	lebt-financed property					
	I income or (loss) from personal property					
7 Other inv	vestment income					
8 Gain or (lo	oss) from sales of assets other than inventory			18	256,952.	
9 Net incor	me or (loss) from special events · · ·					
10 Gross pro	ofit or (loss) from sales of inventory					
11 Other rev				1 1	147	
•	AVELERS PROPERTY			1	147.	
						
						
e	Add columns (b), (d), and (e)			-	677,282.	
	dd line 12, columns (b), (d), and (e)				-	677,282.
	eet in line 13 instructions to verify calci					
Part XVI-	Relationship of Activities	to the A	ccomplishment of	Exempt Pur	poses	
Line No. ▼	Explain below how each activit accomplishment of the foundation					
						·
						
			<u>. </u>			
			NOT ADDITION			_
			NOT APPLICAB	ևը	<u> </u>	
						
					. <u>.</u>	
						
					<u></u>	
					-	
· <u> </u>						
<u> </u>			· · · · · · ·			060.77

Part XVIII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exemotoganizations	, Form 990	D-PF (2019)				20-6728720		Pa	age 13
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 nonchantable exempt organization of: (1) Cash	Part X			sfers to and T	ransactions and		th Noncharita		
(2) Other assets . 1a(1)	in	section 501(c) (other						Yes	No
b Other transactions: (1) Sales of assets to a noncharitable exempt organization. (2) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations. (7) Sharing of facilities, equipment, mailing lists, other assets, or paid employees. (8) Performance of services or membership or fundraising solicitations. (9) Line no related to a service organization or sharing arrangements and use in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services given by the reporting foundation. If the foundation directly affiliated with, or related to, one or more tax-exempt organizations, and sharing arrangements of the second or sharing arrangements. (a) Line no relation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations, and sharing arrangements. (b) Amount involved (c) Name of noncharitable exampt organization (d) Description of transfers, transactions, and sharing arrangements of the value of the goods, other assets, or services given by the reporting foundation. If the foundation directly affiliated with, or related to, one or more tax-exempt organizations. (d) Description of transfers, transactions, and sharing arrangements of the value of the goods, other assets, or services received less than fair market programs. (a) Name of organization of organization (b) Type of organization (c) Description of relationship. (a) Name of organization of programs to the best of my knowledge and belief, it is correct, and complete Declaration of programs (other than taxpeyed is based on all information of micro programs has any knowledge. (a) Name of organization of programs (other than taxpeyed is based on all information of micro programs has any knowledge. (b) Type of organization of fine or by knowledge and belief, it is correct, and complete D	(1) Cash							X
2 Purchases of assets from a noncharitable exempt organization.	b O	ther transactions:							X
(4) Reimbursement arrangements								- 1	X
(6) Performance of services or membership or fundraising solicitations		•	•						X
d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair mar value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair mar value in any transaction or sharing arrangement, show in column (d) the value of	(6	6) Performance of servic	es or membershi	p or fundraising so	licitations		11	``	X
value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (e) Name of one of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (e) Name of organization 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?	d If	the answer to any of	the above is "Ye	es," complete the	following schedule.	Column (b) should	always show tl	ne fair i	
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?					olumn (d) the valu	e of the goods, other	assets, or serv	ices rec	ceived.
described in section 501(c) (other than section 501(c)(3)) or in section 527?	(a) Line	no (b) Amount involved	(c) Name of r	noncharitable exempt or	ganization (d) D	escription of transfers, trans	actions, and sharing	arrangem	ents
described in section 501(c) (other than section 501(c)(3)) or in section 527?									
described in section 501(c) (other than section 501(c)(3)) or in section 527?						***************************************			
described in section 501(c) (other than section 501(c)(3)) or in section 527?				· · · · · · · · · · · · · · · · · · ·			•••••		
described in section 501(c) (other than section 501(c)(3)) or in section 527?									
described in section 501(c) (other than section 501(c)(3)) or in section 527?									
described in section 501(c) (other than section 501(c)(3)) or in section 527?									
described in section 501(c) (other than section 501(c)(3)) or in section 527?								··· ·······	
b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under ponsition of porjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign Here Sign Title May the IRS discuss this return that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Title See instructions X Yes		· · · · · · · · · · · · · · · · · · ·					izations] [
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign Here Title May the IRS discuss this return to the preparer shown below the preparer s		"Yes," complete the foll	owing schedule.	F		T	• • • • • • • •		X No
Sign Here Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge PRESIDENT 11/13/2020 PRESIDENT		(a) Name of organiza	tion	(b) Type of	organization	(c) Descr	iption of relationship		
Sign Here Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge PRESIDENT 11/13/2020 PRESIDENT									
Sign Here Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge PRESIDENT 11/13/2020 PRESIDENT		There executes of	when that I have a	upod the roturn and of the	accompanying schedules	and statements, and to the he	et of my knowledge o	and helief	it is this
Here Signature of officer or trustee Date Title See instructions X Yes	Sign			taxpayer) is based on all info	rmation of which preparer h	as any knowledge			
	_	Signature of officer or trusted DAVID B YOST	ee .			21DENI.	-	$\overline{}$	$\overline{}$

401-228-2600 Form **990-PF** (2019)

P00642561

PTIN

Firm's EIN ► 13-5565207

Check

11/13/2020 self-employed

Phone no

Date

02903

Paid

Preparer

Use Only

Print/Type preparer's name

Firm's address

BRADLEY N SPRONG

► KPMG LLP

PROVIDENCE

►ONE FINANCIAL PLAZA, SUITE 2300

RI

EDWARD & KATHRYN MADER FOUNDATION

20-6728720

SECURITIES
FROM
INTEREST
AND
DIVIDENDS AN
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Н
PART
990PF,
FORM

NET INVESTMENT INCOME	402,825.
REVENUE AND EXPENSES PER BOOKS	420,183.
	TOTAL
DESCRIPTION	DIVIDENDS AND INTEREST

FORM 990PF, PART I - OTHER INCOME

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

TRAVELERS PROPERTY 2014 REFUND

7

147.

TOTALS

147.

STATEMENT 2

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	2,563.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	HON
REVENUE AND EXPENSES PER BOOKS	2,563.
	TOTALS
DESCRIPTION	TAX PREP FEE

•

STATEMENT

STATEMENT

EDWARD & KATHRYN MADER FOUNDATION

20-6728720

FEES
PROFESSIONAL
OTHER
ı
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PART
990PF,
FORM

	NET	INVESTMENT	INCOME	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	54,484.	54,484.	
REVENUE	AND	EXPENSES	PER BOOKS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	54,484.	54,484.	
			DESCRIPTION		INVESTMENT MANAGEMENT FEES	TOTALS	

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EDWARD & KATHRYN MADER FOUNDATION

20-6728720

- TAXES
Н
PART
990PF,
FORM

NET INVESTMENT INCOME	 	8,697.	8,697.
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6,586.	10,837.
			TOTALS
DESCRIPTION		FOREIGN TAXES CURRENT ESTIMATES	,

STATEMENT

EXPENSES	
OTHER	
i	11
\vdash	Ш
PART	
990PF,	
FORM	

NT CHARITABLE PURPOSES	2,000. 1,199. 1,168.	 914. ====================================
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	914. 2,000. 1,199. 1,168.	5,281.
DESCRIPTION	ADR FEES GUIDESTAR SUBSCRIPTION WEBSITE AND OFFICE EXPENSES PAYROLL SERVICE FEES	TOTALS

FORM 990PF,	PART III	 OTHER DEC 	REASES IN NET	WORTH OR	FUND BALANCES
========	=======	========	=========	=======	==========

DESCRIPTION	AMOUNT
AMORTIZATION	21,574.
ROC ON VENTAS INC.	60.
ROC ON RLJ LODGING	35.
2018 ROC ON DIGITAL REALTY TRUST	343.
ADJUSTMENT TO BEGINNING BOOK VALUE	1,909.
Т	OTAL 23,921.

FORM 990PF, PART VII-A, LINE 14 - BOOKS ARE IN THE CARE OF

NAME: MIDWEST TRUST COMPANY

ADDRESS: 5901 COLLEGE BLVD., STE 100

OVERLAND PARK, KS 66211-1503

TELEPHONE NUMBER: (913)319-0300

AVERAGE MONTHLY FMV - 990PF, PART X, LINES 1a-1c

MONTH	LINE 1a-FMV SECURITIES	LINE 1b-FMV CASH BALANCES	LINE 1c-FMV OTHER ASSETS
JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER NOVEMBER DECEMBER	13,562,608. 13,870,320. 15,760,635. 16,187,976. 15,532,281. 16,244,893. 16,214,014. 15,978,110. 15,860,013. 16,100,057. 16,430,118. 16,762,417.	480,175. 412,726. 538,168. 517,913. 499,184. 529,688. 609,976. 667,591. 275,042. 256,778. 212,521. 252,465.	
TOTAL	188,503,442.	5,252,227.	=========
AVERAGE FMV	15,708,620.	437,686. =======	=========

EDWARD & KATHRYN MADER FOUNDATION FORM 990PF; PART XV - LINES 2a - 2d

RECIPIENT NAME:

MADER FOUNDATION MARK J DRAKE, VP

ADDRESS:

5901 COLLEGE BLVD, SUITE 100 OVERLAND PARK, KS 66211-1503

RECIPIENT'S PHONE NUMBER: 913-319-0324

FORM, INFORMATION AND MATERIALS:

APPLICATION FORM AND GUIDELINES CAN BE LOCATED ON THE

FOUNDATION'S WEBSITE AT

WWW.MADERFOUNDATION.ORG

SUBMISSION DEADLINES:

MARCH 1 THROUGH MAY 1

RESTRICTIONS OR LIMITATIONS ON AWARDS:

MUST BENEFIT CHILDREN IN THE GREATER KANSAS CITY, MISSOURI REGION IN THE FOLLOWING AREAS: ARTS, EDUCATION, HEALTH AND

WELFARE

RECIPIENT NAME:

CAMP MOJA

C/O CENTRAL MISSION

ADDRESS:

500 W PACIFIC AVE

INDEPENDENCE, MO 64050

RELATIONSHIP:

NONE

PURPOSE OF GRANT: SUMMER CAMP FOR ADULTS WITH DISABILITIES

FOUNDATION STATUS OF RECIPIENT: PC

RECIPIENT NAME:
TURNING POINT - CAMP COURAGE
ATTN: ANNIE SEAL
ADDRESS:
8900 STATE LINE RD, STE 240
LEAWOOD, KS 66206-1936

RELATIONSHIP: NONE

PURPOSE OF GRANT:

MEDICAL

FOUNDATION STATUS OF RECIPIENT:

N/A

AMOUNT OF GRANT PAID 2,200.

RECIPIENT NAME:

CHILDREN'S MERCY HOSPITALS AND CLINICS

ATTN: RESOURCE DEVELOPMENT

ADDRESS:

2401 GILLHAM ROAD

KANSAS CITY, MO 64108

RELATIONSHIP:

NONE.

PURPOSE OF GRANT:

HEALTH

FOUNDATIÓN STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 240,000.

RECIPIENT NAME:

GILDA'S CLUB KANSAS CITY

ADDRESS:

21 W 43RD STREET

KANSAS CITY, MO 64111

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

PROVIDE SUPPLIES FOR EXPRESSIVE ART FOR KIDS

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

MILES OF SMILES INC

ADDRESS:

5416 NE ANTIOCH ROAD

KANSAS CITY, MO 64119

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

ORAL HEALTH CARE TO LOW INCOME KIDS

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:
JDRF

ADDRESS:

215 W. PERSHING ROAD STE 300

KANSAS CITY, MO 64108

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

PROVIDE COOL PACKS TO KIDS W/TYPE 1 DIABETES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 12,000.

RECIPIENT NAME:

REDISCOVER

ADDRESS:

1555 NE RICE ROAD BLDG B

LEES SUMMIT, MO 64086

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

PROVIDE CRITICAL CHILDCARE SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

SHERWOOD AUTISM CENTER

ADDRESS:

8030 WARD PARKWAY PLAZA

KANSAS CITY, MO 64114

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

TO EMPOWER CHILDREN/ADULTS W/AUTISM DISORDER

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

SETON CENTER INC

ADDRESS:

2816 EAST 23RD STREET

KANSAS CITY, MO 64127

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

RESTORE KIDS ORAL HEALTH W/DENTAL SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

SYNERGY SERVICES INC

ADDRESS:

400 E 6TH ST

PARKVILLE, MO 64152

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

PROVIDE YOUTH CENTER ARTS PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:

WILDWOOD OUTDOOR EDUCATION CENTER INC

ADDRESS:

7095 W 399TH STREET

LA CYGNE, KS 66040

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

PROVIDE SUMMER CAMP FOR LOW INCOME KC AREA

FOUNDATION STATUS OF RECIPIENT:

PO

RECIPIENT NAME:

RONALD MCDONALD HOUSE CHARITIES

OF KANSAS CITY

ADDRESS:

2502 CHERRY STREET

KANSAS CITY, MO 64108

RELATIONSHIP:

· NONE

PURPOSE OF GRANT:

REDUCE THE BURDEN OF CHILDHOOD ILLNESS ON FAM

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

KANSAS CITY SYMPHONY

ADDRESS:

1703 WYANDOTTE ST, STE 200

KANSAS CITY, MO 64108

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

PROVIDE YOUTH EDUCATION & COMMUNTIY PRGMS

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

SHARE INC., DBA CAMP MITIOG

ADDRESS:

4901 WEDD ST

MERRIAM, KS 66212

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUMMER CAMP FOR CHILDREN BORN W/SPINA BIFIDA

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

ASSISTANCE LEAGUE OF KANSAS CITY

ADDRESS:

6101 N CHESTNUT

GLADSTONE, MO 64119

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

PROVIDE ACADEMIC ENRICHMENT & LITERACY PRGM

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

CASS COMMUNITY HEALTH FOUNDATION

ADDRESS:

2316 E MEYER BLVD

KANSAS CITY, MO 64132

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

DENTAL CLINIC

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

KANSAS CITY COMMUNITY GARDENS

ADDRESS:

6917 KENSINGTON AVE

KANSAS CITY, MO 64132

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EMPOWER LOW INCOME HOUSEHOLDS TO GROW FOOD

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

BURNS RECOVERED SUPPORT GROUP

ADDRESS:

-- 6220 S LINDBERGH BLVD STE 203-----

ST LOUIS, MO 63123

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

PROVIDE SUMMER CAMP PRG TO YOUTH BURN SURVIVO

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 30,000.

RECIPIENT NAME:

LITERACY KANSAS CITY

ADDRESS:

3036 TROOST AVE

KANSAS CITY, MO 64109

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

TO ADVANCE LITERACY WITHIN KC METRO AREA

FOUNDATION STATUS OF RECIPIENT:

PC

20,000. AMOUNT OF GRANT PAID

RECIPIENT NAME:

LEE'S SUMMIT SOCIAL SERVICES

ADDRESS:

108 SE 4TH ST

LEE'S SUMMIT, MO 64063

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

BACK TO SCHOOL CLOTHES & SUPPLIES

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 30,000.

RECIPIENT NAME:

CORNERSTONES OF CARE

ADDRESS:

300 E 36TH ST

KANSAS CITY, MO 64111

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

PROVIDE PRODUCT/CLOTHES TO KIDS IN TREATMENT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 12,000.

RECIPIENT NAME:

KANSAS CITY AUTISM TRAINING CTR

ADDRESS:

10842 MCGEE ST

KANSAS CITY, MO 64114

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

HELPING AUTISM W/TREATMENT EDUCATION/TRAINING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 3,000.

RECIPIENT NAME:

KANSAS CITY YOUNG AUDIENCES INC

ADDRESS:

3732 MAIN ST

KANSAS CITY, MO 64111

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

ARTS/EDUCATION TO LOW INCOME YOUTH

FOUNDATION STATUS OF RECIPIENT:

5,863. AMOUNT OF GRANT PAID

RECIPIENT NAME:

THE FAMILY CONSERVANCY

ADDRESS:

444 MINNESOTA AVE. #200 KANSAS CITY, KS 66101

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

HIGH SCHOOL GRADUATION ASSISTANCE TO HOMELESS

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

MATTIE RHODES CENTER

ADDRESS:

1740 JEFFERSON ST

KANSAS CITY, MO 64108

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

PURCHASE DISPLAY CASES FOR CULTURAL ARTS CTR

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

WAYSIDE WAIFS INC

ADDRESS:

3901 MARTHA TRUMAN ROAD

KANSAS CITY, MO 64137

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

VIOLENCE PREVENTION PRGM FOR KIDS

FOUNDATION STATUS OF RECIPIENT:

PC

EDWARD & KATHRYN MADER FOUNDATION 20-6728720 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

______ RECIPIENT NAME: BIKEWALKKC ADDRESS: 1106 EAST 30TH STREET STE G KANSAS CITY, MO 64109 RELATIONSHIP: NONE PURPOSE OF GRANT: NEW BICYCLE FLEET FOR LOCAL SPOKES YOUTH EDUC FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 25,000. RECIPIENT NAME: KIDS TLC INC ADDRESS: 480 S ROGERS ROAD OLATHE, KS 66062 RELATIONSHIP: NONE PURPOSE OF GRANT: AUTISM SERVICES EDUCATION PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 15,000. RECIPIENT NAME: SUNFLOWER HOUSE ADDRESS: 15440 W 65TH STREET SHAWNEE, KS 66217 RELATIONSHIP:

AMOUNT OF GRANT PAID

NONE

PURPOSE OF GRANT:

CHILD ABUSE AWARENESS/PREVENTION EDUC T

FOUNDATION STATUS OF RECIPIENT:

5,600.

RECIPIENT NAME:

HEARTLAND CHAMBER MUSIC LTD

ADDRESS:

1600 GENESSE ST STE 824

KANSAS CITY, MO 64102

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GIFT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 3,392.

RECIPIENT NAME:

FRANKIE'S FRIENDS INC

ADDRESS:

2950 BUSCH LAKE BLVD

TAMPA, FL 33614-1859

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

ANIMAL WELFARE

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 25,000.

RECIPIENT NAME:

PHOENIX FAMILY

ADDRESS:

3908 WASHINGTON ST

KANSAS CITY, MO 64111

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

PROGRAM FOR CHILDRENS LITERACY

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 9,039.

EDWARD & KATHRYN MADER FOUNDATION 20-6728720 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: SAVING KIDSIGHT ADDRESS: 10560 N AMBASSADOR DR STE 210 KANSAS CITY, MO 64153 RELATIONSHIP: NONE PURPOSE OF GRANT: PROMOTE HEALTHY EYESIGHT IN CHILDREN FOUNDATION STATUS OF RECIPIENT: PC 15,000. AMOUNT OF GRANT PAID RECIPIENT NAME: POLICE ATHLETIC LEAGUE OF KICKS ADDRESS: 800 N 5TH STREET KANSAS CITY, KS 66101 RELATIONSHIP: NONE PURPOSE OF GRANT: YOUTH PRGM IN ARTS, ATHLETICS & MENTORS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 20,000. RECIPIENT NAME: LINUS PROJECT ADDRESS: 7313 E 158TH STREET BELTON, MO 64012 **RELATIONSHIP:**

NONE

PURPOSE OF GRANT:

COMFORT CHILDREN IN NEED W/BLANKETS & AFGHANS

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 30,000.

TOTAL GRANTS PAID:

757,541.

STATEMENT