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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No. 1545-0052

2020

Open to Public Inspection

For calendar year 2020, or tax year beginning 01-01-2020 , and ending 12-31-2020

Name of foundation
Blue Cross and Blue Shield of Kansas Foundation Inc

A Employer identification number
20-3085640

Number and street (or P.O. box number if mail is not delivered to street address)
1133 SW Topeka Blvd

Room/suite

B Telephone number (see instructions)
(785) 291-8262

City or town, state or province, country, and ZIP or foreign postal code
Topeka, KS 66629

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here..... ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 15,036,738

J Accounting method: ☐ Cash ☑ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

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

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check ▶ ☑ if the foundation is **not** required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	284,193	284,193		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	703,591			
	b Gross sales price for all assets on line 6a 7,307,616				
	7 Capital gain net income (from Part IV, line 2)		703,591		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	134,280			
	12 **Total.** Add lines 1 through 11	1,122,064	987,784		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	3,000			3,000
	c Other professional fees (attach schedule)	53,479	53,479		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	12,987			
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	134,820			540
	24 **Total operating and administrative expenses.** Add lines 13 through 23	204,286	53,479		3,540
	25 Contributions, gifts, grants paid	683,022			683,022
	26 **Total expenses and disbursements.** Add lines 24 and 25	887,308	53,479		686,562
	27 Subtract line 26 from line 12:				
	a **Excess of revenue over expenses and disbursements**	234,756			
	b **Net investment income** (if negative, enter -0-)		934,305		
	c **Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	23,622	62,518	62,518
	2 Savings and temporary cash investments	887,289	43,853	43,853
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	11,891,661	12,940,243	14,927,060
	14 Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)	5,145	3,307	3,307
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	12,807,717	13,049,921	15,036,738
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)		7,448	
	23 **Total liabilities**(add lines 17 through 22)		7,448	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☑ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions	12,807,717		
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 **Total net assets or fund balances** (see instructions)	12,807,717	13,042,473	
	30 **Total liabilities and net assets/fund balances** (see instructions)	12,807,717	13,049,921	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	12,807,717
2	Enter amount from Part I, line 27a	2	234,756
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	13,042,473
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	13,042,473

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	See Additional Data Table			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	See Additional Data Table			
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h))
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a	See Additional Data Table			
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	703,591
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	-37,990

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE

1 Reserved

(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved

2	Reserved	2	
3	Reserved	3	
4	Reserved	4	
5	Reserved	5	
6	Reserved	6	
7	Reserved	7	
8	Reserved	8	

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**		
b	Reserved	1	12,987
c	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2	3	12,987
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	12,987
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020 — 6a: 5,539		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 7,448		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments. Add lines 6a through 6d	7	12,987
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be: **Credited to 2021 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ _____ **(2)** On foundation managers. ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ _____			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ ANN M SHELTON Telephone no. ▶ (785) 291-8262

Located at ▶ 1133 SW Topeka Blvd Topeka KS ZIP+4 ▶ 666290001

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 2020, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶	16		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		No
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2020 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b		No

Part VII-B **Statements Regarding Activities for Which Form 4720 May Be Required** *(continued)*

			Yes	No
5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No			
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year? ☐ Yes ☑ No			

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See Additional Data Table				

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

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services. ▶		

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 Childcare Aware of Kansas	50,000
2 United Way of Greater Topeka	50,000
3 Kansas Dental Charitable Foundation	30,000
4 American Red Cross	25,000

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions. **3**	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	13,036,208
b	Average of monthly cash balances	1b	726,547
c	Fair market value of all other assets (see instructions)	1c	3,307
d	**Total** (add lines 1a, b, and c)	1d	13,766,062
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	13,766,062
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	206,491
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	13,559,571
6	**Minimum investment return.** Enter 5% of line 5	6	677,979

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

1	Minimum investment return from Part X, line 6			1	677,979
2a	Tax on investment income for 2020 from Part VI, line 5	2a	12,987		
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	12,987
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	664,992
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	664,992
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	664,992

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	686,562
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	686,562
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	
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	686,562

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				664,992
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.				
b Total for prior years: 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2020:				
a From 2015. 53,207				
b From 2016. 25,705				
c From 2017. 88,315				
d From 2018. 76,397				
e From 2019. 132,690				
f **Total** of lines 3a through e.	376,314			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ $ 686,562				
a Applied to 2019, 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).	0			
d Applied to 2020 distributable amount.				664,992
e Remaining amount distributed out of corpus	21,570			
5 Excess distributions carryover applied to 2020. *(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	397,884			
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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions				
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions)	53,207			
9 **Excess distributions carryover to 2021.** Subtract lines 7 and 8 from line 6a	344,677			
10 Analysis of line 9:				
a Excess from 2016. 25,705				
b Excess from 2017. 88,315				
c Excess from 2018. 76,397				
d Excess from 2019. 132,690				
e Excess from 2020. 21,570				

Part XIV **Private Operating Foundations** (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 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					
e 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: **a** "Assets" alternative test—enter: **(1)** Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . .					
c "Support" alternative test—enter: **(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

See Additional Data Table

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

See Additional Data Table

c Any submission deadlines:

See Additional Data Table

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

See Additional Data Table

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				683,022
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .					284,193
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					703,591
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a Donated Services			3	134,280	
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e). .				134,280	987,784
13 **Total.** Add line 12, columns (b), (d), and (e).				**13**	1,122,064

(See worksheet in line 13 instructions to verify calculations.)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
4 & 8	Investment Income provides funding to support healthcare activities in Kansas.
11a	Donated services comprise all required activities performed on behalf of the Foundation.

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

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 Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
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 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 value 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.

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

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule.

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

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

******	2021-10-28	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.) ☐ **Yes** ☐ **No**

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone 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, **(a)** 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo., day, yr.)	**(d)** Date sold (mo., day, yr.)
5139.47 BAIRD AGGREGATE BOND FUND	P	2017-04-25	2020-03-12
5020.68 BAIRD AGGREGATE BOND FUND	P	2017-04-25	2020-06-01
5480.23 DOUBLELINE TOTL RET BND	P	2017-04-25	2020-06-01
2270.37 HRDNG LVNR INST EM MRKT INST	P	2019-08-02	2020-02-24
2395.01 HRDNG LVNR INST EM MRKT INST	P	2019-08-02	2020-05-11
1686.5 HRDNG LVNR INST EM MRKT INST	P	2019-08-02	2020-07-06
122.24 OAKMARK INTERNATIONAL	P	2019-07-25	2020-02-04
2914.67 OAKMARK INTERNATIONAL	P	2019-07-25	2020-02-04
2845.09 OAKMARK INTERNATIONAL	P	2019-07-25	2020-05-11
2021.16 OAKMARK INTERNATIONAL	P	2019-07-25	2020-07-06

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
60,800		57,254	3,546
60,700		55,930	4,770
58,200		58,529	-329
48,200		46,248	1,952
42,200		48,786	-6,586
34,000		34,354	-354
2,914		3,158	-244
69,486		76,648	-7,162
47,200		74,818	-27,618
40,100		53,151	-13,051

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			3,546
			4,770
			-329
			1,952
			-6,586
			-354
			-244
			-7,162
			-27,618
			-13,051

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, **(a)** 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo., day, yr.)	**(d)** Date sold (mo., day, yr.)
5116.62 OAKMARK INTERNATIONAL	P	2019-07-25	2020-08-04
3982.37 HARTFORD INTL OPPORT I	P	2017-09-20	2020-05-11
2132.99 HARTFORD INTL OPPORT I	P	2017-09-20	2020-07-06
7543.54 HARTFORD INTL OPPORT I	P	2017-09-20	2020-08-04
4339 ISHARES GOLD TRUST	P	2020-01-06	2020-02-28
1986 ISHARES GOLD TRUST	P	2020-01-06	2020-05-11
2754 ISHARES GOLD TRUST	P	2020-01-06	2020-08-04
18983 ISHARES GOLD TRUST	P	2020-01-06	2020-10-12
2855 ISHARES GOLD TRUST	P	2020-06-01	2020-10-12
2084 ISHARES TIPS BOND ETF	P	2020-01-06	2020-03-16

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
103,100		134,553	-31,453
54,200		68,178	-13,978
34,000		36,517	-2,517
125,600		129,145	-3,545
64,868		64,955	-87
32,162		29,730	2,432
52,701		41,227	11,474
348,141		284,176	63,965
52,359		47,407	4,952
236,477		244,662	-8,185

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			-31,453
			-13,978
			-2,517
			-3,545
			-87
			2,432
			11,474
			63,965
			4,952
			-8,185

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, **(a)** 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo., day, yr.)	**(d)** Date sold (mo., day, yr.)
1930 ISHARES TIPS BOND ETF	P	2020-08-04	2020-11-16
1428 ISHARES CORE U S AGGREGATE	P	2017-04-25	2020-02-28
904 ISHARES CORE U S AGGREGATE	P	2017-04-25	2020-03-12
514 ISHARES CORE U S AGGREGATE	P	2017-04-25	2020-03-25
2050 ISHARES CORE U S AGGREGATE	P	2017-04-25	2020-06-01
807 ISHARES CORE U S AGGREGATE	P	2017-04-25	2020-08-04
1903 ISHARES S&P 500 GROWTH ETF	P	2017-04-25	2020-05-11
3908.5 ISHARES S&P 500 GROWTH ETF	P	2017-04-25	2020-11-16
3484 ISHARES S&P 500 VALUE ETF	P	2017-04-25	2020-01-06
1200 ISHARES S&P 500 VALUE ETF	P	2017-04-25	2020-03-04

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
241,534		243,577	-2,043
165,746		155,523	10,223
99,155		98,454	701
58,940		55,980	2,960
240,604		223,265	17,339
96,481		87,890	8,591
367,937		254,906	113,031
957,457		523,542	433,915
452,040		364,636	87,404
143,944		125,592	18,352

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			-2,043
			10,223
			701
			2,960
			17,339
			8,591
			113,031
			433,915
			87,404
			18,352

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, **(a)** 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo., day, yr.)	**(d)** Date sold (mo., day, yr.)
1064 ISHARES S&P 500 VALUE ETF	P	2017-04-25	2020-04-13
1661 ISHARES S&P 500 VALUE ETF	P	2017-04-25	2020-05-11
391 ISHARES S&P 500 VALUE ETF	P	2017-04-25	2020-07-06
2293 ISHARES S&P 500 VALUE ETF	P	2017-04-25	2020-08-04
1664 ISHARES S&P 500 VALUE ETF	P	2017-04-25	2020-11-16
937 ISHARES S&P 500 VALUE ETF	P	2017-05-15	2020-11-16
226 ISHARES S&P MID CAP 400 GROW	P	2017-04-25	2020-01-06
234 ISHARES S&P MID CAP 400 GROW	P	2017-04-25	2020-05-11
133 ISHARES S&P MID CAP 400 GROW	P	2017-04-25	2020-07-06
17 ISHARES S&P MID CAP 400 GROW	P	2019-01-02	2020-07-06

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
109,720		111,359	-1,639
174,402		173,840	562
42,815		40,922	1,893
259,005		239,985	19,020
207,163		174,154	33,009
116,654		97,523	19,131
53,761		44,073	9,688
49,165		45,633	3,532
30,150		25,937	4,213
3,854		3,206	648

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			-1,639
			562
			1,893
			19,020
			33,009
			19,131
			9,688
			3,532
			4,213
			648

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, **(a)** 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo., day, yr.)	**(d)** Date sold (mo., day, yr.)
625 ISHARES S P MID CAP 400 VALU	P	2018-11-01	2020-01-06
292 ISHARES S P MID CAP 400 VALU	P	2018-11-14	2020-01-06
449 ISHARES S P MID CAP 400 VALU	P	2018-11-14	2020-05-11
153 ISHARES S P MID CAP 400 VALU	P	2018-11-14	2020-07-06
100 ISHARES S P MID CAP 400 VALU	P	2018-12-24	2020-07-06
139 ISHARES S P MID CAP 400 VALU	P	2019-01-02	2020-07-06
123 ISHARES S P MID CAP 400 VALU	P	2020-02-04	2020-07-06
14 ISHARES CORE S&P SMALL CAP E	P	2017-04-25	2020-02-04
1831 ISHARES CORE S&P SMALL CAP E	P	2018-01-11	2020-02-04
1062 ISHARES CORE S&P SMALL CAP E	P	2019-09-10	2020-02-04

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
105,885		96,356	9,529
49,470		45,018	4,452
55,846		69,223	-13,377
20,378		23,588	-3,210
13,319		13,178	141
18,514		19,174	-660
16,382		20,618	-4,236
1,153		988	165
150,733		144,330	6,403
87,427		83,404	4,023

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			9,529
			4,452
			-13,377
			-3,210
			141
			-660
			-4,236
			165
			6,403
			4,023

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, **(a)** 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo., day, yr.)	**(d)** Date sold (mo., day, yr.)
594 ISHARES CORE S&P SMALL CAP E	P	2019-09-10	2020-05-11
90 ISHARES CORE S&P SMALL CAP E	P	2019-09-10	2020-07-06
1477 ISHARES CORE S&P SMALL CAP E	P	2019-12-16	2020-07-06
212 ISHARES CORE S&P SMALL CAP E	P	2020-01-06	2020-07-06
1586 ISHARES CORE MSCI EAFE ETF	P	2017-04-25	2020-02-04
225 ISHARES CORE MSCI EAFE ETF	P	2017-04-25	2020-05-11
1354 ISHARES CORE MSCI EAFE ETF	P	2017-05-15	2020-05-11
3042 ISHARES CORE MSCI EAFE ETF	P	2017-05-15	2020-08-04
3241 ISHARES CORE MSCI EMERGING	P	2020-01-06	2020-02-24
2211 ISHARES INTL AGGREGATE BOND	P	2019-10-02	2020-01-06

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
37,185		46,649	-9,464
6,146		7,068	-922
100,857		122,405	-21,548
14,476		17,759	-3,283
102,485		94,620	7,865
11,984		13,423	-1,439
72,119		82,672	-10,553
181,576		185,738	-4,162
162,046		173,879	-11,833
121,733		123,020	-1,287

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			-9,464
			-922
			-21,548
			-3,283
			7,865
			-1,439
			-10,553
			-4,162
			-11,833
			-1,287

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, **(a)** 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo., day, yr.)	**(d)** Date sold (mo., day, yr.)
1089 ISHARES INTL AGGREGATE BOND	P	2019-10-02	2020-03-12
654 ISHARES INTL AGGREGATE BOND	P	2019-10-02	2020-06-01
5457.81 METROPOLITAN WEST T R BOND	P	2017-04-25	2020-03-12
5253.5 METROPOLITAN WEST T R BOND	P	2017-04-25	2020-06-01
5779.46 PIMCO TOTAL RETURN FUND I3	P	2019-07-23	2020-03-12
5526.56 PIMCO TOTAL RETURN FUND I3	P	2019-07-23	2020-06-01
9590.31 PIMCO INTL BND USD HGD I3	P	2019-08-26	2020-01-06
5692.88 PIMCO INTL BND USD HGD I3	P	2019-08-26	2020-03-12
3647.39 PIMCO INTL BND USD HGD I3	P	2019-08-26	2020-06-01

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
59,926		60,592	-666
36,141		36,389	-248
60,800		57,853	2,947
60,100		55,687	4,413
60,800		59,644	1,156
59,300		57,034	2,266
103,000		108,562	-5,562
60,800		64,443	-3,643
39,100		41,288	-2,188

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			-666
			-248
			2,947
			4,413
			1,156
			2,266
			-5,562
			-3,643
			-2,188

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
Matthew D All 1133 SW Topeka Blvd Topeka, KS 66629	President 0.10	0		
Marlou Wegener 1133 SW Topeka Blvd Topeka, KS 66629	COO 20.00	0		
Ann M Shelton 1133 SW Topeka Blvd Topeka, KS 66629	Treasurer 1.00	0		
Carolyn Banning 1108 Champions View Drive Dodge City, KS 67801	Director 0.10	0		
Jena Lysen 301 N Main Suite 1700 Wichita, KS 67202	Director 0.10	0		
Scott H Raymond 1133 SW Topeka Blvd Topeka, KS 66629	Secretary 0.25	0		

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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

BCBS of Kansas Foundation
1133 SW Topeka Boulevard
Topeka, KS 66629
(785) 291-7246

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

Grant Request Application and IRS 501(C) (3) determination letter

c Any submission deadlines:

October 31, 2020

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

Must be a IRS Section 501(c)(3) organization and promote health imporment, community health access and/or health education, healthy behaviors, prevention initiatives or direct health services to the uninsured

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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

BCBS of Kansas Foundation
1133 SW Topeka Blvd
Topeka, KS 66629
(785) 291-7246

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

Healthy Habits for Life Grant Application

c Any submission deadlines:

10/30/2020

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

$1,000 maximum

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
'KS Lions Sight Foundation 2101 E 29th St Lawrence, KS 66046	None	PF	Funding of mobile screening unit expenses. This is the third year of a three-year commitment.	10,000
Envision Foundation610 N Main St Wichita, KS 67203	None	PF	Help with funding Public Education Supplies about eye health, eye safety, and eye disease	5,000
The Arc of Sedgwick County Inc 2919 W Second St Wichita, KS 67203	None	PF	Help with funding the ARC's youth programs - YESS & Circle of Friends to youth with developmental disabilities	5,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Ronald McDonald House Charities of 825 SW Buchanan St Topeka, KS 66606	None	PF	Funding will be used to help offset the costs of family stays with the Share-a-Night Room Sponsorship program.	5,000
E Topeka Council on Aging 432 SE Norwood Topeka, KS 66607	None	PF	Help support transportation needs to medical appointments for the elderly.	5,000
Greater Wichita YMCA Camp Hyde 402 N Market Wichita, KS 67202	None		Support of the Strong Community Healthy Lifestyles Program.	2,500
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Community Mercantile Eduation Found PO Box 35356 Lawrence, KS 66046	None	PF	Support the Growing Food Growing Hope garden project.	3,000
Caney Valley Agape Network Inc PO Box 153 Caney, KS 67333	None	PF	Support the Food Box and Health Advisory Group	4,250
Ronald McDonald House of Wichita 551 N Hillside Suite 100 Wichita, KS 67214	None	PF	Support the Adopt-A-Room program	5,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRAIRIE VIEW INC1901 E 1st St Newton, KS 67114	None	PF	Community Mental Health Clinics	2,000
VALEO BEHAVIORAL HEALTH CARE Foun 330 SW Oakley Ave Topeka, KS 66606	None		Community Mental Health Clinics	2,000
USD NO 383 - FRANK BERGMAN ELEMENTA 3430 Lombard Dr Manhattan, KS 66503	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD NO 416 - LOUISBURG BROADMOOR EL 29020 Mission Belleview Rd Louisburg, KS 66053	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
SAINT VINCENT CLINIC818 N 7th St Leavenworth, KS 66048	None	PF	Community Medical Health Clinics	2,000
HEALTH MINISTRIES CLINIC 720 Medical Center Dr Newton, KS 67114	None	PF	Community Medical Health Clinics	2,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOXIE MEDICAL CLINIC826 18th St Hoxie, KS 67740	None	PF	Community Medical Health Clinics	2,000
Kansas Dental Charitable Foundation 5200 SW Huntoon Topeka, KS 66604	None	PF	Support the 2020 Kansas Mission of Mercy dental clinic in Dodge City	30,000
ChildCare AwarePO Box 2294 Salina, KS 67402	None	PF	Support children's behavioral health curriculum in 103 counties - COVID relief	50,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
American Red Cross Wichita707 N Main Wichita, KS 67203	None	PF	Support immediate/extra needs due to COVID response	5,000
HEARTS - Helping Emplower Ad 4208 SE Oakwood St Topeka, KS 66609	None	PF	Support the pilot program of Peers Accomplishing Life Successfully (PALS) program	4,000
Real Men Real LeadersPO Box 2037 Garden City, KS 67846	None	PF	Support of the Stepping Up Program, teaching valuable life and leadership skills to 5th and 6th grade male students.	2,640
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Special Olympics KS5280 Foxridge Dr Mission, KS 66202	None	PF	Support of the Healthy Athletes programming in Sedgwick, Ellis, Shawnee, and Crawford counties.	5,000
Spring River Mental Health Wellness PO Box 550 Riverton, KS 66770	None	PF	Funding to assist with low income families with scholarships to attend the fitness center.	5,000
Starfish Project 134 S Clairborne Rd Suite B Olathe, KS 66062	None	PF	Support of health and wellness activities through Taekwondo for autistic students and disabled adults in Miami County.	5,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
The Treehouse151 N Volutsia Wichita, KS 67214	None	PF	Support the Earn While You Learn project.	1,000
United Methodist Open Door PO Box 27656 Wichita, KS 67201	None	PF	Help with the basic needs of the Homeless Resource Center.	5,000
Heartland Rural Counseling Services 485 W 4th St Colby, KS 67701	None	PF	Support mental health services in Northwest Kansas for uninsured.	5,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
American Diabetes Association 608 W Douglas Suite 100 Wichita, KS 67203	None	PF	Provide assistance to the Virtual ADA Imagine Camp and Virtual ADA Imagine Camp Discovery	5,000
Big Lakes Developmental Center Inc 1415 Hayes Drive Manhattan, KS 66502	None	PF	Provide medical supplies for individuals with intellectual and developmental disabilities	5,000
Kansas Food Bank Warehouse 1919 E Douglas Wichita, KS 67211	None	PF	Provide assistance for their Food 4 Kids program	5,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Numana Inc405 SW Boyer Rd El Dorado, KS 67042	None	PF	Provide assistance to their Virtual Meal Packing Program	5,000
Project Laundry Inc9035 W Central Ave Wichita, KS 67212	None	PF	Provide laundry assisxtance to the low income.	2,500
Wheels of HOPE Inc804 N Jefferson Junction City, KS 66441	None	PF	Provide assistance for their mobile food pantry	3,500
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Paxton's Blessing Box 911 W 13th St North Wichita, KS 67203	None	PF	Support for the Paxton's Blessing Box program	2,500
Valeo Behavioral Health Care 330 SW Oakley Topeka, KS 66606	None	PF	Support Valeo's Prescription Assistance and Medication Voucher program	15,000
The Arc of Central Plains600 Main Street Hays, KS 67601	None	PF	Support the ARC Park playground Sway Fun equipment for individuals with disabilities.	5,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
First Call For Help of Ellis County 607 E 13th Street Hays, KS 67601	None	PF	Support for the hygiene bags for Backpacks For Kids distributed in Ellis County	1,500
ICARE Intergenerational Clearinghou 701 W 10th St Junction City, KS 66441	None	PF	Support for the ICARE program encourgaing intergenerational activities in Geary County	1,000
Positive Connections - Prevention 2044 SW Fillmore St Topeka, KS 66604	None	PF	Support for the Positive Connections Prevention program and client testing	5,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KS Elks TrainCntr Handicapped 1006 E Wateman Wichita, KS 67211	None	PF	Support for the KETCH Safety program and updating First-Aid kits	5,000
Community Behavioral Health 534 S Kansas Ave Suite 330 Topeka, KS 66603	None	PF	Support the Behavioral Health Toolbox for Community Mental Health Centers in the service area	14,770
Kansas CASA Association 501 SE Jefferson Suite 2000 Topeka, KS 66607	None	PF	Provide 23 Kansas local programs with licenses for the CASA Manager database for one year.	20,771
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Saint Francis Ministries110 W Ottis Ave Salina, KS 67401	None	PF	Support for their behavioral health telehelath system training and assist the Outpatient Behavioral Health Program	25,000
American Baptist Estates1605 W May St Wichita, KS 67213	None	PF	Support for the Fun,Fitness, and Fellowship initiative	5,000
Indy Saves3773 County Road Independence, KS 67301	None	PF	Support for the CPR education and training classes for Montgomery county	2,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Journey to Recovery112 W Pine Ave El Dorado, KS 67042	None	PF	Support for the Dual Diagnosis group with the purchase of books	1,200
Sunrise Project1501 Learnard Avd Ste E Lawrence, KS 66044	None	PF	Support for the Dual Diagnosis group with the purchase of books	2,000
SN Co Extension Master Gardeners 1740 SW Western Avd Topeka, KS 66604	None	GOV	Support for the community gardens	3,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Tammy Walker Cancer Center 511 S Santa Fe Salina, KS 67401	None	PF	Support for colorectal screening kits to the uninsured	748
Wichita Women's Initiative Network 510 E 3rd North Wichita, KS 67202	None	PF	Support for the Beyond Trauma program.	3,302
Petterson Health Center485 N KS Hwy 2 Anthony, KS 67003	None	PF	Support for the Harper County Health Fair in November	3,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
American Red Cross Topeka 1221 SW 17th St Topeka, KS 66604	None	PF	Support for disaster response efforts in our Plan's service area.	25,000
United Way of Greater Topeka PO Box 4188 Topeka, KS 66604	None	PF	Gift to accompany employee contributions	50,000
United Way of the Plains245 N Water Wichita, KS 67202	None	PF	Gift to accompany employee contributions	10,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Salina Area United Way 210 E Walnut St Suite 100 Salina, KS 67401	None	PF	Gift to accompany employee contributions	5,000
United Way of Reno County 924 N Main St Hutchinson, KS 67501	None	PF	Gift to accompany employee contributions	5,000
WSU Tech4004 N Webb Rd Wichita, KS 67226	None	PF	Support for technical college scholarships for students enrolled in health related degree tracks.	2,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Manhattan Area Tech College 3136 Dickens Ave Manhattan, KS 66503	None	PF	Support for technical college scholarships for students enrolled in health related degree tracks.	2,000
Northwest Kansas Tech College 1209 Harrison Goodland, KS 67335	None	PF	Support for technical college scholarships for students enrolled in health related degree tracks.	2,000
Washburn Institute of Technology 5724 SW Huntoon Topeka, KS 66604	None	PF	Support for technical college scholarships for students enrolled in health related degree tracks.	2,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Salina Area Technical College 2562 Centennial Rd Salina, KS 67401	None	PF	Support for technical college scholarships for students enrolled in health related degree tracks.	2,000
North Central Technical College 3033 US Hwy 24 Beloit, KS 67420	None	PF	Support for technical college scholarships for students enrolled in health related degree tracks.	2,000
Allen Community College Endowment A 1801 N Cottonwood Iola, KS 66749	None	GOV	Support for technical college scholarships for students enrolled in health related degree tracks.	2,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Barton Community College Foundation 245 NW 30th Rd Great Bend, KS 67530	None	GOV	Support for technical college scholarships for students enrolled in health related degree tracks.	2,000
Butler Community College Foundation 901 S Haverhill El Dorado, KS 67042	None	GOV	Support for technical college scholarships for students enrolled in health related degree tracks.	2,000
Cloud Co Community College Foundati PO Box 1002 Concordia, KS 66901	None	GOV	Support for technical college scholarships for students enrolled in health related degree tracks.	2,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Coffeyville Community College Found 400 W 11th St Coffeyville, KS 67337	None	GOV	Support for technical college scholarships for students enrolled in health related degree tracks.	2,000
Colby Community College Foundation 1255 S Range Colby, KS 67701	None	GOV	Support for technical college scholarships for students enrolled in health related degree tracks.	2,000
Cowley Community College Foundation PO Box 1147 Arkansas City, KS 67005	None	GOV	Support for technical college scholarships for students enrolled in health related degree tracks.	2,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Dodge City Community College Founda 2501 N 14th Ave Dodge City, KS 67801	None	GOV	Support for technical college scholarships for students enrolled in health related degree tracks.	2,000
Ft Scott Community College Endowmen 2108 S Horton Fort Scott, KS 66701	None	GOV	Support for technical college scholarships for students enrolled in health related degree tracks.	2,000
Garden City Community College Endow 801 Campus Dr Garden City, KS 67846	None	GOV	Support for technical college scholarships for students enrolled in health related degree tracks.	2,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Highland Community College Foundati 606 W Main Highland, KS 66035	None	GOV	Support for technical college scholarships for students enrolled in health related degree tracks.	2,000
Hutchinson Community College Endowm 1300 N Plum Hutchinson, KS 67501	None	GOV	Support for technical college scholarships for students enrolled in health related degree tracks.	2,000
Independence Comm College Foundatio 1057 W College Ave Independence, KS 67301	None	GOV	Support for technical college scholarships for students enrolled in health related degree tracks.	2,000
Total . . . . . ▶ **3a**				683,022

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a *Paid during the year*				
Labette Community College Foundatio 200 S 14th St Parsons, KS 67357	None	GOV	Support for technical college scholarships for students enrolled in health related degree tracks.	2,000
Neosho Co Community College Endowme 800 W 14th St Chanute, KS 66720	None	GOV	Support for technical college scholarships for students enrolled in health related degree tracks.	2,000
Pratt Community College Endowment 348 NE State Rd 61 Pratt, KS 67124	None	GOV	Support for technical college scholarships for students enrolled in health related degree tracks.	2,000
Total . . . . . ▶ **3a**				683,022

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a *Paid during the year*				
Seward Co Community College Foundai PO Box 1137 Liberal, KS 67901	None	GOV	Support for technical college scholarships for students enrolled in health related degree tracks.	2,000
Baker University1500 SW 10th St Topeka, KS 66604	None	PF	Support for technical college scholarships for students enrolled in health related degree tracks.	5,000
Benedictine College1020 N Second St Atchison, KS 66002	None	PF	Support for technical college scholarships for students enrolled in health related degree tracks.	5,000
Total . . . . . ▶ **3a**				683,022

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a *Paid during the year*				
Bethel College300 E 27th St North Newton, KS 67117	None	PF	Support for technical college scholarships for students enrolled in health related degree tracks.	5,000
Emporia State University1127 Chestnut Emporia, KS 66801	None	PF	Support for technical college scholarships for students enrolled in health related degree tracks.	5,000
Fort Hays State University600 Park St Hays, KS 67601	None	PF	Support for technical college scholarships for students enrolled in health related degree tracks.	5,000
Total . . . . . ▶ **3a**				683,022

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a *Paid during the year*				
Kansas Wesleyan University 100 E Claflin Ave Salina, KS 67401	None	PF	Support for technical college scholarships for students enrolled in health related degree tracks.	5,000
Pittsburg State University 1701 S Broadway Pittsburg, KS 66762	None	PF	Support for technical college scholarships for students enrolled in health related degree tracks.	5,000
Univ of KS School of Nursing Salina 138 N Santa Fe Ave Salina, KS 67401	None	PF	Support for technical college scholarships for students enrolled in health related degree tracks.	5,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Washburn University 1700 SW College Ave Topeka, KS 66621	None	PF	Support for technical college scholarships for students enrolled in health related degree tracks.	5,000
Wichita State University1845 Fairmount Wichita, KS 67260	None	PF	Support for technical college scholarships for students enrolled in health related degree tracks.	5,000
Atchison Community Health Clinic PO Box 27 Atchison, KS 66002	None	PF	Support for uninsured patients of the clinics.	2,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Community Health Center Cowley 221 W 8th Ave Winfield, KS 67156	None	PF	Support for uninsured patients of the clinics.	2,000
Community Health Center SW KS 3011 N Michigan St Pittsburg, KS 66762	None	PF	Support for uninsured patients of the clinics.	2,000
First Care Clinic105 W 13th Hays, KS 67601	None	PF	Support for uninsured patients of the clinics.	2,000
Total . . . . . ▶ **3a**				683,022

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a *Paid during the year*				
Flint Hills Community Clinic 401 Houston St Suite C Manhattan, KS 66502	None	PF	Support for uninsured patients of the clinics.	2,000
Flinit Hills Community Health Cen 420 W 15th Ave Emporia, KS 66801	None	PF	Support for uninsured patients of the clinics.	2,000
Genesis Family Health712A St John Garden City, KS 67846	None	PF	Support for uninsured patients of the clinics.	2,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GraceMed Capitol Family Clinic 1400 SW Huntoon Street Topeka, KS 66604	None	PF	Support for uninsured patients of the clinics.	2,000
GraceMed Helen Galloway Fam Clinic 1122 N Topeka Wichita, KS 67214	None	PF	Support for uninsured patients of the clinics.	2,000
Greeley County Health Services 504 E 6th St Sharon Springs, KS 67758	None	GOV	Support for uninsured patients of the clinics.	2,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Guadalupe Clinic940 S St Francis Wichita, KS 67211	None	PF	Support for uninsured patients of the clinics.	2,000
Health Ministries Clinic Inc 720 Medical Center Drive Newton, KS 67114	None	PF	Support for uninsured patients of the clinics.	2,000
HealthCore Clinic Inc2707 E 21st St N Wichita, KS 67214	None	PF	Support for uninsured patients of the clinics.	2,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Heart of KS Fam Health Care 1905 19th St Great Bend, KS 67530	None	PF	Support for uninsured patients of the clinics.	2,000
Heartland Community Health Center 346 Maine St Suite 150 Lawrence, KS 66044	None	PF	Support for uninsured patients of the clinics.	2,000
Hoxie Medical Clinic826 18th St Hoxie, KS 67740	None	PF	Support for uninsured patients of the clinics.	2,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Hunter Health2318 E Central Wichita, KS 67214	None	PF	Support for uninsured patients of the clinics.	2,000
Konza Prairie Community Health 361 Grant Ave Junction City, KS 66441	None	PF	Support for uninsured patients of the clinics.	2,000
Marian Clinci Inc3164 SE 6th Ave Topeka, KS 66607	None	PF	Support for uninsured patients of the clinics.	2,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PrairieStar Health Center 2700 E 30th Ave Hutchinson, KS 67502	None	PF	Support for uninsured patients of the clinics.	2,000
Rawlins County Dental Clinic 515 State St Atwood, KS 67730	None	PF	Support for uninsured patients of the clinics.	2,000
Salina Family Healthcare Center 651 E Prescott Salina, KS 67401	None	PF	Support for uninsured patients of the clinics.	2,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
St Vincent Clinic818 N 7th St Leavenworth, KS 66048	None	PF	Support for uninsured patients of the clinics.	2,000
Bert Nash Comm Mental Health Center 200 Maine Suite A Lawrence, KS 66044	None	PF	Support for uninsured patients of the clinics.	2,000
Central KS Mental Health Center 809 Elmhurst Salina, KS 67401	None	PF	Support for uninsured patients of the clinics.	2,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Compass Behavioral Health 531 Campus View/PO Box 477 Garden City, KS 67846	None	PF	Support for uninsured patients of the clinics.	2,000
Crosswinds Counseling and Wellness 1000 Lincoln Emporia, KS 66801	None	PF	Support for uninsured patients of the clinics.	2,000
Elizabeth Layton Center 2537 Eisenhower Rd Ottawa, KS 66067	None	PF	Support for uninsured patients of the clinics.	2,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Family Service Guidance Center 325 SW Frazier Topeka, KS 66606	None	PF	Support for uninsured patients of the clinics.	2,000
Four County Mental Health Center 3751 West Main/PO Box 688 Independence, KS 67301	None	PF	Support for uninsured patients of the clinics.	2,000
Horizons Mental Health Center 1600 N Lorraine Suite 202 Hutchinson, KS 67501	None	PF	Support for uninsured patients of the clinics.	2,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Iroquois Center for Human Developme 610 E Grant Ave Greensburg, KS 67054	None	PF	Support for uninsured patients of the clinics.	2,000
Kanza Mental Health Guidance 909 S 2nd St/PO Box 319 Hiawatha, KS 66434	None	PF	Support for uninsured patients of the clinics.	2,000
Labette Center for Mental Health Se 1730 Belmont Parsons, KS 67357	None	PF	Support for uninsured patients of the clinics.	2,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Pawnee Mental Health Services 2001 Claflin Rd Manhattan, KS 66502	None	PF	Support for uninsured patients of the clinics.	2,000
Prairie View Inc 1901 E 1st St/PO Box 467 Newton, KS 67114	None	PF	Support for uninsured patients of the clinics.	2,000
S Central Mental Health Counseling 520 E Augusta Ave Augusta, KS 67010	None	PF	Support for uninsured patients of the clinics.	2,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Southwest Guidance CenterPO Box 2945 Liberal, KS 67905	None	PF	Support for uninsured patients of the clinics.	2,000
Spring River Mental Health 6610 SE Quakervale Rd/PO Box 550 Riverton, KS 66770	None	PF	Support for uninsured patients of the clinics.	2,000
Summer Mental Health Center 1601 W 16th St/PO Box 607 Wellington, KS 67152	None	PF	Support for uninsured patients of the clinics.	2,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Center for Counseling Consultation 5815 Broadway Great Bend, KS 67530	None	PF	Support for uninsured patients of the clinics.	2,000
The Guidance Center Inc 500 Limit Street Leavenworth, KS 66048	None	PF	Support for uninsured patients of the clinics.	2,000
Valeo Behavioral Healthcare 330 SW Oakley Topeka, KS 66606	None	PF	Support for uninsured patients of the clinics.	2,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD212 Northern Vally High 512 W Bryant Almena, KS 67622	None	GOV	Support for healthy lifestyle programs in K-12 schools.	600
USD214 Ulysses School District 111 S Baughman St Ulysses, KS 67880	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD215 Lakin Grade School 407 N Main St Lakin, KS 67860	None	GOV	Support for healthy lifestyle programs in K-12 schools.	989
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD216 Deerfield Schools803 Beech Deerfield, KS 67838	None	GOV	Support for healthy lifestyle programs in K-12 schools.	996
USD218 Elkhart Elementary School 331 S Cosmos Elkhart, KS 67950	None	GOV	Support for healthy lifestyle programs in K-12 schools.	996
USD218 Elkhart High School 150 Wildcat Avenue Elkhart, KS 67950	None	GOV	Support for healthy lifestyle programs in K-12 schools.	996
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD218 Elkhart Middle School 149 Wildcat Avenue Elkhart, KS 67950	None	GOV	Support for healthy lifestyle programs in K-12 schools.	997
USD234 Eugene Ware Elementary 900 East 3rd St Fort Scott, KS 66701	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD239 Minneapolis Grade School 317 Argyle Street PO Box 48 Minneapolis, KS 67467	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD247 Southeast High School 126 West 400 Hwy Cherokee, KS 66724	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD252 Neosho Rapids Elementary 240 N Commercial Neosho Rapids, KS 66864	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD253 William Allen White 220 W Listerscheid Street Olpe, KS 66865	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD255 South Barber902 Exchange Emporia, KS 66860	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD257 Iola High School 512 Main Street Kiowa, KS 67078	None	GOV	Support for healthy lifestyle programs in K-12 schools.	935
USD257 Iola Middle School 300 E Jackson Iola, KS 66749	None	GOV	Support for healthy lifestyle programs in K-12 schools.	996
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD257 Jefferson Elementary School 300 South Jefferson Ave Iola, KS 66749	None	GOV	Support for healthy lifestyle programs in K-12 schools.	999
USD257 McKinley Elementary School 209 S Kentucky Street Iola, KS 66749	None	GOV	Support for healthy lifestyle programs in K-12 schools.	979
USD259 Allen Elementary 1 1881 S Elpyco Wichita, KS 67212	None	GOV	Support for healthy lifestyle programs in K-12 schools.	949
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD267 Andale ElementaryHigh 500 Rush Ave Andale, KS 67001	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD274 Oakley School 621 Center Ave Suite 103 Oakley, KS 67748	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD310 Langdon-Fairfield 16115 S Langdon Road Langdon, KS 67583	None	GOV	Support for healthy lifestyle programs in K-12 schools.	995
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD323 Rock Creek High School 9355 Flush Road St George, KS 66535	None	GOV	Support for healthy lifestyle programs in K-12 schools.	907
USD323 Rock Creek Middle School 9357 Flush Road St George, KS 66535	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD323 St George Elementary 200 Blackjack Road St George, KS 66535	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD323 Westmoreland Elementary 205 S 4th Street Westmoreland, KS 66549	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD329 Alma elementary 215 East 9th Street Alma, KS 66401	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD329 Maple Hill Elementary 212 Pierce Street Maple Hills, KS 66507	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD329 Wabaunsee Jr High 112 Elm Street Paxico, KS 66526	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD330 Mission Valley High School 12913 Mission Valley Road Eskridge, KS 66423	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD332 Cunningham-West Kingman 104 W 4th Cunningham, KS 67035	None	GOV	Support for healthy lifestyle programs in K-12 schools.	989
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD337 Royal Valley Elementary 1st and Highland Hoyt, KS 66440	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD337 Royal Valley High101 E 1st Hoyt, KS 66440	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD337 Royal Valley Middle School 204 S 4th Mayetta, KS 66440	None	GOV	Support for healthy lifestyle programs in K-12 schools.	986
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD340 Jefferson West Elementary 301 E Main PO Box 265 Meriden, KS 66512	None	GOV	Support for healthy lifestyle programs in K-12 schools.	770
USD340 Jefferson West High School 619 Conray Street Meriden, KS 66512	None	GOV	Support for healthy lifestyle programs in K-12 schools.	902
USD340 Jefferson West Middle School 210 Miller Street Meriden, KS 66512	None	GOV	Support for healthy lifestyle programs in K-12 schools.	952
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD342 McLouth High School 217 Summit St McLouth, KS 66054	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD 343 Perry-Lecompton Elementary 626 Whitifield Street Lecompton, KS 66050	None	GOV	Support for healthy lifestyle programs in K-12 schools.	997
USD345 Logan Elementary 1124 NW Lyman Road Topeka, KS 66608	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD345 North Fairview Elementary 1941 NW 39th Street Topeka, KS 66617	None	GOV	Support for healthy lifestyle programs in K-12 schools.	525
USD366 Yates Center Elementary 802 S State Street Yates Center, KS 66783	None	GOV	Support for healthy lifestyle programs in K-12 schools.	417
USD369 Burton Schools 105 E Lincoln PO Box 369 Burrton, KS 67020	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD377 Atchison Co Community Elemen 506 6th Street Effingham, KS 66023	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD377 Atchinson Co Community Jr Hi 908 Tiger Road Effingham, KS 66023	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD377 Atchinson Co Community Sr Hi 908 Tiger Road Effingham, KS 66023	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD408 Marion Middle School 125 S Lincoln Marion, KS 66861	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD409 Atchison Middle School 301 N 5th Street Atchinson, KS 66002	None	GOV	Support for healthy lifestyle programs in K-12 schools.	700
USD409 Atchison High School1500 Riley Atchison, KS 66002	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD409 Central School215 N 8th Street Atchison, KS 66002	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD410 Hillsboro Elementary 812 East A Street Hillsboro, KS 67063	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD413 Royster Middle School 400 West Main Chanute, KS 66720	None	GOV	Support for healthy lifestyle programs in K-12 schools.	982
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD430 Everest Middle School 221 S 7th Street Everest, KS 66424	None	GOV	Support for healthy lifestyle programs in K-12 schools.	999
USD437 Tallgrass Student Learning C 5740 SW 61st Street Topeka, KS 66619	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD439 RL Wright Elementary 400 W 4th Segdwick, KS 67135	None	GOV	Support for healthy lifestyle programs in K-12 schools.	990
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD448 Inman Elementary207 N Maple Inman, KS 67546	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD457 Kenneth Henderson Middle Sch 2406 Fleming Street Garden City, KS 67846	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD460 Hesston Elementary 300 E Amos Hesston, KS 67062	None	GOV	Support for healthy lifestyle programs in K-12 schools.	840
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD460 Hesston Middle School 100 N Ridge Road Hesston, KS 67062	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD461 Heller Elementary415 N 8th Neodesha, KS 66757	None	GOV	Support for healthy lifestyle programs in K-12 schools.	840
USD461 Neodesha MiddleHigh School 1001 N 8th St Neodesha, KS 66757	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD461 North Lawn Elementary 620 W Granby Neodesha, KS 66757	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD464 Tonganoxie Elementary 1180 South East Street Tonganoxie, KS 66086	None	GOV	Support for healthy lifestyle programs in K-12 schools.	792
USD465 Community Day School 1317 Wheat Road Winfield, KS 67156	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD465 Irving Elementary 311 Harter Street Winfield, KS 67156	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD465 Winfield Middle School 130 Viking Blvd Winfield, KS 67156	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD467 Wichita County Elementary 109 N Indian Road Leoti, KS 67846	None	GOV	Support for healthy lifestyle programs in K-12 schools.	983
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD469 Lansing Elementary 450 West Mary Street Lansing, KS 66043	None	GOV	Support for healthy lifestyle programs in K-12 schools.	999
USD471 Dexter311 N Main Street Dexter, KS 67038	None	GOV	Support for healthy lifestyle programs in K-12 schools.	994
USD483 SW Heights Jr High 17222 Mustang Road Kismet, KS 67859	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD489 Hays High School 2300 E 13th Street Hays, KS 67601	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD491 Eudora Middle School 2635 Church Street Eudora, KS 66026	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD499 Liberty Elementary 702 E 7th Street Galena, KS 66739	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD501 Jag Academy 2600 SW 33rd Street Topeka, KS 66611	None	GOV	Support for healthy lifestyle programs in K-12 schools.	937
USD501 Jardine Elementary 2600 SW 33rd Street Topeka, KS 66611	None	GOV	Support for healthy lifestyle programs in K-12 schools.	999
USD501 McCarter Elementary 5512 SW 16th Street Topeka, KS 66604	None	GOV	Support for healthy lifestyle programs in K-12 schools.	993
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD501 McEachron Elementary 4433 SW 29th Terrance Topeka, KS 66614	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
USD507 Satanta Grade School 800 Wichita Satanta, KS 67870	None	GOV	Support for healthy lifestyle programs in K-12 schools.	900
USD511 Attica Public School 718 N Main Street Attica, KS 67009	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Parsons Middle School2719 Main Parsons, KS 67357	None	GOV	Support for healthy lifestyle programs in K-12 schools.	795
East Central Kansas Academy212 S Pine Garnett, KS 66032	None	PF	Support for healthy lifestyle programs in K-12 schools.	1,000
Project Alternative SEKESC 403 Brunetti Drive McCune, KS 66753	None	PF	Support for healthy lifestyle programs in K-12 schools.	1,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Project Plus SEKESC 6822 SE Ross St Bldg 605 Topeka, KS 66619	None	PF	Support for healthy lifestyle programs in K-12 schools.	1,000
Special Purpose School SEKESC 2601 Gabriel Ave Parsons, KS 67357	None	PF	Support for healthy lifestyle programs in K-12 schools.	966
Transitional Learning Center 700 E 13th Ave Hutchinson, KS 67502	None	PF	Support for healthy lifestyle programs in K-12 schools.	1,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Darrel and Dee Rolph Literacy Acade 2220 E 21st St N Wichita, KS 67214	None	PF	Support for healthy lifestyle programs in K-12 schools.	862
Hayden Catholic High School 401 SW Gage Blvd Topeka, KS 66606	None	PF	Support for healthy lifestyle programs in K-12 schools.	1,000
Holy Name Catholic School Wichita 700 Fuller Winfield, KS 67156	None	PF	Support for healthy lifestyle programs in K-12 schools.	1,000
Total . . . . . ▶ **3a**				683,022

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Magdalen Catholic School 2221 N 127th St E Wichita, KS 67226	None	PF	Support for healthy lifestyle programs in K-12 schools.	1,000
St Mary's Grade School605 Monroe Ellis, KS 67637	None	PF	Support for healthy lifestyle programs in K-12 schools.	500
St Peter Catholic School11010 SW Blvd Wichita, KS 67215	None	PF	Support for healthy lifestyle programs in K-12 schools.	1,000
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Trinity Lutheran Church School 910 Mound Winfield, KS 67156	None	PF	Support for healthy lifestyle programs in K-12 schools.	1,000
Trinity Lutheran School611 N 8Th Atchison, KS 66002	None	PF	Support for healthy lifestyle programs in K-12 schools.	978
Xavier Catholic School541 Muncie Road Leavenworth, KS 66048	None	PF	Support for healthy lifestyle programs in K-12 schools.	920
Total . . . . . ▶ **3a**				683,022

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USD252 Olpe JrSr High School 220 W Listerscheid Street Olpe, KS 66865	None	GOV	Support for healthy lifestyle programs in K-12 schools.	1,000
Total . . . . . ▶ **3a**				683,022

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TY 2020 Accounting Fees Schedule

Name: Blue Cross and Blue Shield of Kansas Foundation Inc

EIN: 20-3085640

Software ID: 20011566

Software Version: 2020v4.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Audit Services	3,000	0	0	3,000

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TY 2020 Investments - Other Schedule

Name: Blue Cross and Blue Shield of Kansas Foundation Inc
EIN: 20-3085640
Software ID: 20011566
Software Version: 2020v4.0

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
BAIRD AGGREGATE BOND FUND	FMV	502,251	537,405
DOUBLELINE TOTL RET BND	FMV	528,046	536,771
HRDNG LVNR INST EM MRKT INST	FMV	488,412	633,098
OAKMARK INTERNATIONAL	FMV	437,266	534,744
HARTFORD INTL OPPORT I	FMV	415,594	517,770
ISHARES CORE U S AGGREGATE	FMV	2,067,493	2,200,580
ISHARES S&P 500 GROWTH ETF	FMV	1,612,051	2,346,917
ISHARES S&P 500 VALUE ETF	FMV	2,095,154	2,353,008
ISHARES S&P MID CAP 400 GROW	FMV	245,619	322,173
ISHARES S P MID CAP 400 VALU	FMV	276,327	321,985
ISHARES CORE S&P SMALL CAP E	FMV	871,895	987,557
ISHARES CORE MSCI EAFE ETF	FMV	960,519	1,074,142
ISHARES CORE MSCI EMERGING	FMV	621,042	705,767
ISHARES INTL AGGREGATE BOND	FMV	371,726	376,270
METROPOLITAN WEST T R BOND	FMV	528,040	550,442
PIMCO TOTAL RETURN FUND I3	FMV	540,502	550,501
PIMCO INTL BND USD HGD I3	FMV	378,306	377,930

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TY 2020 Other Assets Schedule

Name: Blue Cross and Blue Shield of Kansas Foundation Inc

EIN: 20-3085640

Software ID: 20011566

Software Version: 2020v4.0

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
Accrued Investment Interest	5,145	3,307	
Tax Receivable/Open Investments			3,307

TY 2020 Other Expenses Schedule

Name: Blue Cross and Blue Shield of Kansas Foundation Inc

EIN: 20-3085640

Software ID: 20011566

Software Version: 2020v4.0

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Administrative Purchased Services	134,280			
Association Royalty Fee	500			500
Not-for-Profit Filing Fee	40			40

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TY 2020 Other Income Schedule

Name: Blue Cross and Blue Shield of Kansas Foundation Inc

EIN: 20-3085640

Software ID: 20011566

Software Version: 2020v4.0

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Donated Services	134,280		

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TY 2020 Other Professional Fees Schedule

Name: Blue Cross and Blue Shield of Kansas Foundation Inc

EIN: 20-3085640

Software ID: 20011566

Software Version: 2020v4.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Investment Fees	53,479	53,479	0	0

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TY 2020 Taxes Schedule

Name: Blue Cross and Blue Shield of Kansas Foundation Inc

EIN: 20-3085640

Software ID: 20011566

Software Version: 2020v4.0

Taxes Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Investment Income Excise Tax	12,987			