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2019

Form 990-PF

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

or	caler	ndar year 2019, or tax year beginning 01-01-20	19 , ar	nd ending 12-31-	2019	
		ındation		A Employer id	entification number	•
BR	OWN M	EMORIAL FOUNDATION		48-0573809		
		I street (or P.O. box number if mail is not delivered to street address) ICKEYE AVE NO A	Room/suite	B Telephone nu	mber (see instruction	is)
C:L		about an annuity of the state o		(785) 263-2351		
		i, state or province, country, and ZIP or foreign postal code S 674102532		C If exemption	application is pending	g, check here
G Cł	neck al	I that apply: \Box Initial return \Box Initial return of a f	ormer public charity	D 1. Foreign or	ganizations, check he	re
		\square Final return \square Amended return			ganizations meeting t	
		\square Address change \square Name change		test, chec	k here and attach cor	mputation 🕨 🔼
1 Ch	neck ty	pe of organization: $lacksquare$ Section 501(c)(3) exempt private f	oundation		ındation status was te n 507(b)(1)(A), check	
	Section	1 4947(a)(1) nonexempt charitable trust	private foundation			
of '	year (f	xet value of all assets at end from Part II, col. (c), \$\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Cash Accrua		ation is in a 60-month n 507(b)(1)(B), check	
Pa	rt I	Analysis of Revenue and Expenses (The total				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach				
		schedule)	200			
	2	Check ► ✓ if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	37	37	37	
	4	Dividends and interest from securities	832,443	832,443	832,443	
	5a	Gross rents	35,820	35,820	35,820	
	ь	Net rental income or (loss)15,043				
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	1,834,479			
Revenue	b	Gross sales price for all assets on line 6a				
\aleph e	7	Capital gain net income (from Part IV, line 2)		1,834,479		
	8	Net short-term capital gain			48,924	
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	C	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	221,784	0	221,784	
	12	Total. Add lines 1 through 11	2,924,763	2,702,779	1,139,008	
	13	Compensation of officers, directors, trustees, etc.	72,926	14,585	14,585	58,341
	14	Other employee salaries and wages				
es	15	Pension plans, employee benefits	2,506	501	501	2,005
en s	16a	Legal fees (attach schedule)	% 685	137	137	548
×	b	Accounting fees (attach schedule)	9 16,585	3,317	3,317	13,268
e L	C	Other professional fees (attach schedule)				
⋛	17	Interest				
Stre	18	Taxes (attach schedule) (see instructions)	9 38,028	6,511	6,511	5,270
Operating and Administrative Expenses	19	Depreciation (attach schedule) and depletion	9 5,652	5,652	5,652	
Ę	20	Occupancy	14,966	11,972	11,972	2,994
υ Ο	21	Travel, conferences, and meetings	2,583	517	517	2,066
a	22	Printing and publications				
<u>5</u>	23	Other expenses (attach schedule)	702,897	5,559	225,051	465,655
ra Ta	24	Total operating and administrative expenses.				
ğ	_	Add lines 13 through 23	856,828	48,751	268,243	550,147
ر	25	Contributions, gifts, grants paid	23,805			23,805
	26	Total expenses and disbursements. Add lines 24 and 25	880,633	48,751	268,243	573,952
	27	Subtract line 26 from line 12:				
	a	Excess of revenue over expenses and	2,044,130			
	b	disbursements Net investment income (if negative, enter -0-)	2,044,130	2,654,028		
	c	Adjusted net income (if negative, enter -0-)		2,00 1,020	870,765	
	<u> </u>	work Poduction Act Notice coe instructions			, -	000 DE (2010

		PF (2019)					Page 2
Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year (a) Book Value	<u> </u>	End of En	f year (c) Fair Market Value
	1	Cash—non-interest-bearing		179,085	_	169,841	169,841
	2	Savings and temporary cash investments		1,185,108		939,619	939,619
	3	Accounts receivable ▶					
		Less: allowance for doubtful accounts ▶					
	4	Pledges receivable ▶					
	-	Less: allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
	-	disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule)	-				
	•	Less: allowance for doubtful accounts ▶					
	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
15.5	10a	Investments—U.S. and state government obligations (attach schedule)		1,315,598	99-1	1,210,420	1,236,541
٦	b	Investments—corporate stock (attach schedule)	-	6,629,824	_	8,446,650	
		· · · · · · · · · · · · · · · · · · ·	\vdash	3,926,501	_	3,852,530	4,388,188
	C	Investments—corporate bonds (attach schedule)	<u> </u>	3,920,301	720	3,632,330	4,366,166
	11	Investments—land, buildings, and equipment: basis 250,10	_	224 707	00.1	220 620	172 705
		Less: accumulated depreciation (attach schedule) ▶ 20,489	<u> </u>	221,797	20	229,620	173,785
	12	Investments—mortgage loans			AS 1		
	13	Investments—other (attach schedule)		0	% j	0	220,397
	14	Land, buildings, and equipment: basis ► 3,543,880			ļ		
		Less: accumulated depreciation (attach schedule) ▶		2,900,167		3,543,880	
	15	Other assets (describe ►)	**	953	9	956	956
	16	Total assets (to be completed by all filers—see the					
		instructions. Also, see page 1, item I)		16,359,033		18,393,516	28,932,432
	17	Accounts payable and accrued expenses					
	18	Grants payable					
jes	19	Deferred revenue					
≝	20	Loans from officers, directors, trustees, and other disqualified persons					
Liabilities	21	Mortgages and other notes payable (attach schedule)					
-	22	Other liabilities (describe)	∞	2,227	6 €	4,300	
	23	Total liabilities(add lines 17 through 22)		2,227		4,300	
Ş		Foundations that follow FASB ASC 958, check here 🕨 🗌					
2		and complete lines 24, 25, 29 and 30.					
直	24	Net assets without donor restrictions					
<u>نة</u>	25	Net assets with donor restrictions					
or Fund Balances		E LUI ULLI LEU FACRACCOTO L.L. D. W.	, <u> </u>				
<u>.</u>		Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.	-				
	26	Capital stock, trust principal, or current funds		6,688,532		6,688,532	
Net Assets	26	Paid-in or capital surplus, or land, bldg., and equipment fund		0,088,332	_	0,088,332	
SS	27	Retained earnings, accumulated income, endowment, or other funds		9,668,274		11,700,684	
بد	28	Total net assets or fund balances (see instructions)	_	16,356,806	-		
ž	29	` ,		16,359,033	-	18,389,216	
	30	Total liabilities and net assets/fund balances (see instructions) .		16,359,033		18,393,516	
	rt IIII		ine ?	0 (much a	المعروس	 	
1		al net assets or fund balances at beginning of year—Part II, column (a), l rear figure reported on prior year's return)	ine 2	must agree with	end.	1 1	16,356,806
2		er amount from Part I, line 27a				2	2,044,130
3		er increases not included in line 2 (itemize)				3	0
4	Add	lines 1, 2, and 3				4	18,400,936
5		reases not included in line 2 (itemize)				5	11,720
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5)—Part II	I, col	umn (b), line 29		6	18,389,216
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` '	e the kind(s) of property sold (e.g., arehouse; or common stock, 200 shs	· ·	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a See Additional Data Tabl	e				
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain d	h) or (loss) or minus (g)
a See Additional Data Tabl	e				
b					
с					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(T)
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) s of col. (i) l. (j), if any	Gains (Col. (col. (k), but not	h) gain minus less than -0-) or om col.(h))
a See Additional Data Tabl			(3))		
b					
c					
d					
e					
	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	. , , , ,	,	3	1,834,479 48,924
Part V Qualification U	Jnder Section 4940(e) for Re	educed Tax on Net	Investment In	come	
	rivate foundations subject to the sec				
If section 4940(d)(2) applies, le	•	ction 4540(a) tax on in	et mvestment meon	ie.)	
If "Yes," the foundation does no	e section 4942 tax on the distributa ot qualify under section 4940(e). Do	not complete this part			es 🔽 No
	nount in each column for each year;	see instructions before	e making any entrie		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharital		(d) Distribution rat (col. (b) divided by c	col. (c))
2018	1,249,075		22,833,656		0.054703
2017	806,180		22,277,516		0.036188
2016	821,273		20,471,621		0.040118
2015	971,846		21,255,427		0.045722
2014	936,896		21,579,128	1	0.043417
2 Total of line 1, column (•		2		0.220148
number of years the four	o for the 5-year base period—divide indation has been in existence if less ncharitable-use assets for 2019 fron	than 5 years	3.0, or by the 3		0.044030 23,417,312
5 Multiply line 4 by line 3			5		1,031,064
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		26,540
7 Add lines 5 and 6			7		1,057,604
8 Enter qualifying distribut	ions from Part XII, line 4 ,		8		1,205,099
If line 8 is equal to or greinstructions.	eater than line 7, check the box in Pa	art VI, line 1b, and con	nplete that part usir		e the Part VI

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Pa	rt VII-B	Statements Regardi	ng	Activities for Which	Form 4720 May Be	Required (continue	ed)				
5a	During the	e year did the foundation pa	ау о	r incur any amount to:						Yes	No
	(1) Carry	on propaganda, or otherwis	se a	ttempt to influence legisl	ation (section 4945(e))?	☐ Yes		No			
	(2) Influe	nce the outcome of any spe	ecific	public election (see sect	tion 4955); or to carry	1es	ت	140			
	on, di	rectly or indirectly, any vote	er re	gistration drive?		· · · · Yes	V	No			
	(3) Provid	de a grant to an individual fo	or tr	avel, study, or other sim	ilar purposes?	✓ Yes	Ħ	No			
	(4) Provid	de a grant to an organization	n ot	her than a charitable, etc	, organization described			140			
	in sec	tion 4945(d)(4)(A)? See ins	struc	tions		· · □ Yes	V	No			
	(5) Provid	de for any purpose other tha	an r	eligious, charitable, scien	tific, literary, or	□ les	ت	140			
	educa	tional purposes, or for the p	prev	ention of cruelty to childr	ren or animals?	· · □ Yes	✓	No			
b	If any ans	wer is "Yes" to 5a(1)-(5), o	did a	iny of the transactions fa	il to qualify under the ex		ت	140			
	Regulation	ns section 53.4945 or in a c	urre	nt notice regarding disas	ter assistance? See instr	uctions			5b		No
	Organizat	ions relying on a current no	tice	regarding disaster assist	ance check here		П	1			
C	If the ans	wer is "Yes" to question 5a((4),	does the foundation clain	n exemption from the			•			
	tax becau	se it maintained expenditur	e re	sponsibility for the grant	?	· · □ Yes	П	No			
	If "Yes," a	ttach the statement require	ed b	y Regulations section 53.	4945-5(d).	□ 1cs		140			
6a	Did the fo	undation, during the year, r	rece	ive any funds, directly or	indirectly, to pay premi	ums on					
	a persona	I benefit contract?				· 🗌 Yes	./	No			
b	Did the fo	undation, during the year, p	pay	premiums, directly or ind	lirectly, on a personal be	nefit contract?		NO	6b		No
	If "Yes" to	6b, file Form 8870.									
7a	At any tim	ne during the tax year, was	the	foundation a party to a p	prohibited tax shelter tra	nsaction?		No			
b	If "Yes", c	lid the foundation receive ar	ny p	roceeds or have any net	income attributable to the			NO	7b		
8	Is the fou	ndation subject to the section	on 4	960 tax on payment(s) o	of more than \$1,000,000	in remuneration or					
	excess pa	rachute payment during the	e ye	ar?		· · 🗌 Yes	~	No			
		Information About Of	ffic	ers. Directors. Trust	tees. Foundation Ma		_	110	vees.		
Pa	rt VIII	and Contractors		,,	,	g,g,			,,		
1	List all of	ficers, directors, trustees	s, fo	undation managers ar	nd their compensation	. See instructions					
		, ,		b) Title, and average	(c) Compensation (If	(d) Contributions t		(0)	Evner	ise acc	ount
	(a) Na	ame and address		hours per week	not paid, enter	employee benefit plans				llowand	
	Additional D	Nata Table		devoted to position	-0-)	deferred compensati	on	+			
<u> </u>	Additional L	vata Table									
								+			
								-			
								-			
		- Li				4 : 7		<u> </u>	W	NONE	71
	Compens	ation of five highest-paid	ı en	ipioyees (other than ti	nose included on line :	-		-	nter	NONE	•
(a)	Name and a	address of each employee p	aid	(b) Title, and average		(d) Contributions t employee benefit			Expen	se acco	nunt
(-)		ore than \$50,000		hours per week devoted to position	(c) Compensation	plans and deferred				owanc	
				devoted to position		compensation					
NON											
Tota	I number o	f other employees paid over	r \$5	0,000		· · · · · •					
								F	m 99	O DE	(201

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	
organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses ————
1 OPERATION AND MAINTENANCE OF BROWN MEMORIAL HOME FOR SENIOR CITIZENS. THE HOME OFFERS ALL	
NECESSARY SERVICES FOR FULL PERMANENT CARE OF AMBULATORY AGED PERSONS WITHOUT RESPECT TO RELIGION, NATIONAL ORIGIN OR RACE. THE HOME CAN ACCOMMODATE SOME 40 RESIDENTS AND GENERALLY ALL	
AVAILABLE RESIDENT ROOMS ARE OCCUPIED. A NOMINAL MONTHLY CHARGE IS MADE TO EACH RESIDENT, WHILE	
THE SUBSTANTIAL AND REMAINDER COST OF OPERATING THE HOME IS BORNE BY THE FOUNDATION IN ITS CHARITABLE CAPACITY.	307,770
2 OPERATION AND MAINTENANCE OF BROWN MEMORIAL PARK CONSISTING OF APPROXIMATELY 200 ACRES. THE	307,770
FACILITIES IN THE PARK, AVAILABLE WITHOUT CHARGE TO CHURCH GROUPS, CIVIC GROUPS AND THE PUBLIC IN	
GENERAL, INCLUDE PERMANENT RESTROOM BUILDINGS, SHELTER HOUSES, PICNIC TABLES, MASONRY OUTDOOR	
FIREPLACES, FRISBEE GOLF COURSE, NATURE TRAIL, EXPANSIVE GRASSY AREAS AND NUMEROUS TREES AND AN EXTENSIVE SYSTEM OF ROADS AND BRIDGES. ONE HOME IS MAINTAINED IN ORDER THAT PERSONNEL OF THE	
FOUNDATION MAY LIVE ON THE PREMISES AS A MEANS OF FACILITATING THEIR WORK. AS THERE IS NO ACCURATE	
METHOD FOR COUNTING PERSONS USING THE BROWN MEMORIAL PARK, IT IS ESTIMATED THAT 5,200 VISITORS USED THE FACILITIES DURING 2019.	108,986
3 MAINTENANCE AND IMPROVEMENTS TO CAMP BROWN AND CAMP MARY DELL, CAMP BROWN IS A BOY SCOUT CAMP	100,900
OPERATED BY THE CORONADO AREA COUNCIL OF THE BOY SCOUTS OF AMERICA. SUBSTANTIAL CONTRIBUTIONS	
ARE MADE TO THE SCOUT CAMP IN A CONTINUING AND ONGOING PROGRAM OF MAINTENANCE AND	
IMPROVEMENTS. THERE WERE 43 SEPARATE PROGRAMS AND 24 WEEKENDS OF USAGE AT THE CAMP FOR CAMPING AND TRAINING PURPOSES. IT IS ESTIMATED THAT OVER 2,675 PARTICIPANTS USED THE CAMP DURING THE	
CURRENT YEAR. CAMP MARY DELL OFFERS A WIDE RANGE OF CAMPING ACTIVITIES FOR GROUPS SUCH AS FAMILY	
GATHERINGS, WEEKEND RETREATS, MEN AND WOMEN'S GROUPS, BIBLE CAMPS, VACATION BIBLE SCHOOLS AND	
GROUP CAMPS. TWENTY EIGHT ORGANIZATIONS AND GROUPS (SOME 441 CAMPERS) MADE USE OF THE CAMP DURING 2019.	34,126
4 THE FOUNDATION CARRIES ON A PROGRAM OF SCHOLARSHIP AID TO DESERVING STUDENTS TO ASSIST SUCH	
STUDENTS IN HIGHER EDUCATIONAL ACHIEVEMENTS. THE SCHOLARSHIPS ARE AWARDED PRIMARILY ON THE	
BASIS OF NEED. OTHER CONSIDERATIONS ARE SCHOLASTIC ABILITY AND ACHIEVEMENT AS DETERMINED BY GRADES, RANK IN CLASS AND TEST SCORES. THE STUDENT MUST BE A FULL-TIME ABILENE HIGH SCHOOL SENIOR	
IN GOOD STANDING, HAVING EVIDENCED GOOD MORAL CHARACTER AND CONFORMITY TO ACCEPTED DRESS,	
APPEARANCE AND SOCIAL CONDUCT. DEMONSTRATIONS OF PROPER MOTIVATION AND CITIZENSHIP ARE FACTORS	
IN THE AWARD. THE STUDENT MUST BE PLANNING TO ENTER AND ATTEND AN ACCREDITED KANSAS COLLEGE/UNIVERSITY OR VOCATIONAL SCHOOL.	12,200
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 CONSTRUCTION OF NEW DUPLEX TO PROVIDE ADDITIONAL HOUSING TO BROWN MEMORIAL HOME	581,048
2 PURCHASE OF MOWER AND DUMP TRUCK FOR GROUND MAINTENANCE	36,773
	- 30,7,5

13,326

631,147

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◀

All other program-related investments. See instructions.

3 🕦

Total. Add lines 1 through 3

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

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

income. Enter 1% of Part I, line 27b. See instructions.

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

Part XII

1

2

3

4

5

b

7

1a

1b

2

3a 3b

4

5

573,952

631,147

1,205,099

1,178,559

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Part XIIII Undistributed Income (see instru	ctions)			
	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only				<u> </u>
b Total for prior years: 20, 20, 20				
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e				
4 Qualifying distributions for 2019 from Part				
XII, line 4: • \$				
a Applied to 2018, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2019 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2019.				
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount —see instructions				
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must				

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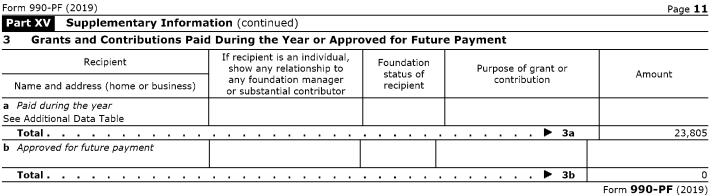
	same amount must be shown in column (a).)		
6	Enter the net total of each column as indicated below:		
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5		
b	Prior years' undistributed income. Subtract line 4b from line 2b		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		
d	Subtract line 6c from line 6b. Taxable amount —see instructions		
е	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions		

be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not applied on line 5 or line $\hat{7}$ (see instructions). . .

9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a . . .

10 Analysis of line 9: a Excess from 2015. **b** Excess from 2016. . c Excess from 2017. . d Excess from 2018. . e Excess from 2019. .

۲	Private Operating Found	ations (see instru	ctions and Part V.	11-A, question 9)					
1a	a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling								
b	Check box to indicate whether the organizati	on is a private opera	ting foundation desc	cribed in section 🗹	4942(j)(3) or	4942(j)(5)			
2a	a Enter the lesser of the adjusted net Tax year Prior 3 years			(e) Total					
	investment return from Part X for each	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(6) 10141			
	year listed	870,765	847,880	810,266	732,516	3,261,427			
b	85% of line 2a	740,150	720,698	688,726	622,639	2,772,213			
	Qualifying distributions from Part XII, line 4 for each year listed	1,205,099	1,265,772	806,180	834,208	4,111,259			
d	Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0			
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	1,205,099	1,265,772	806,180	834,208	4,111,259			
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)					0			
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in	700 577	761 122	742 504	(02.207	2,000,070			
_	Part X, line 6 for each year listed	780,577	761,122	742,584	682,387	2,966,670			
С	"Support" alternative test—enter: (1) Total support other than gross								
	investment income (interest,								
	dividends, rents, payments								
	on securities loans (section					0			
	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)					0			
	(3) Largest amount of support from an exempt organization					0			
	(4) Gross investment income					0			
_	Supplementary Information	(Complete this r	part only if the f	oundation had \$	5.000 or more i				
Pa	assets at any time during the			oundation nad 4	,5,000 or more :	·••			
1	Information Regarding Foundation Mana	agers:	•						
а	List any managers of the foundation who hav					ı			
	before the close of any tax year (but only if List any managers of the foundation who own								
В	ownership of a partnership or other entity) of				rge portion of the				
2	Information Regarding Contribution, Gra								
	Check here ▶ ☑ if the foundation only make unsolicited requests for funds. If the foundation								
	other conditions, complete items 2a, b, c, ar	nd d. See instructions	5						
a	The name, address, and telephone number of	or email address of th	ne person to whom a	applications should b	e addressed:				
b	The form in which applications should be sub	omitted and informati	ion and materials th	ey should include:					
c	Any submission deadlines:								
d	Any restrictions or limitations on awards, suc factors:	ch as by geographica	l areas, charitable fi	ields, kinds of institu	tions, or other				



orm 990 Part X	-PF (2019) /I-A Analysis of Income-Producing	Activities				Page 12
Part X	Analysis of Income-Producing					(e)
Enter gro	ss amounts unless otherwise indicated.	Unrelated bu	(b)	Excluded by sectio	n 512, 513, or 514 (d)	Related or exempt function income
_	ım service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
_	ME AND DUPLEX REVENUE	623000				214,234
	MP MARY DELL RESERVATIONS	721210				5,249
						
	s and contracts from government agencies					
	pership dues and assessments est on savings and temporary cash					
invest	rments			14	37	
	ends and interest from securities			14	832,443	
	ental income or (loss) from real estate:					
	t-financed property debt-financed property			16	15.042	
	ental income or (loss) from personal property			16	15,043	
	investment income					
	or (loss) from sales of assets other than					
inven	• ,			18	1,834,479	
9 Netir	ncome or (loss) from special events:			10	1,054,475	
	s profit or (loss) from sales of inventory					
	revenue:					
a _{FUEL}	TAX REFUND	110000	253			
b <u>PATE</u>	RONAGE DIVIDEND	110000	7			
c MISC	CELLANOUS INCOME		2,041			
d						
е						
	otal. Add columns (b), (d), and (e)		2,301		2,682,002	
	Add line 12, columns (b), (d), and (e).			1	l3	2,903,786
Part X	worksheet in line 13 instructions to verify calcu /I-B Relationship of Activities to the		mant of Evans	at Durances		
Part A	-			-		
Line No ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions.)					
1A	HOME REVENUE IS THE NOMINAL CHARGE I	MADE TO BROWN	MEMORIAL HOME			
1A	RESIDENTS. THE CHARGE COVERS ABOUT 3	30% OF THE OPER	RATING COSTS OF			
1A	THE HOME.					
1B	CAMP RESERVATIONS ARE THE MODEST CH	ARGES MADE TO	ORGANIZATIONS			
1B	AND GROUPS USING CAMP MARY DELL.					
	1					
					Fο	rm 990-PF (2019

Fo	orm 990-PF (2019)		Pa	ge 13
	Information Regarding Transfers To and Transactions and Relationships With Nonchari Exempt Organizations	table		
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a	a Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		No
	(2) Other assets	1a(2)		No
Ł	b Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c	c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No
	d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.	ue		

) Line No.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
+		+	

b If "Yes," complete the following schedule.									
(a) Name of organization	(b) Type of organization	(c) Description of relationship							

of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best which preparer has any knowledge. May the IRS discuss this 2020-05-21 return with the preparer shown below Signature of officer or trustee Title Date

Sign Here Print/Type preparer's name Preparer's Signature Date PTIN Check if self-P00724924 employed ▶ 🔲 AMY STONEBRAKER Paid **Preparer** Firm's name ▶ WOODS & DURHAM CHTD Firm's EIN ▶48-0928496 **Use Only** Firm's address ▶ PO BOX 1516 Phone no. (785) 825-5494 SALINA, KS 674021516

e instr.)	✓ Yes	□ No

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation GE GLOBAL 2001-11-16 2019-03-01 MOBIL 2004-12-31 2019-03-20 HONEYWELL 2004-12-31 2019-03-20 MERCK & CO 2004-12-31 2019-03-20 PFIZER INC 2004-12-31 2019-03-20 US BANKCORP 2004-12-31 2019-03-20 2019-03-20 UNION PACIFIC 2004-12-31 WELLS FARGO 2019-03-20 2004-12-31 QUALCOM 2014-03-12 2019-05-23 2004-12-31 2019-06-05 TIME WARNER 6.95% BOND Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 50,000 52,625 -2,625 200,095 5,219 194,876 300,060 10,272 289,788 200,165 16,171 183,994 300,007 17,304 282,703 150,114 136,641 13,473 400,167 2,139 398,028 100,067 4,624 95,443 86,975 99,990 -13,015 61,862 49.063 12,799 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -2,625 194,876 289,788 183,994 282,703 136,641 398,028 95,443 -13,01512,799

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 2004-12-31 TIME WARNER EXCH ATT 2019-06-06 ANDARKO PETROLEUM 2008-10-06 2019-08-09 MBIA INC 2004-12-31 2019-08-29 OCCIDENTAL PETE 2019-08-09 2019-09-06 KS DEV KS ST PROJ SER MZ BOND 2009-09-24 2019-06-29 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (q) plus expense of sale (h) (e) plus (f) minus (g) (f) 330 330 219,844 8,071 211,773 32,000 32,000 48,924 48,924 100,000 105.180 -5,180 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 330 211,773 0 48,924

-5,180

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred

			compensation	
PAUL MARTIN	TRUSTEE	2,100	0	ı
500 HILLSIDE ABILENE, KS 67410	1.00			

PAUL MARTIN	TRUSTEE	2,100	0	0
500 HILLSIDE ABILENE, KS 67410	1.00			
PHILIP J MULANAX	PRESIDENT, GENERAL	36,935	1,345	0
2020 INDV BOAD	MANAGER			

TIM B SHAFER	TRUSTEE	1,750	0	0
2828 INDY ROAD ABILENE, KS 67410	MANAGER 25.00			
PHILIP J MULANAX	PRESIDENT, GENERAL	36,935	1,345	0
ABILENE, KS 67410				

2,100

8,250

20,041

1,750

0

75

838

0

0

0

1.00

1.00

TRUSTEE

TRUSTEE 1.00

25.00

1.00

TRUSTEE

SECRETARY/TREASURER

1714 NW 10TH ABILENE, KS 67410 ALFRED P JONES

2491 FAIR ROAD ABILENE, KS 67410 BRUCE E HETTENBACH

1602 HICKOK ST ABILENE, KS 67410 JULIE A SPRENKLE

1535 JEEP ROAD ABILENE, KS 67410 MICHAEL L WHITEHAIR

902 N OLIVE ST ABILENE, KS 67410

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
ABILENE AREA FOOD PANTRY 409 NW 3RD ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	950
	l			

ABILENE, KS 67410				
ABILENE CEMETARY ASSOCIATION 513 NW 14TH ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	150
ARTIENE CONVENTION AND VISITORS	NONE	NI/A	CONTRIBUTION	100

513 NW 14TH ABILENE, KS 67410				
ABILENE CONVENTION AND VISITORS BUREAU 201 NW SECOND	NONE	N/A	CONTRIBUTION	100

ABILENE, KS 67410				
ABILENE CONVENTION AND VISITORS BUREAU 201 NW SECOND ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	100

23,805

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
ABILENE HIGH SCHOOL BOOSTER CLUB 906 N KUNEY ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	25
CASA OF THE 8TH JUDICIAL DISTRICT	NONE	N/A	CONTRIBUTION	250

CASA OF THE 8TH JUDICIAL DISTRICT 801 N WASHINGTON STE C JUNCTION CITY KS 66441	NONE	N/A	CONTRIBUTION	250
JUNCTION CITY, KS 66441				
CEDAR HOUSE103 NW 3RD	NONE	NI/A	CONTRIBUTION	1 200

JUNCTION CITY, KS 66441				
CEDAR HOUSE102 NW 3RD	NONE	N/A	CONTRIBUTION	1,200

JUNCTION CITY, KS 66441				
CEDAR HOUSE102 NW 3RD ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	1,200

23,805

■ 3a

CEDAR HOUSE102 NW 3RD	NONE	N/A	CONTRIBUTION	1,2
ARTIENE KS 67410				

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

a Falu during the year				
CHURCH WOMEN UNITED CHRISTMAS AID DEANNA WHITEHAIR 2202 S WASHINGTON ABILENE, KS 67410	NONE	CHURCH	CONTRIBUTION	1,000

ABILENE, KS 67410				
DICKINSON COUNTY 4-H FOUNDATION 712 S BUCKEYE ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	100
DICKINSON COUNTY ECONOMIC	NONE	N/A	CONTRIBUTION	300

ABILENE, KS 67410				
DICKINSON COUNTY ECONOMIC DEVELOPMENT 109 E 1ST STREET SUITE 203 ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	300

ABILENE, KS 67410				
DICKINSON COUNTY ECONOMIC DEVELOPMENT 109 E 1ST STREET SUITE 203 ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	300
Total				23,805

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

DICKINSON COUNTY HEALTH DEPARTMENT 1001 N BRADY ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	50
DICKINGON COUNTY HICTORICAL	NONE	NI/A	CONTRIBUTION	100

ABILENE, KS 67410				
DICKINSON COUNTY HISTORICAL SOCIETY 412 S CAMPBELL ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	100

SOCIETY 412 S CAMPBELL ABILENE, KS 67410	NONE	14/7	CONTRIBUTION	100
GIRL SCOUTS OF KANSAS HEARTLAND 3115 ENTERPRISE DR STE C SALINA, KS 67401	NONE	ASSOCIATION	CONTRIBUTION	100

За

23,805

412 S CAMPBELL ABILENE, KS 67410				
GIRL SCOUTS OF KANSAS HEARTLAND 3115 ENTERPRISE DR STE C	NONE	ASSOCIATION	CONTRIBUTION	10

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
HERITAGE CENTER412 S CAMPBELL ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	250
HOSDICE OF DICKINSON COUNTY	NONE	N/A	CONTRIBUTION	450

ABILLINE, RS 07410				
HOSPICE OF DICKINSON COUNTY 1111 N BRADY ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	450
KANCAC KIDO IN ODICIO	NONE	NI/A	CONTRIBUTION	200

1111 N BRADY ABILENE, KS 67410				
KANSAS KIDS IN CRISIS 1109 N SPRUCE WAY	NONE	N/A	CONTRIBUTION	200

ABILENE, KS 67410				
KANSAS KIDS IN CRISIS 1109 N SPRUCE WAY ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	200

KANSAS KIDS IN CRISIS	NONE	N/A	CONTRIBUTION	20
1109 N SPRUCE WAY ABILENE, KS 67410				

1109 N SPRUCE WAY ABILENE, KS 67410		

ABILENE, KS 67410		
Total	 	23,805

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

KANSAS STATE HISTORICAL FOUNDATION 6425 SW 6TH AVENUE TOPEKA, KS 666151095	NONE	N/A	CONTRIBUTION	100
KSDS INC124 W 7TH	NONE	ASSOCIATION	CONTRIBUTION	150

23,805

■ 3a

TOPEKA, KS 666151095				
KSDS INC124 W 7TH WASHINGTON, KS 66968	NONE	ASSOCIATION	CONTRIBUTION	150
MEALS ON WHEELS511 NE 10TH	NONE	N/A	CONTRIBUTION	500

ABILENE, KS 67410

Total . .

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

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
NATIONAL FIRE SAFETY COUNCIL INC CO ABILENE FIRE DEPT PO BOX 519	NONE	N/A	CONTRIBUTION	80

ABILENE, KS 67410				
NEIGHBOR TO NEIGHBOR803 N CEDAR ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	1,300
SAFE NIGHT AFTER PROM	NONE	N/A	CONTRIBUTION	250

NEIGHBOR TO NEIGHBOR803 N CEDAR ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	1,300
SAFE NIGHT AFTER PROM 1300 N CEDAR ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	250

ABILENE, KS 67410				
SAFE NIGHT AFTER PROM 1300 N CEDAR ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	250
Total			▶ 3a	23.805

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

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
SALVATION ARMY	NONE	N/A	CONTRIBUTION	250

PRESBYTERIAN CHURCH 1400 N CEDAR ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	250
SHOP WITH A COPDICKINSON CO SHERIFF OFFICE 109 E 1ST STREET	NONE	N/A	CONTRIBUTION	300

,	SHOP WITH A COPDICKINSON CO SHERIFF OFFICE 109 E 1ST STREET ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	
		l .		1	

109 E 1ST STREET ABILENE, KS 67410				
THE HOPE CENTER305 N CEDAR	NONE	N/A	CONTRIBUTION	500

ABILENE, KS 67410				
THE HOPE CENTER305 N CEDAR ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	500

THE HOPE CENTER305 N CEDAR ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	5

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

Hame and dadress (nome or business)	or substantial contributor			
a Paid during the year				
TOYS FOR TOTSPO BOX 669	NONE	N/A	CONTRIBUTION	

ABILENE, KS 67410	NONE	IN/A	CONTRIBUTION	200
ARTS COUNCIL OF DICKINSON CO 207 NW 3RD ST ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	50

200

ARTS COUNCIL OF DICKINSON CO 207 NW 3RD ST ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	50
DICKINSON COUNTY COMMUNITY FOUNDATION 418 NW 3RD ST	NONE	N/A	CONTRIBUTION	1,000

ABILENE, KS 67410				
DICKINSON COUNTY COMMUNITY FOUNDATION 418 NW 3RD ST ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	1,000

DICKINSON COUNTY COMMUNITY FOUNDATION 418 NW 3RD ST ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	1,000
Total			▶ 3a	23,805

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager

Name and address (home or husiness)

Total.

recipient

Name and dadress (nome or business)	or substantial contributor			
a Paid during the year				
CRIME STOPPERS OF DICKINSON COUNTY INC PO BOX 248 ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	100

ABILENE, KS 67410				
GRANT TOWNSHIP FIRE DISTRICT 984 2500 AVE ABILENE KS 67410	NONE	N/A	CONTRIBUTION	

GRANT TOWNSHIP FIRE DISTRICT 984 2500 AVE ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	400
THE PLACE421 N CEDAR ST	NONE	N/A	CONTRIBUTION	1,000

984 2500 AVE ABILENE, KS 67410				
THE PLACE421 N CEDAR ST ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	1,000

THE PLACE421 N CEDAR ST ABILENE, KS 67410	NONE	N/A	CONTRIBUTION	1,000

ABILENE, KS 67410	THE PLACE421 N CEDAR ST	NONE	N/A	CONTRIBUTION	1,0
	ABILENE, KS 67410				

Recipient Foundation Purpose of grant or If recipient is an individual, Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

1 ,				
RIVERWALK TRAILSPO BOX 564 CHAPMAN, KS 67431	NONE	N/A	CONTRIBUTION	200
ZOE E COOPER307 N VINE	NONE	N/A	SCHOLARSHIP	1.000

,			
E E COOPER307 N VINE ILENE, KS 67410	NONE	N/A	SCHOLARSHIP

Total .

ABILENE, KS 67410	NONE	N/A	SCHOLARSHIP	1,000
MEGAN ANGUIANO419 NE 4TH ST	NONE	N/A	SCHOLARSHIP	2,800

7181221127118 07 110				
MEGAN ANGUIANO419 NE 4TH ST	NONE	N/A	SCHOLARSHIP	2,800
ABILENE.KS 67410				

MEGAN ANGUIANO419 NE 4TH ST	NONE	N/A	SCHOLARSHIP	2,80
ABILENE, KS 67410				

Recipient Foundation Purpose of grant or If recipient is an individual, Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

JENNIFER N DAVIES203 NW 10TH ST ABILENE, KS 67410	NONE	N/A	SCHOLARSHIP	2,800
COURTNEY DEWEESE405 NE 15TH ST	NONE	N/A	SCHOLARSHIP	2,800

COURTNEY DEWEESE405 NE 15TH ST ABILENE, KS 67410	NONE	N/A	SCHOLARSHIP	
RYLIE VOLKMAN1842 EDEN RD	NONE	N/A	SCHOLARSHIP	

Total .

ABILENE, KS 67410	NONE	IN/A	SCHOLARSHIP	2,80
RYLIE VOLKMAN1842 EDEN RD	NONE	N/A	SCHOLARSHIP	2,80

· · · · · · · · · · · · · · · · · · ·				
RYLIE VOLKMAN1842 EDEN RD ABILENE, KS 67410	NONE	N/A	SCHOLARSHIP	2,800

efile GRAPHIC print - DO NOT F	PROCESS	As Filed Data -		DI	N: 93491149010210			
TY 2019 Accounting Fees Schedule								
_								
		BROWN MEMO 48-0573809	ORIAL FOUND <i>i</i>	ATION				
Category	Amou	unt Net	Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

3,317

3,317

16,585

ACCOUNTING SERVICES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491149010210
TY 2019 All Other Program Re	lated Invest	ments Schedule	
Name	BBOWN MEMO	ADIAL FOLINDATION	
name:	BROWN MEMC	RIAL FOUNDATION	
EIN:	48-0573809		
	Category		Amount
HOME BUILDING AND CAMP MARY DELL	BUILDING IMPRO	OVEMENTS	13,326

Note: To capture t	Note: To capture the full content of this document, please select landscape mode (11" $ imes$ 8.5") when printing.								
TY 2019 Dep	reciatio	n Schedule							
		Name: B	ROWN MEMOF	RIAL FOUNDATION	N				
		EIN : 4	8-0573809						
	Depreci	ation Schedule							
Description of	Date	Cost or Other	Prior Years'	Computation Method	Rate /	Current Year's	Net Investment	Adjusted Net	Cost of Goods

DLN: 93491149010210

	Depreciation Schedule								
Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
BUILDING	2016-05-01	220,440	14,837	SL	39.000000000000	5,652	5,652	5,652	
LAND - 50% (POLE REMOVAL)	2019-07-22	13,475		L		0	0	0	
LAND - 50%	2016-05-01	16,194	-	L		0	0	0	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491149010210 TY 2019 Explanation of Non-Filing with Attorney General Statement Name: BROWN MEMORIAL FOUNDATION **EIN:** 48-0573809 **Statement:** NOT REQUIRED

The class rise print Bo No. 1 Receipe 7.0 1 Receiped	
TY 2019 Investments Corporate Bonds Schedule	
Nome - PROMINIMEMORIAL FOUNDATION	

Name: BROWN MEMORIAL FOUNDATION

Name of Bond

CORPORATE BONDS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

EIN: 48-0573809

Investments Corporate Bonds Schedule

DIN: 93491149010210

End of Year Book

3,852,530

Value

End of Year Fair Market Value

4,388,188

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491149010210
TY 2019 Investments Corporat	e Stock Sche	dule

Namai	DDOWN MEMODIAL	ECHNIDATION

Name: BROWN MEMORIAL FOUNDATION

EIN: 48-0573809

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCKS	8,446,650	18,032,430

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491149010210
TY 2019 Investments Governments	nent Obligat	ions Schedule	
Name:	BROWN MEMO	ORIAL FOUNDATION	
EIN:	48-0573809		
US Government Securities - End of Year Book Value:		0	
US Government Securities - End of Year Fair Market Value:		0	
State & Local Government Securities - End of Year Book Value:		1,210,420	
State & Local Government Securities - End of Year Fair Market Value:		1,236,541	

TY 2019	Investments	- I	and	Sched	lule

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Name: BROWN MEMORIAL FOUNDATION

ETN: 49-0573900

E114: 40-03/3009								
Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value				
BUILDING	220,440	20,489	199,951	173,785				
LAND - 50% (POLE REMOVAL)	13,475	0	13,475	0				
LAND - 50%	16,194	0	16,194	0				

DLN: 93491149010210

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TY 2019 Investments - Other S	Schedule		
Name: E	BROWN MEMORIAL FOUNDATI	ON	
EIN: 4	18-0573809		
Investments Other Schedule 2			4
C-1/ Th	Listed at Goot an	Dools Volus	Fod of Your Fair

DIN. 00404440040040

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Investments Other Schedule 2					
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value		
CARRIE BURTON TRUST	FMV	0	220,397		

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TY 2019 Legal Fees Schedule						
Nar	me: BROWN MEN	ORIAL FOUNDATI	ON			
EIN: 48-0573809						
Category	Amount	Net Investment	Adjusted Net	Disbursements		
Category	Income Income for Charitable					
				Purposes		
LEGAL SERVICES	685	137	137	548		

Name: BROWN MEMORIAL FOUNDATION

EIN: 48-0573809

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Other Assets Schedule					
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value		
DEFERRED PATRONAGE DIVIDEND-FARMERS COOP ASSOCIATION, TALMAGE, KS	953	956	956		

DLN: 93491149010210

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TY 2019 Other Decreases Schedule					
Name:	BROWN MEMO	RIAL FOUNDATION			
EIN:	48-0573809				
De	escription		Amount		
DISPOSAL OF OLD ASSETS			11,720		

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TY 2019 Other Expenses Schedule					
Name: BROWN MEMORIAL FOUNDATION EIN: 48-0573809					
Other Expenses Schedule	i				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
GENERAL-INSURANCE	6,022	1,204	1,204	4,818	

1,708

6,800

1,652

17,867

6,979

21,075

37,672

37,461

283

342

1,360

57

0

0

0

0

0

1,366

5,440

226

0

0

0

0

0

0

342

57

1,360

1,652

17,867

6,979

21,075

37,672

37,461

GENERAL-TRUST EXPENSE

GENERAL-MISCELLANEOUS

HOME EQUIPMENT REPAIR

HOME PAYROLL TAXES

GENERAL-SUPPLIES

HOME AUTOMOBILE

HOME BUILDING

HOME FOOD

HOME INSURANCE

Description Revenue and **Net Investment Adjusted Net** Disbursements for Expenses per Income Income Charitable **Books Purposes** 779 HOME LAUNDRY 779 HOME LICENSES 640 640 HOME SALARIES 279,291 279,291 HOME SUPPLIES 14,527 14,527

67,736

2,759

16,279

12,891

232

915

67,736

2.759

16,279

12,891

232

915

Other Expenses Schedule

HOME UTILITIES

HOME MISCELLANEOUS

HOME SEWER PLANT MAINT

HOME EMPLOYEE BENEFITS

PARK BUILDING REPAIRS

PARK EQUIPMENT REPAIR

Description Revenue and **Net Investment** Adjusted Net Disbursements for Charitable Expenses per Income Income **Books Purposes** PARK PAYROLL TAXES 3,040 3,040 PARK GENERAL 10,105 PARK INSURANCE 10,105 PARK LANDSCAPING 3,152 3,152

5,209

10,516

39,760

4,057

2,957

5,107

5,209

10,516

39,760

4,057

2,957

5,107

Other Expenses Schedule

PARK MACHINERY EXPENSE

PARK MAINTENANCE

PARK SALARY

PARK ROADS

PARK TRACTORS

PARK TRUCKS

Other Expenses Schedule

Description

PARK REPAIRS & MAINTENANCE EMPLOYEE

PARK INSURANCE EMPLOYEE DWELLINGS

HOME EXCESS DEDUCTIONS OVER INCOME

MARY DELL REPAIRS & MAINTENANCE

PARK UTILITIES

PARK SUPPLIES

MARY DELL INSURANCE

MARY DELL UTILITIES

MARY DELL SUPPLIES

PARK EMPLOYEE BENEFITS

DWELLINGS

Net Investment

Income

Revenue and

Expenses per

Books

16,037

1,750

4,349

20,568

3,581

5,026

1,542

1,514

0

585

Adjusted Net

Income

16,037

1,750

4,349

20,568

3,581

5,026

1,542

1.514

-307,770

585

Disbursements for

Charitable

Purposes

307,770

 Expenses per Books
 Income
 Income
 Charitable Purposes

 PARK EXCESS DEDUCTIONS OVER INCOME
 0
 0
 -143,111
 143,111

 GENERAL-TELEPHONE/INTERNET
 1.640
 328
 328
 1.312

Revenue and

Net Investment

182

106

116

Adjusted Net

182

106

116

3,623

Disbursements for

727

422

463

Other Expenses Schedule

GENERAL - OFFICE EXPENSE

GENERAL - DRUG TESTING

HOME OFFICE EXPENSE

Description

ENERGY TRANSFER PARTNERSHIP PTP K-1 LOSS

ENTERPRISE PRODUCTS PARTNERS PTP K-1 LOSS

GENERAL - SUBSCRIPTIONS/MEMBERSHIPS/WEB

GENERAL-TELEPHONE/INTERNET	1,640	328	328	1,312
HOME SUBSCRIPTIONS	772	0	772	0
PARK UTILITIES BOY SCOUT CAMP	8,362	0	8,362	0

909

528

7,337

4,854

3,623

579

Description

Revenue and Expenses per Books

Revenue and Expenses per Income Income

Disbursements for Charitable Purposes

50

50

50

MAINTENANCE	379	379	379	
INSURANCE	1,435	1,435	1,435	

Other Expenses Schedule

ANNUAL REPORT FEE

TY 2019 Other Income Schedule

Name: BROWN MEMORIAL FOUNDATION

EIN: 48-0573809

Other Income Schedule					
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income		
HOME AND DUPLEX REVENUE	214,234		214,234		
CAMP MARY DELL RESERVATIONS	5,249		5,249		
FUEL TAX REFUND	253		253		
PATRONAGE DIVIDEND	7		7		
MISCELLANOUS INCOME	2,041		2,041		

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TY 2019 Other Liabilities Scheen	dule			
				•
Name	BROWN MEMO	ODIAL FOLING)ATION	1
Hailie.	DROWN HENO	MIAL I OUND	ATION	•
EIN:	48-0573809			
Dogavintio			Paginning of Voor	Fad of Your
Description	1	ļ	Beginning of Year - Book Value	End of Year - Book Value
SECURITY DEPOSIT			2,050	4,300
PAYROLL LIABILITES			177	0

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TY 2019 Taxes Schedule					
Name: BROWN MEMORIAL FOUNDATION					
EIN:	48-0573809				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FEDERAL INVESTMENT INCOME TAX	26,247	0	0	0	
KANSAS FRANCHISE TAX	40	8	8	32	
PAYROLL TAXES	4,510	902	902	3,608	
FOREIGN TAXES	3,157	3,157	3,157	0	

407

2,037

2,037

2,037

1,630

407

2,037

REAL ESTATE TAX

REAL ESTATE TAXES