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Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public. 201

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

OMB No 1545-0047 2019

Open to Public Inspection

For	calen	dar year 2019 or tax year beginning	_ ,	2019, and	ending		, 20
Nam	e of four	ndation			A Employ	er identification number	er
Tim	es of F	Refreshing Inc				37-1872386	
Num	ber and	street (or P O box number if mail is not delivered to street address)		Room/suite	B Telepho	ne number (see instruct	ions)
310	1 N Plu	ım		303		620-200-3000)
City	or town,	state or province, country, and ZIP or foreign postal code			C If exemp	ition application is pend	ing, check here▶
Hut	chinso	n, KS 67502			'	.,	J
G	Check	all that apply: Initial return Initial return Initial return	of a former p	ublic charit	D 1. Foreig	ın organizations, check	here ▶ 🗌
		☐ Final return ☐ Amended r	return		2 Farais	n arganizations mostin	
		☐ Address change ☐ Name char	nge	A 1		in organizations meeting here and attach compl	
Н	Check	type of organization: Section 501(c)(3) exempt p	rıvate founda	tion (E If private	foundation status was	
	Sectio	n 4947(a)(1) nonexempt charitable trust Other tax	able private f	oundation	section 5	507(b)(1)(A), check here	▶□
I	Fair m	narket value of all assets at J Accounting method			F If the fou	ındatıon ıs ın a 60-mont	h termination
		f year (from Part II, col. (c),			under se	ection 507(b)(1)(B), chec	k here ▶ □
	line 16	5) ► \$ 33,171 (Part I, column (d), must be	e on cash basis	5)			
Pa	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue a	nd (C)			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	éxpenses pe		et investment income	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))	DOOKS				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
_	2	Check ► ☐ if the foundation is not required to attach Sch. B					l l
2	3	Interest on savings and temporary cash investments					1
λ	4	Dividends and interest from securities					1
	5a	Gross rents					
	b	Net rental income or (loss)					
e	6a	Net gain or (loss) from sale of assets not on line 10	-				
Ē	b	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)					
α	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances 714765					
	b	Less: Cost of goods sold 664456					
	C	Gross profit or (loss) (attach schedule)	50	0309			
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	50	0309	0	0	
S	13	Compensation of officers, directors, trustees, etc.					
penses	14	Other employee salaries and wages			-	-	•
e E	15	Pension plans, employee benefits					
Ä	16a	Legal fees (attach schedule)		1010			
	b	Accounting fees (attach schedule)		1010			
Operating and Administrative	17 C	Other professional fees (attach schedule)	-				
šť	17 18	Taxes (attach schedule) (see metructions).					
Ë	19	Depreciation (attach schadule) and depletion					
E	20	Depreciation (attach schedule) and depletion. Occupancy					
¥	21	Travel, conferences, and meetings					
nd	22	Printing and publications OGDEN, UT		1331			
ā	23	Other expenses (attach schedule)		7075		-	
ij	24	Total operating and administrative expenses.			-		<u> </u>
rat	- '	Add lines 13 through 23		9416			
be	25	Contributions, gifts, grants paid		1403			11403
0	26	Total expenses and disbursements. Add lines 24 and 25		0819	0	0	20819
_	27	Subtract line 26 from line 12:					1
	a	Excess of revenue over expenses and disbursements	21	9490			ė
	b	Net investment income (if negative, enter -0-)			0		1
	I -	Adjusted not income (if pagetive, enter -0-)				 	

Pa	Part II Balance Sheets Attached schedules and amounts in the description colu	Beginning of year	End o	f year	
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash-non-interest-bearing	1598	33171	33171
	2	Savings and temporary cash investments			
	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 schedulo)		•	
		Less: allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
ğ	10a	Investments—U S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	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 l)	- 1598	33171	33171
	17	Accounts payable and accrued expenses		2083	
'n	18	Grants payable			
<u>ë</u>	19	Deferred revenue	-		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ä	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ▶)			1
	23	Total liabilities (add lines 17 through 22)	0	2083	i
S		Foundations that follow FASB ASC 958, check here			-
Balances		and complete lines 24, 25, 29, and 30.			
<u>a</u>	24	Net assets without donor restrictions			ļ
Ва	25	Net assets with donor restrictions			
		Foundations that do not follow FASB ASC 958, check here ▶ □			
֚֚֚֚֚֡֡֝֡֡֡֡֡֝֡֝֡		and complete lines 26 through 30.			
Net Assets or Fund	26	Capital stock, trust principal, or current funds			y- 6 ,
S	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
šėt	28	Retained earnings, accumulated income, endowment, or other funds		31088	
Si	29	Total net assets or fund balances (see instructions)	1598	31088	
¥/	30	Total liabilities and net assets/fund balances (see			
ž		ınstructions)	1598	33171	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	<u> </u>		
		Il net assets or fund balances at beginning of year-Part II, colu	mn (a), line 29 (mus	t agree with	
•		of-year figure reported on prior year's return)			1598
2		er amount from Part I, line 27a			29490
3		er increases not included in line 2 (itemize)			
4	Add	lines 1, 2, and 3		4	31088
6	Tota	reases not included in line 2 (itemize)	Part II. column (h) lin	ne 29 6	31088

Part	IV Capital Gains ar	nd Losses for Tax on Investm	nent Income				
		kind(s) of property sold (for example, real e		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
 1a	N/A		• • •	D Bondion			
b							
С							
d							
ее				<u></u>			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))		
a							
b		-					
С	<u> </u>						
d	· · · · · · · · · · · · · · · · · · ·						
е	Camalata anlutas anata al		b	10/01/00			
	Complete only for assets sr	nowing gain in column (h) and owned				I (h) gain minus	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i)		t less than -0-) or from col (h))	
a							
b							
<u>с</u> d							
<u>u</u>							
		(If gain	also enter in Pa	art Lline 7			
2	Capital gain net income	or (net capital loss) { If (loss)	, enter -0- in Pa	art I, line 7	2		
3		ain or (loss) as defined in sections rt I, line 8, column (c). See instru	ictions. If (loss		3		
Part		der Section 4940(e) for Redu		Vet Investment			
		private foundations subject to the	_				
		·	0001.011 10 10(0)	tax on not invoc			
If sect	tion 4940(d)(2) applies, lea	ive this part blank.					
		e section 4942 tax on the distribution qualify under section 4940(e). Do			base period?	☐ Yes ☐ No	
1		nount in each column for each ye			akıng any entries.		
	(a) Base period years	(b)		(c)		(d) tribution ratio	
Cale	endar year (or tax year beginning	سميف بماسفمان أستراك أعرامه بماسي أعرام المستوان والمراكز	s Net value o	of noncharitable-use a		divided by col (c))	
	2018		N/A				
	2017						
	2016						
	2015						
	2014				·		
_							
2	Total of line 1, column (c	•			. 2		
3		o for the 5-year base period—div foundation has been in existence			3 3		
4	Enter the net value of no	ncharitable-use assets for 2019 f	rom Part X, line	5	. 4	<u></u>	
5	Multiply line 4 by line 3				. 5		
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		. 6		
7	Add lines 5 and 6				. 7		
8		ions from Part XII, line 4			. 8		
	If line 8 is equal to or green	eater than line 7, check the box in	n Part VI, line 11	b, and complete	that part using a 1	% tax rate. See the	

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – se	e in	stru	ictio	ns)	-
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.)					Ī
	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 ▶ ☐ and enter 1% of Part I, line 27b					Ī
С	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-)					
3	Add lines 1 and 2	_				-
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)					-
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0					-
6	Credits/Payments.					Ī
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a					
b	Exempt foreign organizations—tax withheld at source					
С	Tax paid with application for extension of time to file (Form 8868) 6c					
d	Backup withholding erroneously withheld]
7	Total credits and payments. Add lines 6a through 6d					_
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	\perp				_
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 • 10)				_
11	Enter the amount of line 10 to be. Credited to 2020 estimated tax ▶ Refunded ▶ 11					_
Part	VII-A Statements Regarding Activities					_
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?		1a	Yes	No V	-
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		1b		,	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materia					Ī
_	published or distributed by the foundation in connection with the activities.				- <u>-</u>	1
C	Did the foundation file Form 1120-POL for this year?	⊢	1c		<u> </u>	7
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.					l
е	(1) On the foundation. ► \$ (2) On foundation managers. ► \$ 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? If "Yes," attach a detailed description of the activities.	-	2		~	Ī
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article	es				l
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .		3		~	_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		~	_
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?		5		~	7
_	If "Yes," attach the statement required by General Instruction T.					l
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or					l
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	at 📙				
	conflict with the state law remain in the governing instrument?	L	6		~	_
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 X	깏└	7	~	<u> </u>	-
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶					l
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? If "No," attach explanation	al 📙	8b		~]
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) of 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes complete Part XIV		9			ا,
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the	- 1	10		v	-

Par	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		v
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		,
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	١	
	Website address ► N/A			
14		0-200-	3000	
	Located at ► 106 W 1st Ave, Hutchinson, KS ZIP+4 ►	6750	1	
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 ▶ 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? Yes Volume No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes . No			
	 (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes ✓ 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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b		
	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		
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)):			
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?			
b	If "Yes," list the years ▶ 20 , 20 , 20 , 20, 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
D	(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	_	
С	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			
3а	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
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 Form 4720, Schedule C, 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		~
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		~

Part	VII-B Statements Regarding Activitie	s for V	/hich Form	4720	May Be R	equire	ed (contii	nued)			
5a	During the year, did the foundation pay or incur	any am	ount to.		•					Yes	No
	(1) Carry on propaganda, or otherwise attempt	-		on (sect	ion 4945(e)))? .	☐ Yes	✓ No			
	(2) Influence the outcome of any specific publ						_				
	directly or indirectly, any voter registration of						☐ Yes	☑ No			
	(3) Provide a grant to an individual for travel, st	udy, or	other similar i	ourpose	es?		Yes	☑ No			
	(4) Provide a grant to an organization other that	•		•					i l		
	section 4945(d)(4)(A)? See instructions						☐ Yes	☑ No			
	(5) Provide for any purpose other than religious	s, charit	able, scientıf	c, litera	ry, or educ	ational					
	purposes, or for the prevention of cruelty to	childrer	or anımals?				☐Yes	✓ No			
b	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the							scribed			
	in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions								5b		
	Organizations relying on a current notice regard	lıng disa	ister assistan	ce, che	ck here .						
C	If the answer is "Yes" to question 5a(4), does										
	because it maintained expenditure responsibilit	y for the	grant?				☐ Yes	☐ No			
	If "Yes," attach the statement required by Regu										1
6a	Did the foundation, during the year, receive any		•			emiums					1
	on a personal benefit contract?						Yes	✓ No			
b	Did the foundation, during the year, pay premiu	ms, dıre	ctly or indire	ctly, on	a personal	benefi	t contract	? .	6b		
	If "Yes" to 6b, file Form 8870.						_				
_	At any time during the tax year, was the foundation		•								
b	If "Yes," did the foundation receive any proceed							n? .	7b		
8	Is the foundation subject to the section 4960 to										i
D	remuneration or excess parachute payment(s) o										i
Par	Information About Officers, Direct and Contractors	ctors,	rustees, r	ounda	uon wana	agers,	migniy r	alu E	прюу	ees,	
1	List all officers, directors, trustees, and foun	dation r	nanagers ar	d their	compens	ation S	See instri	ıctions			
-		•	e, and average		mpensation		Contribution		(e) Expe	nco acc	ount
	(a) Name and address		rs per week ed to position		ot paid, ter -0-)		yee benefit erred compe			allowan	
Anita (Crane	Presid	•								
101 N.	Plum - Apt 3030, Hutchinson, KS 67502	20			0			0			0
Debbi	e O'Gorman	Treasu	ırer								
22 E. 1	Pebbie O'Gorman		easurei 0		•						0
	2 E. 15th Ave, Hutchinson, KS 67501		rei		0			0			
Elaine		5 Secret									
	15th Ave, Hutchinson, KS 67501	5			0			0			0
	I5th Ave, Hutchinson, KS 67501 Bronke	5								<u> </u>	0
3316 N	15th Ave, Hutchinson, KS 67501 Bronke Normandy Rd, Hutchinson, KS 67502	5 Secret 5	ary		0			0			
	15th Ave, Hutchinson, KS 67501 Bronke Normandy Rd, Hutchinson, KS 67502 Compensation of five highest-paid employe	5 Secret 5	ary	se incl	0	ne 1-	see instr	0	s). If no	one, e	
3316 N	15th Ave, Hutchinson, KS 67501 Bronke Normandy Rd, Hutchinson, KS 67502	5 Secret 5	ary	se incli	0	ne 1—		0 uctions	s). If no	one, e	
3316 N	Sth Ave, Hutchinson, KS 67501 Bronke Normandy Rd, Hutchinson, KS 67502 Compensation of five highest-paid employe "NONE."	Secret 5	er than thos	verage	0 uded on li		(d) Contribu	0 uctions			entei
3316 N	15th Ave, Hutchinson, KS 67501 Bronke Normandy Rd, Hutchinson, KS 67502 Compensation of five highest-paid employe	Secret 5	er than tho	average veek	0		(d) Contribution employee plans and d	uctions utions to benefit	(e) Expe		enter
2	Bronke Normandy Rd, Hutchinson, KS 67501 Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,0	Secret 5	er than those (b) Title, and a hours per v	average veek	0 uded on li		(d) Contribu	uctions utions to benefit	(e) Expe	nse acc	enter
3316 N	Bronke Normandy Rd, Hutchinson, KS 67501 Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,0	Secret 5	er than those (b) Title, and a hours per v	average veek	0 uded on li		(d) Contribution employee plans and d	uctions utions to benefit	(e) Expe	nse acc	enter
2	Bronke Normandy Rd, Hutchinson, KS 67501 Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,0	Secret 5	er than those (b) Title, and a hours per v	average veek	0 uded on li		(d) Contribution employee plans and d	uctions utions to benefit	(e) Expe	nse acc	enter
2	Bronke Normandy Rd, Hutchinson, KS 67501 Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,0	Secret 5	er than those (b) Title, and a hours per v	average veek	0 uded on li		(d) Contribution employee plans and d	uctions utions to benefit	(e) Expe	nse acc	enter
2	Bronke Normandy Rd, Hutchinson, KS 67501 Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,0	Secret 5	er than those (b) Title, and a hours per v	average veek	0 uded on li		(d) Contribution employee plans and d	uctions utions to benefit	(e) Expe	nse acc	enter
2	Bronke Normandy Rd, Hutchinson, KS 67501 Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,0	Secret 5	er than those (b) Title, and a hours per v	average veek	0 uded on li		(d) Contribution employee plans and contributions	uctions utions to benefit	(e) Expe	nse acc	enter
2	Bronke Normandy Rd, Hutchinson, KS 67501 Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,0	Secret 5	er than those (b) Title, and a hours per v	average veek	0 uded on li		(d) Contribution employee plans and contributions	uctions utions to benefit	(e) Expe	nse acc	enter
2	Bronke Normandy Rd, Hutchinson, KS 67501 Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,0	Secret 5	er than those (b) Title, and a hours per v	average veek	0 uded on li		(d) Contribution employee plans and contributions	uctions utions to benefit	(e) Expe	nse acc	enter
2	Bronke Normandy Rd, Hutchinson, KS 67501 Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,0	Secret 5	er than those (b) Title, and a hours per v	average veek	0 uded on li		(d) Contribution employee plans and contributions	uctions utions to benefit	(e) Expe	nse acc	enter
2	Bronke Normandy Rd, Hutchinson, KS 67501 Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,0	Secret 5	er than those (b) Title, and a hours per v	average veek	0 uded on li		(d) Contribution employee plans and contributions	uctions utions to benefit	(e) Expe	nse acc	enter

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly F and Contractors (continued)	Paid Employees,
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter	er "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	1
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 ni organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 Womens Group - weekly meetings, serving average of 30 women per week	4906
A The February Delivery and the second secon	
2 The Father's House - religious programs	
	4400
3 Hutchinson Area Equality Coalition - works with local nonprofits, estimate 10 nonprofits served	
	2295
4 Serving local individuals with various personal needs including rent, utility and food assistance	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	•

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions.)	gn found	lations,
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	
b	Average of monthly cash balances	1b	28,400
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	28,400
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	
3	Subtract line 2 from line 1d	3	28400
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	ınstructions)	4	426
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	27974
6	Minimum investment return. Enter 5% of line 5	6	1399
Part		oundatio	ns
1	Minimum investment return from Part X, line 6	1	1399
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.) 2b 0		
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1399
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	1399
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	1399
Part	XII Qualifying Distributions (see instructions)	<u> </u>	-
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	20819
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	20819
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	20819
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whethe	r the foundation

art	Vill Undistributed income (see instruction	ns)			
		(a) Corpus	(b) Years pnor to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7				1399
2	Undistributed income, if any, as of the end of 2019.				
a	Enter amount for 2018 only			o	
b	Total for prior years: 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2019:				
а	From 2014				
b	From 2015			İ	
C	From 2016				
d	From 2017				
e f	Total of lines 3a through e		-		
4	Qualifying distributions for 2019 from Part XII,		M.		· · · · · · · · · · · · · · · · · · ·
	line 4: ► \$,		
a	Applied to 2018, but not more than line 2a.			0	
b	Applied to undistributed income of prior years (Election required—see instructions)		o		
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2019 distributable amount				1399
е	Remaining amount distributed out of corpus	0			•
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same				••• =
	amount must be shown in column (a).)	19420			19420
6	Enter the net total of each column as indicated below:			·	
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0		
С	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		o		
А	Subtract line 6c from line 6b. Taxable				
u	amount-see instructions		0		
е	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see				
	instructions			o	
f	Undistributed income for 2019. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2020				0
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)	0			
0	Excess distributions carryover from 2014 not			·	
8	applied on line 5 or line 7 (see instructions).	0			
9	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	19641			
10	Analysis of line 9:	17041	41		
a	Excess from 2015				
b	Excess from 2016				
С	Excess from 2017				
d	Excess from 2018			į	
е	Excess from 2019 19420		I	1	

Form 99	00-PF (2019)					Page 10
Part	XIV Private Operating Founda	tions (see ınstru	uctions and Part	VII-A, question 9	9)	
1a	If the foundation has received a ruling foundation, and the ruling is effective fo	g or determination	letter that it is a			N/A
b	Check box to indicate whether the four		*	tion described in s		
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
b	85% of line 2a					
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 2d from line 2c		X			
3	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)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
С	"Support" alternative test fenter:					
	(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 .				<u> </u>	
Part	XV Supplementary Information	on (Complete ti	his part only if t	he foundation h	nad \$5,000 or n	nore in ass ēt s at
	any time during the year-		ns.)			
1 a	Information Regarding Foundation List any managers of the foundation before the close of any tax year (but of	who have contrib				
None						
b	List any managers of the foundation ownership of a partnership or other e					large portion of the
None						
2	Information Regarding Contribution	n, Grant, Gift, Loa	an, Scholarship, e	etc., Programs:		
	Check here ▶ ☐ if the foundation unsolicited requests for funds. If the f	oundation makes	•		-	
	complete items 2a, b, c, and d. See in	HA .	 			
	The name, address, and telephone no of Refreshing Inc, Attn: Anita Crane, 310		· · · · · · · · · · · · · · · · · · ·		ations should be a	addressed:
b	The form in which applications should	d be submitted an	d information and	materials they sho	ould include:	
c	Any submission deadlines:					
d	Any restrictions or limitations on av	wards, such as b	y geographical a	reas, charitable fi	elds, kinds of in	stitutions, or other

Limited to charities in Reno County Kansas

Part XV

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or Amount status of any foundation manager or substantial contributor contribution Name and address (home or business) recipient Paid during the year 4,400 **Religious Programs** The Father's House, 1505 E 20th, Hutchinson, KS 67502 **Hutchinson Area Equality Coalition Educational Programs** 2295 Hutchinson, KS **Holy Cross Conference of SVDP Inc** Services to those in need 200 PO Box 1074, Hutchisnon, KS 67504 Christian Soup Ministry, Inc. 300 Serve meals to those in need 301 E 3rd Ave, Hutchinson, KS 67501 7195 За Approved for future payment 3b Total

Pa	rt X	VI-A Analysis of Income-Producing Ac	tivities		_		
		oss amounts unless otherwise indicated.		isiness income	Excluded by sect	ion 512, 513, or 514	(e)
4	Dro	gram service revenue.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
•	a	Exempt Bingo Revenue					50309
	b	Exempt bings revenue					
	c				-		
	d						
	e						
	f						
	g	Fees and contracts from government agencies					
2	_	mbership dues and assessments					
3		erest on savings and temporary cash investments					
4		idends and interest from securities					· ·· - · · · ·
5		t rental income or (loss) from real estate:		f		1 .	· -
		Debt-financed property					
		Not debt-financed property					
6		rental income or (loss) from personal property					
7		ner investment income					
8		n or (loss) from sales of assets other than inventory					
9		t income or (loss) from special events					•
10		oss profit or (loss) from sales of inventory .					
11	Oth	ner revenue: a					
	b						
	C						
	d						
		·					
	е						
12	-	ototal. Add columns (b), (d), and (e)					
13	Sul To 1	ototal. Add columns (b), (d), and (e)				13	50309
13 (See	Sul To t wor	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation	 ıs.)			13	50309
13 (See Pa	Sul Tot wor	kal. Add line 12, columns (b), (d), and (e)	 is.) iccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Sul To t wor	kal. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 is.) iccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Sul Tot wor rt X	kal. Add line 12, columns (b), (d), and (e)	 is.) iccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Sul Tot wor rt X	kal. Add line 12, columns (b), (d), and (e)	 is.) iccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Sul Tot wor rt X	kal. Add line 12, columns (b), (d), and (e)	 is.) iccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Sul Tot wor rt X	kal. Add line 12, columns (b), (d), and (e)	 is.) iccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Sul Tot wor rt X	kal. Add line 12, columns (b), (d), and (e)	 is.) iccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Sul Tot wor rt X	kal. Add line 12, columns (b), (d), and (e)	 is.) iccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Sul Tot wor rt X	kal. Add line 12, columns (b), (d), and (e)	 is.) iccomplishm	ent of Exemp	t Purposes		
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13 (See Pa	Sul Tot wor rt X	kal. Add line 12, columns (b), (d), and (e)	 is.) iccomplishm	ent of Exemp	t Purposes		
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13 (See Pa	Sul Tot wor rt X	kal. Add line 12, columns (b), (d), and (e)	 is.) iccomplishm	ent of Exemp	t Purposes		

		Organizati	ons										
1	in s	section 501(c) (c anizations?	directly or indirectly other than section	501(c)(3)	organization	s) or in	section	527, rela				Yes	No
а			porting foundation to		·	_						 	
	(1)	Cash									1a(1)		
	(2)	Other assets .									1a(2)		
b	Oth	er transactions											
	(1) 3	Sales of assets to	a noncharitable exe	mpt orga	nization .						1b(1)		
			ets from a noncharita								1b(2)		
			, equipment, or othe								1b(3)		
			rrangements								1b(4)		
			arantees								1b(5)		
		-	ervices or membersh								1b(6)		
_				-	_								
C		-	equipment, mailing lis								1c		
d			of the above is "Yes										
			other assets, or servi										
			on or sharing arrang										
(a) Line	e no	(b) Amount involved	(c) Name of nonch	naritable exe	mpt organization	(c) Descriptio	n of transfer	s, transactio	ns, and sh	aring arra	angeme	nts
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						_							
2a	des	cribed in section (l rectly or indirectly a 501(c) (other than se e following schedule	ction 501							☐ Ye	s 🗆	No
b	II Y	`			#\ T /	 			10				
		(a) Name of organ	iization		(b) Type of organ	zation		(c) Description	mi or relation	nsnip		
					<u> </u>								
			I declare that I have examine							my knowle	dge and b	oelief, it	is true
Sign	Con	ect, and complete the	laration of preparer (other the		o paseu on all intor	madon of Wh	ion preparer	iias aliy KilOW			IRS discu		
Here	₽×	Muda	(save		x6-49-12	Preside	ent			with the p	oreparer suctions		
		risture of officer or tru	stee		Date	Title				See mstru	iotionis [7140
Paid	•	Print/Type preparer	r's name	Preparer's	s signature	-	D	ate	Cher	k 🗀 ıf	PTIN		
	ara-	Stefanie Sanbon	n-Miller CPA	Steam	in South	- Mu	ムー	6-28-20		employed	P01	05394	6
Prep	arer		The Accountant Inc	- U		•			Firm's FIN		20-483		-

Firm's address ► 710 Rolling Dunes, Hutchinson, KS 67502

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

620-727-3775

Phone no