Return of Private Foundation

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		idar year 2019 or tax year beginning		<u>, 201</u>	9, and ending		, 20
Nan	ne of fou	Indation			A Employ	er Identification numb	er
		N INDUSTRIAL TRAINING FOUNDATION			48-6	117520	
Nun	nber and	street (or P.O. box number if mail is not delivered to street address)		Room	n/suite B Telepho	ne number (see instruct	ions)
ક્ર	JIM	HICKEL USD 281 P.O. BOX 309			(785)421-2131	
City	or town	, state or province, country, and ZIP or foreign postal code		<u> </u>		tion application is pend	ing, check here ▶ □
ΗI	LL C	ITY KS 67642					
			n of a former	oublic	charity D 1. Foreig	n organizations, check	here ▶ 🗍
		☐ Final return ☐ Amended					_
		Address change Name cha	nge			n organizations meetin here and attach compi	
H	Check	type of organization: Section 501(c)(3) exempt p		ation		foundation status was	
		on 4947(a)(1) nonexempt charitable trust. Other tax				507(b)(1)(A), check here	
. =		narket value of all assets at Accounting method			201112		
11		f year (from Part II, col. (c), \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		· · ·	i i i i i i i i i i i i i i i i i i i	indation is in a 60-mont	h termination k here ▶ □
1		6) \$ \$ 82, 354 (Part I, column (d), must b	e on cash basi	s.)			_
P	art I	Analysis of Revenue and Expenses (The total of					(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue expenses p		(b) Net investment	(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions).)	books		income	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	<u> </u>		Carried Mary Son Table	CHECKENT SEE	Para Mar Mark
- 2-2	- 2	Check ► ☑ if the foundation is not required to attach Sch. B	27.24. 24 16.774	Ber'ler		PENT TOTAL	
	3	Interest on savings and temporary cash investments	1,4		1,421.	1,421.	CLANCING IS
	4	Dividends and interest from securities	<u> </u>	۷1.	1,441.	1,441.	CHECK THE MA
	5a	Gross rents	5 3	90.	5,390.	5,390.	CONTRACTOR CONTRACTOR
	b	Net rental income or (loss)				BACK TOTAL	を
4			VO J VERNERAL		DEPLEMENT	100 100mmで、2001年1日では100mmである。 100 100mmでは100mmでは100mmである。	THE REAL PLANTS
evenue	6a	Net gain or (loss) from sale of assets not on line 10	COME COME		Zii uidan int	The transfer of the state of th	
ē,	_ b	Gross sales price for all assets on line 6a RECEIVED	200 C		Mary Control of the C		· · · · · · · · · · · · · · · · · · ·
چو کا	707 8	Capital gain net income (from Part IV.) Me 2)			President day	TOTAL TOTAL	E TOWNS OF THE
	I -	Net short-term capital gain . Income modifications					The Editor
•	⊭ 9	1/31 :				or other restriction is a supplicated a	
	10a	Gross sales less returns and allowances			STATE OF THE PARTY AND THE		
,	⊭ b	Less: Cost of goods sold	下海線 建烷	PARITHE SER			
<	₹_c	Gross profit or (loss) (attach schedule)			BHE RESIDE		Harris Constant
\subseteq	11	Other income (attach schedule)	<u> </u>		6 011	6 911	12 7 7 4 10 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
	12	Total. Add lines 1 through 11	6,8	11.	6,811.	6,811.	REMEDIAL MODIFICATION AND AND AND AND AND AND AND AND AND AN
SS	13	Compensation of officers, directors, trustees, etc.	<u> </u>			<u></u>	
Š	14	Other employee salaries and wages	<u> </u>				
<u>87</u>	15	Pension plans, employee benefits	<u> </u>				
Ä	16a	Legal fees (attach schedule)	<u> </u>			500	
ē	b	Accounting fees (attach schedule) L-1.6b. Stmt	<u> </u>	00.	500.	500.	
¥;	17 C	Other professional fees (attach schedule)					
ž	17	Interest		11	1 (27	1 (27	
nis.	18	Taxes (attach schedule) (see instructions) See. Stmt	<u> </u>	11.	1,637.	1,637.	LANGERGE
Ξ	19	Depreciation (attach schedule) and depletion	ļ				4×1000000000000000000000000000000000000
Ad	20	Occupancy			 	 	
Ď	21	Travel, conferences, and meetings					
ā	22	Printing and publications	ļ	10		40	
Пg	23	Other expenses (attach schedule) See . Stmt .	<u> </u>	40.	· 40.	40.	
ati	24	Total operating and administrative expenses.	١ , ,		^ 177		
Operating and Administrative Expenses	0.5	Add lines 13 through 23	2,2		2,177.	2,177.	5 5 6 6
ŏ	25	Contributions, gifts, grants paid	5,5			MAN	
	26	Total expenses and disbursements. Add lines 24 and 25	/,8	17.	2,177.	2,177.	5,566.
	27	Subtract line 26 from line 12:					TA SPANIE
	a	Excess of revenue over expenses and disbursements	-1,0			COMPANIES OF	TOTAL SECTION AND AND AND AND AND AND AND AND AND AN
	b	Net investment income (if negative, enter -0-) .	THE THE PARTY OF		4,634.	SAMPHAR COA	
	C	Adjusted net income (if negative, enter -0-)	The Charles	1	MARKING AND	4,634.	成方式和70人之间

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ع ۲	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of 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	63,360.	62,354.	62,354.
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►	NI.		
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
-		disqualified persons (attach schedule) (see instructions)			
- 1	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
A	10a	Investments – U.S. and state government obligations (attach schedule)			
ļ	b	Investments—corporate stock (attach schedule)			
	С	Investments - corporate bonds (attach schedule)			
Ì	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
ļ	12	Investments—mortgage loans			
İ	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment. basis ▶			
1		Less: accumulated depreciation (attach schedule) ▶	20,000.	20,000.	20,000.
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers-see the			
		ınstructions. Also, see page 1, item l)	83,360.	82,354.	82,354.
İ	17	Accounts payable and accrued expenses			02,334.
S	18	Grants payable			· · · · · · · · · · · · · · · · · · ·
ij	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 ►)			
	23	Total liabilities (add lines 17 through 22)			
alances		Foundations that follow FASB ASC 958, check here			
Ĕ		and complete lines 24, 25, 29, and 30.			}
<u>a</u>	24	Net assets without donor restrictions			
	25	Net assets with donor restrictions			
<u>ا ء</u>		Foundations that do not follow FASB ASC 958, check here ► 🗵			ļ.
ヸ	••	and complete lines 26 through 30.			•
6	26	Capital stock, trust principal, or current funds			
इ	27	Paid-in or capital surplus, or land, bldg., and equipment fund	20,000.	20,000.	
Š.	28	Retained earnings, accumulated income, endowment, or other funds	63,360.	62,354.	
۲	29	Total net assets or fund balances (see instructions)	83,360.	<u>82,354.</u>	
Net Assets or Fund B	30	Total liabilities and net assets/fund balances (see	02 360	82,354.	j . * . * .
	rt III	Analysis of Changes in Net Assets or Fund Balances	83,360.	82,354.	<u>'</u>
		Il net assets or fund balances at beginning of year—Part II, colur	mn (a) line 20 (must	t agree with	
•		of year figure reported on prior year's return			83,360.
2		er amount from Part I, line 27a			-1,006.
3		an increase and included in line 0 (items a)		2	2,000.
4		lines 1, 2, and 3		4	82,354.
_	_			<u> </u>	
6	Tota	reases not included in line 2 (itemize) ► Il net assets or fund balances at end of year (line 4 minus line 5) — F	Part II, column (b), lin	ne 29 6	82,354.

Part	V Capital Gains and	Losses for Tax on Investme	nt Income		 _	<u> </u>
		i(s) of property sold (for example, real esta e; or common stock, 200 shs. MLC Co.)	te,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	d (d) Date sold (mo., day, yr.)
1a						
<u>b</u>						
<u>c</u>						
<u>d</u>			 .			
<u>e</u>		(O Commentation with the contraction of the contrac	(-) ()	-41- 1		<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		Gain or (loss) us (f) minus (g))
<u>a</u>						
<u>b</u>						
<u>c</u>				<u> </u>		
e						
	Complete only for assets show	ring gain in column (h) and owned by	the foundation	on 12/31/69.	(I) Gains	Col (h) gain minus
.—	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) (j), if any	col. (k), but	not less than -0-) or s (from col. (h))
а						
<u>b</u>						
<u>c</u>						
<u>d</u>						
e		(If goin als	so enter in Pa	t I line 7		
2	Capital gain net income or (nercaphariossi / •	nter -0- in Par		2	
3	If gain, also enter in Part I,	or (loss) as defined in sections 12 line 8, column (c). See instructi	ons. If (loss)		3	
Part		r Section 4940(e) for Reduce		et Investment		
		ate foundations subject to the se				
•		·	,		ŕ	
it sect	ion 4940(d)(2) applies, leave	this part blank.				
		ection 4942 tax on the distributat alify under section 4940(e). Do n			pase period?	☐ Yes ⊠ No
1		int in each column for each year;			aking any entrie	S.
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of	(c) noncharitable-use as		(d) Distribution ratio (b) divided by col. (c))
- Care	2018	5,682		113,9		0.049860
	2017	5,814		115,0		0.050517
-	2016	6,063		118,5		0.051129
	2015	7,557		121,3	02.	0.062299
	2014	4,000		121,8	93.	0.032816
2	Total of line 1, column (d)					0.246621
3	Average distribution ratio for the number of years the four	or the 5-year base period—dividention has been in existence if	e the total on less than 5 ye	line 2 by 5.0, or ars	by 3	0.049324
4	Enter the net value of nonch	naritable-use assets for 2019 fror	n Part X, line	5	. 4	129,533.
5	Multiply line 4 by line 3 .				. 5	6,389.
6	Enter 1% of net investment	income (1% of Part I, line 27b)			. 6	46.
7	Add lines 5 and 6				. 7	6,435.
8		s from Part XII, line 4				5,566.
	If line 8 is equal to or greate Part VI instructions.	er than line 7, check the box in P	art VI, line 1b	, and complete t	hat part using	a 1% tax rate. See the

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instru	uctio	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			93.	_
	here ▶ □ and enter 1% of Part I, line 27b				l
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)				j
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.	
3	Add lines 1 and 2			93.	_
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.	_
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			93.	-
6	Credits/Payments:			-	ī
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a				ı
b	Exempt foreign organizations—tax withheld at source 6b	,			Ì
C	Tax paid with application for extension of time to file (Form 8868) 6c				l
ď	Backup withholding erroneously withheld 6d				l
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				-
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9			93.	-
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10			0.	-
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ Refunded ▶ 11				•
Part '					-
íа	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		×	•
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 materials				ĺ
	published or distributed by the foundation in connection with the activities.				
С	Did the foundation file Form 1120-POL for this year?	1c		×	•
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				ĺ
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$.	[,]		ĺ
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				l
	on foundation managers. ▶ \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		×	_
	If "Yes," attach a detailed description of the activities.	·			Ĺ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		·		1
	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.	1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	•		ľ	١
	By language in the governing instrument, or	[.]	3		ĺ
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that				j
	conflict with the state law remain in the governing instrument?	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 XV	7	×		7
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶				۱
		 •			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	استا		<u> </u>	j
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	×		7
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		<u> </u>		İ
	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		×	_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses	10		×	_

Par	VII-A Statements Regarding Activities (continued)			
		i k	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		×
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	i	×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		×
	Website address ► N/A			
14	The books are in care of ► CARL KEITH Located at ► 120 E MAIN HILL CITY KS Telephone no. ► (785) 4 ZIP+4 ► 67642	121-	2131	
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	l		اا
	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	7
	(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?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	ļ		
	(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	<u> , </u>		
	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.)	ŀ	,	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			ل
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b		1
•	Organizations relying on a current notice regarding disaster assistance, check here	ĭ '	•	1
С	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?	 .	, <i>.</i>	ا ہے ،
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		'. ,	
	all years listed, answer "No" and attach statement—see instructions.)	2b		
ć	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			1
	▶ 20 , 20 , 20 , 20	'		-
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
L			1	
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	1. 1. 1963 1		1
	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	L	×
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		×

Par	VII-B	Statements Regarding Activities	s for V	Vhich Form	4720	May Be F	lequire	d (conti	nued)			age C
5a	During th	ne year, did the foundation pay or incur						\		T	Yes	No
		on propaganda, or otherwise attempt						Yes	⊠ No			
		ence the outcome of any specific publi		ion (see sect	ion 495	55); or to c	arry on	•		' '	ľ 'l	, *
	direc	tly or indirectly, any voter registration d	rive?					Yes Yes	⊠ No	1	'	
		de a grant to an individual for travel, stu	• .					☐ Yes	⊠ No			
		de a grant to an organization other tha			_		ribed in			•		
		, , , , , , , , , , , , , , , , , , , ,						Yes	⊠ No			
		de for any purpose other than religious	-	•	•	•				1	,	
_		oses, or for the prevention of cruelty to						_]Yes	× No			•
b		swer is "Yes" to 5a(1)-(5), did any of that ations section 53.4945 or in a current no							scribed	<u> </u>		
	_	itions relying on a current notice regardi					5 6 111501	uctions		5b		
С	-	swer is "Yes" to question 5a(4), does t	-				the tay				٠.	ł
		it maintained expenditure responsibility						Yes	□No	1	,	٠
		attach the statement required by Regul		_								•
6a		oundation, during the year, receive any					emiums					Ì
		sonal benefit contract?						Yes	⊠ No			- 1
b	Did the fo	oundation, during the year, pay premiur	ns, dire	ectly or indire	ctly, on	a personal	benefi	contract	? .	6b		×
	If "Yes" t	o 6b, file Form 8870.		-								1
7a	At any tin	ne during the tax year, was the foundation	a party	y to a prohibit	ed tax s	helter trans	action?	☐ Yes	⊠ No			
b		did the foundation receive any proceed							n? .	7b		
8		undation subject to the section 4960 ta							_	~~~		
		ation or excess parachute payment(s) d										
Par		Information About Officers, Direct	tors,	Trustees, F	ounda	tion Mana	agers,	Highly I	aid Er	npioy	ees,	
		and Contractors fficers, directors, trustees, and found	lation :	managers ar	d thai	compens	ation (Saa inetri	ıctions			
<u> </u>	LIST All O	micers, directors, trustees, and rounc		e, and average								
				e, and average	(6) 00	mpensation	י עשו ו	Contribution	3 (U	In Evna	DCO 000	tour
		(a) Name and address	hou	irs per week ted to position	(If r	mpensation not paid, nter -0-)	emplo	yee benefit erred compe	plans	(e) Expe other	nse acc allowan	
JIM	HICKEL		hou devot	ırs per week	(If r	not paid,	emplo	yee benefit	plans			
	HICKEL 281 HI		hou devot	irs per week ted to position	(If r	not paid,	emplo	yee benefit	plans			
USD		LL CITY KS 67642	hou devot PRES	rs per week ted to position	(If r	not paid, ater -0-)	emplo	yee benefit	plans			ces
USD BLA	281 HI IR NICK	LL CITY KS 67642	PRES	rs per week led to position IDENT 0.00 ETARY 0.25	(If r	not paid, ater -0-)	emplo	yee benefit	plans			ces
USD BLA #1 CAR	281 HI IR NICK RINGNEC L KEITH	LL CITY KS 67642 ELSON K DRIVE HILL CITY KS 67642	PRES	Insper week led to position IDENT 0.00 ETARY 0.25 SURER	(If r	0 .	emplo	yee benefit	plans ensation 0.			0. 0.
USD BLA #1 CAR	281 HI IR NICK RINGNEC L KEITH	LL CITY KS 67642 ELSON K DRIVE HILL CITY KS 67642	PRES	rs per week led to position IDENT 0.00 ETARY 0.25	(If r	not paid, iter -0-)	emplo	yee benefit	plans ensation 0.			O.
USD BLA #1 CAR	281 HI IR NICK RINGNEC L KEITH	LL CITY KS 67642 ELSON K DRIVE HILL CITY KS 67642	PRES	Insper week led to position IDENT 0.00 ETARY 0.25 SURER	(If r	0 .	emplo	yee benefit	plans ensation 0.			0. 0.
USD BLA #1 CAR 120	281 HI IR NICK RINGNEC L KEITH E MAIN	LL CITY KS 67642 ELSON K DRIVE HILL CITY KS 67642 STREET HILL CITY KS 67642	PRES SECR	Insper week led to position IDENT 0.00 ETARY 0.25 SURER 0.25	(lf r	0 . 0 .	emplo and def	yee benefit	O. O.	other	allowan	0. 0.
USD BLA #1 CAR	281 HI IR NICK RINGNEC L KEITH E MAIN	LL CITY KS 67642 ELSON K DRIVE HILL CITY KS 67642 STREET HILL CITY KS 67642	PRES SECR	Insper week led to position IDENT 0.00 ETARY 0.25 SURER 0.25	(lf r	0 . 0 .	emplo and def	yee benefit	O. O.	other	allowan	0. 0.
USD BLA #1 CAR 120	281 HI IR NICK RINGNEC KEITH E MAIN	LL CITY KS 67642 ELSON K DRIVE HILL CITY KS 67642 STREET HILL CITY KS 67642	PRES SECR	Insper week led to position IDENT 0.00 ETARY 0.25 SURER 0.25	(If r	0 . 0 .	emplo and def	oyee benefit erred compe	plans ensation 0. 0. 0.	other	allowan	0. 0.
USD BLA #1 CAR 120	281 HI IR NICK RINGNEC L KEITH E MAIN Compen "NONE."	LL CITY KS 67642 ELSON K DRIVE HILL CITY KS 67642 STREET HILL CITY KS 67642	PRES SECR TREA	irs per week led to position IDENT 0.00 ETARY 0.25 SURER 0.25 IDENT O.100 O.1	se incl	0 . 0 .	emplo and def	see instr	plans on a display of the control of	s). If no	one, o	0. 0. center
USD BLA #1 CAR 120	281 HI IR NICK RINGNEC L KEITH E MAIN Compen "NONE."	LL CITY KS 67642 ELSON K DRIVE HILL CITY KS 67642 STREET HILL CITY KS 67642 sation of five highest-paid employed	PRES SECR TREA	Ins per week led to position IDENT 0.00 ETARY 0.25 SURER 0.25 IDENT O.10 O.	se incl	0. 0. uded on li	emplo and def	see instr	plans on a display to the plans to benefit deferred	s). If no	one, (0. 0. center
USD BLA #1 CAR 120	281 HI IR NICK RINGNEC L KEITH E MAIN Compen "NONE."	LL CITY KS 67642 ELSON K DRIVE HILL CITY KS 67642 STREET HILL CITY KS 67642 sation of five highest-paid employed	PRES SECR TREA	irs per week led to position IDENT 0.00 ETARY 0.25 SURER 0.25 IDENT O.100 O.1	se incl	0. 0. uded on li	emplo and def	see instr	plans on a display to the plans to benefit deferred	s). If no	one, o	0. 0. center
USD BLA #1 CAR 120	281 HI IR NICK RINGNEC L KEITH E MAIN Compen "NONE."	LL CITY KS 67642 ELSON K DRIVE HILL CITY KS 67642 STREET HILL CITY KS 67642 sation of five highest-paid employed	PRES SECR TREA	irs per week led to position IDENT 0.00 ETARY 0.25 SURER 0.25 IDENT O.100 O.1	se incl	0. 0. uded on li	emplo and def	see instr	plans on a display to the plans to benefit deferred	s). If no	one, o	0. 0. center
USD BLA #1 CAR 120	281 HI IR NICK RINGNEC L KEITH E MAIN Compen "NONE."	LL CITY KS 67642 ELSON K DRIVE HILL CITY KS 67642 STREET HILL CITY KS 67642 sation of five highest-paid employed	PRES SECR TREA	irs per week led to position IDENT 0.00 ETARY 0.25 SURER 0.25 IDENT O.100 O.1	se incl	0. 0. uded on li	emplo and def	see instr	plans on a display to the plans to benefit deferred	s). If no	one, o	0. 0. center
USD BLA #1 CAR 120	281 HI IR NICK RINGNEC L KEITH E MAIN Compen "NONE."	LL CITY KS 67642 ELSON K DRIVE HILL CITY KS 67642 STREET HILL CITY KS 67642 sation of five highest-paid employed	PRES SECR TREA	irs per week led to position IDENT 0.00 ETARY 0.25 SURER 0.25 IDENT O.100 O.1	se incl	0. 0. uded on li	emplo and def	see instr	plans on a display to the plans to benefit deferred	s). If no	one, o	0. 0. center
USD BLA #1 CAR 120	281 HI IR NICK RINGNEC L KEITH E MAIN Compen "NONE."	LL CITY KS 67642 ELSON K DRIVE HILL CITY KS 67642 STREET HILL CITY KS 67642 sation of five highest-paid employed	PRES SECR TREA	irs per week led to position IDENT 0.00 ETARY 0.25 SURER 0.25 IDENT O.100 O.1	se incl	0. 0. uded on li	emplo and def	see instr	plans on a display to the plans to benefit deferred	s). If no	one, o	0. 0. center
USD BLA #1 CAR 120	281 HI IR NICK RINGNEC L KEITH E MAIN Compen "NONE."	LL CITY KS 67642 ELSON K DRIVE HILL CITY KS 67642 STREET HILL CITY KS 67642 sation of five highest-paid employed	PRES SECR TREA	irs per week led to position IDENT 0.00 ETARY 0.25 SURER 0.25 IDENT O.100 O.1	se incl	0. 0. uded on li	emplo and def	see instr	plans on a display to the plans to benefit deferred	s). If no	one, o	0. 0. center
USD BLA #1 CAR 120	281 HI IR NICK RINGNEC L KEITH E MAIN Compen "NONE."	LL CITY KS 67642 ELSON K DRIVE HILL CITY KS 67642 STREET HILL CITY KS 67642 sation of five highest-paid employed	PRES SECR TREA	irs per week led to position IDENT 0.00 ETARY 0.25 SURER 0.25 IDENT O.100 O.1	se incl	0. 0. uded on li	emplo and def	see instr	plans on a display to the plans to benefit deferred	s). If no	one, o	0. 0. center
USD BLA #1 CAR 120	281 HI IR NICK RINGNEC L KEITH E MAIN Compen "NONE."	LL CITY KS 67642 ELSON K DRIVE HILL CITY KS 67642 STREET HILL CITY KS 67642 sation of five highest-paid employed	PRES SECR TREA	irs per week led to position IDENT 0.00 ETARY 0.25 SURER 0.25 IDENT O.100 O.1	se incl	0. 0. uded on li	emplo and def	see instr	plans on a display to the plans to benefit deferred	s). If no	one, o	0. 0. center
USD BLA #1 CAR 120	281 HI IR NICK RINGNEC L KEITH E MAIN Compen "NONE."	LL CITY KS 67642 ELSON K DRIVE HILL CITY KS 67642 STREET HILL CITY KS 67642 sation of five highest-paid employed	PRES SECR TREA	irs per week led to position IDENT 0.00 ETARY 0.25 SURER 0.25 IDENT O.100 O.1	se incl	0. 0. uded on li	emplo and def	see instr	plans on a display to the plans to benefit deferred	s). If no	one, o	0. 0. center
USD BLA #1 CAR 120	281 HI IR NICK RINGNEC L KEITH E MAIN Compen "NONE."	LL CITY KS 67642 ELSON K DRIVE HILL CITY KS 67642 STREET HILL CITY KS 67642 sation of five highest-paid employed	hou devot PRES SECR TREA	irs per week led to position I DENT 0.00 ETARY 0.25 SURER 0.25 I or than those (b) Title, and a hours per videvoted to per videvoted t	se incl	0. 0. uded on li	emplo and def	see instr	plans ensation O. O. uctions utions to benefit deferred sation	s). If no	one, o	0. 0. center

Part VII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3 Fiv	re highest-paid independent contractors for professional services. See instructions. If none, enter "NOI	IE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		
		
		
	nber of others receiving over \$50,000 for professional services	0
Part IX-	A Summary of Direct Charitable Activities	
	coundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of tions and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NC	NE	
		0.
2		
3 —		-
4		
Part IX-	B Summary of Program-Related Investments (see instructions)	
	the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
	NE	
		0.
2		
All other	program-related investments. See instructions.	
3	p. og. a.v. tolatod att destinorities does introductioned	
		<u> </u>
Total. Add	d lines 1 through 3	0.
		Form 990-PF (2019)

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foui	ndations,
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	83,506.
C	Fair market value of all other assets (see instructions)	1c	48,000.
đ	Total (add lines 1a, b, and c)	1d	131,506.
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	131,506.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	1,973.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	129,533.
6	Minimum investment return. Enter 5% of line 5	6	6,477.
Part		oundat	ions
	and certain foreign organizations, check here ▶ ☐ and do not complete this part.)	.—	·- <u></u>
1	Minimum investment return from Part X, line 6	1	6,477.
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		
C	Add lines 2a and 2b	2c	93.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,384.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	6,384.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	6,384.
Part	XII Qualifying Distributions (see instructions)	1	
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	5,566.
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.,	1 . 1	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	5,566.
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	5,566.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	g wheth	er the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		

Part	XIII Undistributed Income (see instruction	ons)			
		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7				6,384.
2	Undistributed income, if any, as of the end of 2019:	. ,			, ,
а	Enter amount for 2018 only			5,566.	
b	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2019:	,		,	,
a	From 2014				,
b	From 2015			,	
d	From 2016				!
a e	E				ļ
f	Total of lines 3a through e	0.	,		
4	Qualifying distributions for 2019 from Part XII,	· · ·			· · · · · · · · · · · · · · · · · · ·
•	line 4: ▶ \$ 5,566.	, 			,
а	Applied to 2018, but not more than line 2a .				
b	Applied to undistributed income of prior years (Election required—see instructions)	<u> </u>			
С	Treated as distributions out of corpus (Election required—see instructions)				
ď	Applied to 2019 distributable amount				
e	Remaining amount distributed out of corpus	5,566.			
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:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	5,566.			
b	Prior years' undistributed income. Subtract line 4b from line 2b	1	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				
d	Subtract line 6c from line 6b. Taxable amount—see instructions		0.		
е	Undistributed income for 2018. Subtract line		1		
	4a from line 2a. Taxable amount-see				
	instructions			5,566.	
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020		}		6,384.
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				,
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	0.			
9	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	5,566.			
10	Analysis of line 9:	3,555.			
а		1	ب		
b	Excess from 2016	ı		İ	
C	Excess from 2017 0 .				•
d	Excess from 2018		*		
e	Excess from 2019 5. 566.		1		i

Form 9	, 90-PF (2019)					Page 10
Part		tions (see instru	ictions and Part	VII-A. question 9	<u> </u>	N/A
	If the foundation has received a ruling foundation, and the ruling is effective fo	or determination	letter that it is a	private operating		N/K
b	Check box to indicate whether the four	ndation is a private	operating founda	ition described in se	ection 4942(j)(3	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	T	Prior 3 years	7	
	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
ь	85% of line 2a	· · · · · · · · · · · · · · · · · · ·	 	 		
C	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					
8	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
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					
C	"Support" alternative test—enter:		/			
	 (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) 					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income		ļ			
Part	XV Supplementary Information	n (Complete th	is part only if t	he foundation h	ad \$5,000 or mo	re in assets at
	any time during the year-	see instruction	ns.)			
	Information Regarding Foundation I List any managers of the foundation v before the close of any tax year (but o N/A	who have contribu				by the foundation
b	List any managers of the foundation ownership of a partnership or other er					ge portion of the
	N/A					
2	Information Regarding Contribution Check here ▶ ☐ if the foundation unsolicited requests for funds. If the focomplete items 2a, b, c, and d. See in	only makes controundation makes	ributions to prese	elected charitable of		
	The name, address, and telephone nu			on to whom applica	tions should be add	dressed:
b	See Supplementary Informat The form in which applications should	ion Statemen be submitted and	t d information and	materials they sho	uld include:	
C	Any submission deadlines:					

factors:

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

Part XV Supplementary Information (continued)

Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year AFA P.O. BOX 414838 KANSAS CITY MO 64141 HILL CITY FFA		501C3	EDUCATION	1,000.
#1 RINGNECK DRIVE HILL CITY KS 67642 UNIVERSITY OF NEBRASKA		501C3	EDUCATION	2,316.
1400 R ST LINCOLN NE 68588 NCK TECH		501C3	EDUCATION	1,000.
2205 WHEATLAND AVE HAYS KS 67601 LANGSTON UNIVERSITY		501C3	EDUCATION	500.
701 SAMMY DAVIS JR DR LANGSTON OK 73050		501C3	EDUCATION	750.
		ı		
		,		
			-	
b Approved for future payment	· · · · · · ·	· · ·	<u>-</u>	3a 5,566.
Total	L	L		3h

	r gros	analysis of income-producing Acts amounts unless otherwise indicated.		isiness income	Excluded by sect	ion 512, 513, or 514	
	-						(e) Related or exempt
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income
1	Prog	ram service revenue:		1			(See instructions.)
	a _						
	p _				ļ		
	° –		ļ]		
	d				<u> </u>		<u> </u>
	e _						
	<u> </u>			·			
2		ees and contracts from government agencies bership dues and assessments			 		
3		bership dues and assessments			-		· · · · · · · · · · · · · · · · · · ·
4		ends and interest from securities					
5		ental income or (loss) from real estate:					
Ŭ		bebt-financed property			<u> </u>		
		lot debt-financed property	·				
6		ental income or (loss) from personal property			 		
7		r investment income			 		
8		or (loss) from sales of assets other than inventory			 		
9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory	,				
11	Other	rrevenue: a N/A					0.
	b _						
	c _						<u>.</u>
	d _						
	e		ļ j		J J	,	
	_	- 					
	Subto	otal. Add columns (b), (d), and (e)					0.
13	Subto	l. Add line 12, columns (b), (d), and (e)				13	0.
13 (See	Subto Total works	l. Add line 12, columns (b), (d), and (e)	s.)			13	
13 (See Pa	Subto Total works t XV	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		0.
13 (See Pa Lin	Subto Total works	l. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		0.
13 (See Pal Lin	Subto Total works t XVI No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		0.
13 (See Pal Lin	Subto Total works t XVI No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		0.
13 (See Pal Lin	Subto Total works t XVI No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		0.
13 (See Pal Lin	Subto Total works t XVI No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		0.
13 (See Pal Lin	Subto Total works t XVI No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		0.
13 (See Pal Lin	Subto Total works t XVI No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		0.
13 (See Pal Lin	Subto Total works t XVI No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		0.
13 (See Pal Lin	Subto Total works t XVI No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		0.
13 (See Pal Lin	Subto Total works t XVI No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		0.
13 (See Pal Lin	Subto Total works t XVI No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		0.
13 (See Pal Lin	Subto Total works t XVI No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		0.
13 (See Pal Lin	Subto Total works t XVI No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		0.
13 (See Pal Lin	Subto Total works t XVI No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		0.
13 (See Pal Lin	Subto Total works t XVI No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		0.
13 (See Pal Lin	Subto Total works t XVI No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		0.
13 (See Pal Lin	Subto Total works t XVI No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		0.
13 (See Pal Lin	Subto Total works t XVI No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		0.
13 (See Pal Lin	Subto Total works t XVI No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		0.
13 (See Pal Lin	Subto Total works t XVI No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		0.
13 (See Pal Lin	Subto Total works t XVI No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		0.
13 (See Pal Lin	Subto Total works t XVI No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		0.
13 (See Pal Lin	Subto Total works t XVI No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		0.

Paid

BAA

Preparer

Use Only

Firm's name

Firm's address ▶

PHYLLIS WELLER

HILL CITY

105 E CHERRY ST

orm 99	0-PF	(2019)							Page 1 3
Part	XVI	Informatio Organizati		sfers to and Transaction	ns and R	elationships W	ith Noncha		
1	in :	section 501(c) (c anizations?	other than section	engage in any of the followin 501(c)(3) organizations) or	in section	on 527, relating		Ye	s No
а				a noncharitable exempt org					4
	(1)	Cash						1a(1)	×
	(2)	Other assets .						1a(2)	×
b	Oth	er transactions:							
	(1)	Sales of assets to	a noncharitable exer	mpt organization				1b(1)	×
	(2)	Purchases of asse	ets from a noncharita	ble exempt organization .				1b(2)	×
	(3)	Rental of facilities	, equipment, or other	rassets				1b(3)	×
	(4)	Reimbursement a	rrangements					1b(4)	×
	(5)	Loans or loan gua	arantees					1b(5)	×
	(6)	Performance of se	ervices or membershi	ip or fundraising solicitations	.			1b(6)	×
C	Sha	ring of facilities, e	quipment, mailing lis	ts, other assets, or paid emp	oloyees .			1c	×
d	If th	e answer to any	of the above is "Yes	," complete the following si	chedule. C	Column (b) should	d always sho	w the fair	market
	valu	e of the goods, o	ther assets, or service	ces given by the reporting for	undation.	If the foundation	received less	than fair	market
	valu	e in any transacti	on or sharing arrange	ement, show in column (d) th	ne value of	the goods, other	assets, or se	rvices rec	eived.
(a) Line	no	(b) Amount involved	(c) Name of nonch	aritable exempt organization	(d) Descrip	otion of transfers, tran	sactions, and sha	ring arrange	ments
									
		-							
					-				
					 -				
									
	1								
									
									
						 			
			-						
									
2a				filiated with, or related to, etion 501(c)(3)) or in section		ore tax-exempt o	rganizations	☐ Yes I	× No
b	If "Y	es," complete the	e following schedule.						
		(a) Name of organ	nization	(b) Type of organization		(c) Des	cription of relatio	nship	
									
							····		
									
				d this return, including accompanying s			best of my knowled	dge and belief	, it is true
Sign	Con	rect, and complete. Decl	aration of preparer (other than	n taxpayer) is based on all Information of	or which prepa	rer nas any knowledge		RS discuss th	
lere			490	13/20 TR	<u>EASURER</u>	<u> </u>		reparer showr ctions \text{\text{Y}}	
	, ·—	nature of officer or true	stee	Date Title					~[
aid		Print/Type preparer	's name	Preparer's signature		Date	Check X if	PTIN	_
alu ren:	arer	PHYLLIS WE	ELLER	1 the bell	9	04/29/2020	self-employed	P000015	48

KS 67642-1707

Firm's EIN ► 48-1137858

Phone no (785)421-2688

Form **990-PF** (2019)

Continuation Statement

WESTERN INDUSTRIAL TRAINING FOUNDATION

Form 990-PF: Return of Private Foundation

Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.

				٢
Name and Address Information	Form Information	Submission Information	Restrictions	<u> </u>
JIM HICKEL	APPLICATION FORMS	VARIABLE	GRAHAM COUNTY,	
P.O. BOX 309			SCHOOLS HAVE	
HILL CITY,, KS 67642			PRIORITY	
785-421-2135				\neg

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Taxes

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
GRAHAM COUNTY TREASURER	1,637.	1,637.	1,637.	
IRS	74.			
Total	1,711.	1,637.	1,637.	

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Continuation Statement

Descri	ption	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
FRANCHISE FEE		40.	40.	40.	
	Total	40.	40.	40.	<u> </u>

Legal and Professional Fees

2019

Name	Employer Identification No
WESTERN INDUSTRIAL TRAINING FOUNDATION	48-6117520

Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
al to Form 990)-PF, Part I, Line 16a				

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PHYLLIS WELLER	TAX PREPARATION AND ACCOUNTING	500.			
Total to Form 990-	PF, Part I, Line 16b	500.			

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
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al to Form 990	-PF, Part I, Line 16c				.