efile GRAPHIC print - DO NOT PROCESS

Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491133008432

2020

OMB No. 1545-0052

## **Return of Private Foundation**

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

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

Open to Public

| or                                    | caler   | ndar year 2020, or tax year beginning 07-01-2  | 020 , ar              | nd en | ding 06-30-           | 2021  |                                  |
|---------------------------------------|---------|--|-----------------------|-------|-----------------------|---|----------------------------------|
|                                       |         | ındation<br>ian Foundation   |                       |       | A Employer id         | entification numbe                          | r                                |
|                                       |         |  |                       |       | 36-6086377            |   |                                  |
|                                       |         | l street (or P.O. box number if mail is not delivered to street address<br>Lst Street                            | ) Room/suite          |       | <b>B</b> Telephone nu | mber (see instruction                       | ns)                              |
|                                       |         |  |                       |       | (816) 363-2967        | ,   |                                  |
|                                       |         | n, state or province, country, and ZIP or foreign postal code<br>, MO 641131421                                  |                       |       | <b>C</b> If exemption | application is pendin                       | g, check here                    |
|                                       |         |  |                       |       |                       |   | ▶ ⊔                              |
| G Ch                                  | neck al | I that apply: ☐ Initial return ☐ Initial return of a☐ Final return ☐ Amended return                              | former public charity |       | _                     | ganizations, check he                       | ▶ ⊔                              |
|                                       |         | ☐ Address change ☐ Name change   |                       |       |                       | ganizations meeting<br>k here and attach co |                                  |
| 1 Ch                                  | neck tv | pe of organization: Section 501(c)(3) exempt private   | foundation            |       |                       | undation status was t                       |                                  |
| _                                     |         |  | le private foundation |       | under sectio          | n 507(b)(1)(A), chec                        | k nere                           |
|                                       |         | xet value of all assets at end J Accounting method:  | ☑ Cash ☐ Accru        | ıal   |                       | ation is in a 60-month                      |                                  |
|                                       |         | rom Part II, col. (c),<br>▶\$ 1,224,786 ☐ Other (specify)  |                       |       | under sectio          | n 507(b)(1)(B), chec                        | k here 🕨 🗀                       |
|                                       |         | (Part I, column (d) mus  | t be on cash basis.)  |       |                       |   |                                  |
| Pa                                    | rt I    | Analysis of Revenue and Expenses (The total  | (a) Revenue and       | (b)   | Net investment        | (c) Adjusted net                            | (d) Disbursements for charitable |
|                                       |         | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) | expenses per<br>books |       | income                | income                                      | purposes<br>(cash basis only)    |
|                                       | 1       | Contributions, gifts, grants, etc., received (attach   |                       |       |                       |   | (cush busis only)                |
|                                       |         | schedule)  |                       |       |                       |   |                                  |
|                                       | 2       | Check ► ✓ if the foundation is <b>not</b> required to attach Sch. B  |                       |       |                       |   |                                  |
|                                       | 3       | Interest on savings and temporary cash investments   |                       |       |                       |   |                                  |
|                                       | 4       | Dividends and interest from securities   | 17,460                |       | 17,460                |   |                                  |
|                                       | 5a      | Gross rents  |                       |       |                       |   |                                  |
|                                       | b       | Net rental income or (loss)  | -                     |       |                       |   |                                  |
| r e                                   | 6a      | Net gain or (loss) from sale of assets not on line 10  | 165,797               | 7     |                       |   |                                  |
| Revenue                               | b       | Gross sales price for all assets on line 6a  | 3                     |       |                       |   |                                  |
| $\aleph$ e                            | 7       | Capital gain net income (from Part IV, line 2)   | 2                     |       | 165,797               |   |                                  |
|                                       | 8       | Net short-term capital gain  |                       |       |                       |   |                                  |
|                                       | 9       | Income modifications   |                       |       |                       |   |                                  |
|                                       | 10a     | Gross sales less returns and allowances  |                       |       |                       |   |                                  |
|                                       | b       | Less: Cost of goods sold   | 0                     |       |                       |   |                                  |
|                                       | 11      | Other income (attach schedule)   | 0                     | 1     |                       |   |                                  |
|                                       | 12      | Total. Add lines 1 through 11  | 183,257               | 1     | 183,257               |   |                                  |
|                                       | 13      | Compensation of officers, directors, trustees, etc.  | 46,120                |       |                       |   | 46,120                           |
|                                       | 14      | Other employee salaries and wages  |                       |       |                       |   | ,                                |
| Š                                     | 15      | Pension plans, employee benefits   |                       |       |                       |   |                                  |
| nse                                   | 16a     | Legal fees (attach schedule)   | 5,650                 |       |                       |   | 5,650                            |
| <u>8</u>                              | b       | Accounting fees (attach schedule)  | 0                     |       |                       |   |                                  |
| a)<br>E                               | С       | Other professional fees (attach schedule)  | 8,378                 | 3     | 8,378                 |   |                                  |
| Ĭ                                     | 17      | Interest   |                       |       |                       |   |                                  |
| stra                                  | 18      | Taxes (attach schedule) (see instructions)   | 291                   | L     | 41                    |   |                                  |
| ≣                                     | 19      | Depreciation (attach schedule) and depletion   | 0                     |       |                       |   |                                  |
| Ę                                     | 20      | Occupancy  |                       |       |                       |   |                                  |
| <b>₹</b>                              | 21      | Travel, conferences, and meetings  | 16,557                | 7     |                       |   | 16,557                           |
| a                                     | 22      | Printing and publications  |                       |       |                       |   |                                  |
| Di<br>Di                              | 23      | Other expenses (attach schedule)   | 4,900                 |       |                       |   | 4,900                            |
| Operating and Administrative Expenses | 24      | Total operating and administrative expenses.   |                       |       | £ 11-                 |   |                                  |
| <u>ಹ</u>                              | 25      | Add lines 13 through 23  | 81,896                | 1     | 8,419                 |   | 73,227                           |
| _                                     | 25      | Contributions, gifts, grants paid  | 100,582               | -     |                       |   | 100,582                          |
|                                       | 26      | <b>Total expenses and disbursements.</b> Add lines 24 and 25   | 182,478               | 3     | 8,419                 |   | 173,809                          |
|                                       | 27      | Subtract line 26 from line 12:   |                       |       | •                     |   |                                  |
|                                       | а       | Excess of revenue over expenses and disbursements  | 779                   |       |                       |   |                                  |
|                                       | ь       | Net investment income (if negative, enter -0-)   | 779                   |       | 174,838               |   |                                  |
|                                       | c       | Adjusted net income (if negative, enter -0-)   |                       |       | _, ,,,,,,,,,          |   |                                  |
|                                       | L       |  | 1                     | 1     |                       | l .   | 1                                |

Beginning of year

374,021

393,503

842,297

842,297

842,297

842,297

Balance Sheets Attached schedules and amounts in the description column

Receivables due from officers, directors, trustees, and other

Less: allowance for doubtful accounts ▶

Land, buildings, and equipment: basis ▶ \_

instructions. Also, see page 1, item I)

and complete lines 24, 25, 29 and 30. Net assets without donor restrictions . . .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶.

Other increases not included in line 2 (itemize)

Net assets with donor restrictions . . . .

Other assets (describe > \_

Other liabilities (describe ▶\_

Grants payable

disqualified persons (attach schedule) (see instructions) . . . . . Other notes and loans receivable (attach schedule) ▶

Investments—U.S. and state government obligations (attach schedule)

Investments—corporate bonds (attach schedule) . . . . . . . . . Investments—land, buildings, and equipment: basis ▶ \_\_\_\_\_ Less: accumulated depreciation (attach schedule) ▶ \_\_\_\_\_

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . .

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Capital stock, trust principal, or current funds . . . . . . . . . .

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds

Prepaid expenses and deferred charges . . . . . .

Total assets (to be completed by all filers—see the

Less: accumulated depreciation (attach schedule) ▶ \_\_\_\_\_

Loans from officers, directors, trustees, and other disqualified persons

Foundations that follow FASB ASC 958, check here

Page 2

403,678

786,338

1,224,786

End of year

378,907

429,399

843,076

843,076

843,076

843,076

1

2

3 4

5

6

842,297

843,076

843,076 Form **990-PF** (2020)

779

|        | ,   |
|--------|-----|
|        | 4   |
|        | 5   |
|        | 6   |
|        | 7   |
| S      | 8   |
| Assets | 9   |
| As     | 10a |
|        | b   |
|        | С   |
|        | 11  |
|        | 12  |

13 14

15

16

17

18

19

20 21

22

23

24 25

26

28

29

30

Part III

2

3

Liabilities

**Fund Balances** 

ŏ

Assets 27

Net

Form 990-PF (2020)

Part II

Page **3** 

|              |                              | ne kind(s) of property sold (e.g.,<br>nouse; or common stock, 200 sh |         |   | <b>(b)</b><br>How acqu<br>P—Purch<br>D—Donat | ase      | (c) Date acquired (mo., day, yr.) | (d)<br>Date sold<br>(mo., day, yr.) |
|--------------|------------------------------|--|---------|---|--|----------|-----------------------------------|-------------------------------------|
| <b>1</b> a P | ublicly Traded Securities    |  |         |   |  |          |                                   |                                     |
| b            |                              |  |         |   |  |          |                                   |                                     |
| С            |                              |  |         |   |  |          |                                   |                                     |
| d            |                              |  |         |   |  |          |                                   |                                     |
| e            |                              |  |         |   |  |          |                                   |                                     |
|              |                              | (f)  |         | -   | (g)  |          | (                                 | h)                                  |
|              | (e)<br>Gross sales price     | Depreciation allowed   |         |   | other basis                                  |          |                                   | r (loss)                            |
|              | Gross sales price            | (or allowable)   |         | plus expe                                 | ense of sale                                 |          | (e) plus (f                       | ) minus (g)                         |
| а            | 361,7                        | 88   | 0       |   | 19   | 5,991    |                                   | 165,797                             |
| b            |                              |  |         |   |  |          |                                   |                                     |
| C            |                              |  |         |   |  |          |                                   |                                     |
| d            |                              |  |         |   |  |          |                                   |                                     |
| e            |                              |  |         |   |  |          |                                   |                                     |
|              |                              | •  |         |   |  | <u> </u> |                                   |                                     |
|              | Complete only for assets she | owing gain in column (h) and ov                                      | vned by | the foundation of                         | on 12/31/69                                  |          |                                   | I)                                  |
|              |                              | (i)  | ĺ       |   | (k)  |          | Gains (Col. (                     | h) gain minus                       |
|              | (i)<br>F.M.V. as of 12/31/69 | Adjusted basis   |         | Excess                                    | of col. (i)                                  |          |                                   | less than -0-) <b>or</b>            |
|              | T.M.V. d3 01 12/31/07        | as of 12/31/69   |         | over col.                                 | . (j), if any                                |          | Losses (fro                       | om col.(h))                         |
| a            |                              | 0  | 0       |   |  | 0        |                                   | 165,797                             |
| b            |                              |  |         |   |  |          |                                   |                                     |
| С            |                              |  |         |   |  |          |                                   |                                     |
| d            |                              |  |         |   |  |          |                                   |                                     |
| e            |                              |  |         |   |  |          |                                   |                                     |
|              | Capital gain net income or   | (net capital loss) {   | If (los | n, also enter in Pa<br>s), enter -0- in P |  | }        | 2                                 | 165,797                             |
|              | · -                          | , line 8, column (c) (see instruct                                   | -       |   | -  |          | 3                                 |                                     |
| Part         | V Qualification Unc          | der Section 4940(e) for R  | educe   | d Tax on Net                              | Investme                                     | nt Inc   | ome                               |                                     |
| ECTI         | _                            | D ON DECEMBER 20, 2019   |         |   |  |          |                                   |                                     |
|              | Reserved                     | ,  |         |   |  |          |                                   |                                     |
|              | (a)<br>Reserved              | <b>(b)</b><br>Reserved   |         | (c)<br>Reserved                           |  |          | <b>(d)</b><br>Reserved            |                                     |
|              |                              |  | 1       |   |  |          |                                   |                                     |
|              |                              |  |         |   |  |          |                                   |                                     |
|              |                              |  |         |   |  |          |                                   |                                     |
|              |                              |  |         |   |  |          |                                   |                                     |
| <b>3</b> D   |                              |  |         |   |  |          |                                   |                                     |
|              |                              |  |         |   |  | 2        |                                   | <del></del>                         |
| <b>3</b> R   | eserved                      |  |         |   |  | 3        |                                   |                                     |
| <b>4</b> R   | eserved                      |  |         |   |  | 4        |                                   |                                     |
| <b>5</b> R   | eserved                      |  |         |   |  | 5        |                                   |                                     |
| <b>6</b> R   | eserved                      |  |         |   |  | 6        |                                   |                                     |
| <b>7</b> R   | eserved                      |  |         |   |  | 7        |                                   |                                     |
|              |                              |  |         |   |  | 8        |                                   |                                     |
| J (          |                              |  |         |   |  |          |                                   |                                     |

| Form    | 990-PF (2020)   |  |                             |  |                      | F     | Page <b>6</b>                                 |
|---------|---|--|-----------------------------|--|----------------------|-------|---|
| Pa      | rt VII-B Statements Regard  | ling Activities for Which                  | n Form 4720 May Be          | Required (continued)                                     |                      |       |   |
| 5a      | During the year did the foundation p  | pay or incur any amount to:                |                             |  |                      | Yes   | No  |
|         | (1) Carry on propaganda, or otherw  | vise attempt to influence legis            | lation (section 4945(e))?   | ☐ Yes 🗸  | No                   |       |   |
|         | (2) Influence the outcome of any sp   | pecific public election (see sec           | tion 4955); or to carry     | L les L  | 110                  |       |   |
|         | on, directly or indirectly, any vo  | ter registration drive?                    |                             | · · 🗌 Yes 🗸  | No                   |       |   |
|         | (3) Provide a grant to an individual  | for travel, study, or other sim            | nilar purposes?             | ☐ Yes ☑  | No.                  |       |   |
|         | (4) Provide a grant to an organizati  | on other than a charitable, et             | c., organization described  |  |                      |       |   |
|         | in section $4945(d)(4)(A)$ ? See in   | nstructions                                |                             | · · □ Yes ☑  | No                   |       |   |
|         | (5) Provide for any purpose other to  | han religious, charitable, scier           | ntific, literary, or        |  |                      |       |   |
|         | educational purposes, or for the  | •  |                             | ∟ Yes 🖭 I  | No                   |       |   |
| b       | If any answer is "Yes" to $5a(1)-(5)$ ,                                       |  |                             | ceptions described in                                    |                      |       |   |
|         | Regulations section 53.4945 or in a   |  |                             |  | 5b                   |       |   |
|         | Organizations relying on a current n  |  |                             |  |                      |       |   |
| С       | If the answer is "Yes" to question 5  | • • •                                      | •                           |  |                      |       |   |
|         | tax because it maintained expenditu<br>If "Yes," attach the statement requi   | · · · · ·                                  |                             | · ·           Yes  | No                   |       |   |
| 6a      | Did the foundation, during the year,  | receive any funds, directly or             | r indirectly, to pay premit | ıms on   |                      |       |   |
|         | a personal benefit contract?  |  |                             | · Yes 🗸  | No.                  |       |   |
| b       | Did the foundation, during the year, If "Yes" to 6b, file Form 8870.          | , pay premiums, directly or inc            | directly, on a personal be  | nefit contract?  | 6b                   |       | No  |
| 7a      | At any time during the tax year, wa   | s the foundation a party to a p            | prohibited tax shelter trai | nsaction? Yes  |                      |       |   |
| b       | If "Yes", did the foundation receive  |  |                             | ⊔ Yes 💌 I  | No  <br>7b           |       |   |
| 8       | Is the foundation subject to the sec  | tion 4960 tax on payment(s)                | of more than \$1,000,000    | in remuneration or                                       |                      |       |   |
|         | excess parachute payment during th  | ne year?                                   |                             | · · 🗌 Yes 🗸  | No.                  |       |   |
| Pa<br>1 | Information About C<br>and Contractors  List all officers, directors, truster |  |                             | nagers, Highly Paid Em                                   | iployees,            |       |   |
|         | List all officers, unectors, trustee  | (b) Title, and average                     | (c) Compensation (If        | (d) Contributions to                                     | (-) F                |       |   |
|         | (a) Name and address  | hours per week<br>devoted to position      | not paid, enter<br>-0-)     | employee benefit plans and deferred compensation         | (e) Exper<br>other a |       |   |
| See     | Additional Data Table   |  |                             |  |                      |       |   |
|         |   |  |                             |  |                      |       |   |
|         |   |  |                             |  |                      |       |   |
|         |   |  |                             |  |                      |       |   |
|         |   |  |                             |  |                      |       |   |
|         |   |  |                             |  |                      |       |   |
|         |   |  |                             |  |                      |       |   |
|         |   |  |                             |  |                      |       |   |
|         | Compensation of five highest-pa   | id employees (other than t                 | hose included on line 1     |  | e, enter "           | NONE. | <u>."                                    </u> |
| (a)     | Name and address of each employee<br>more than \$50,000                       | paid (b) Title, and average hours per week | (c) Compensation            | (d) Contributions to employee benefit plans and deferred | (e) Expension        |       |   |
|         | more than \$50,000  | devoted to position                        |                             | compensation   | otilei ali           | owanc | <b>E</b> 5                                    |
| NON     | E   |  |                             |  |                      |       |   |
|         |   |  |                             |  |                      |       |   |
|         |   |  |                             |  | -                    |       |   |
|         |   |  |                             |  |                      |       |   |
|         |   |  |                             |  |                      |       |   |
|         |   |  |                             |  |                      |       |   |
|         |   |  |                             |  |                      |       |   |
|         |   |  |                             |  |                      |       |   |
|         |   |  |                             |  |                      |       | _   |
|         |   |  |                             |  |                      |       |   |
| Tota    | I number of other employees paid ov   | er \$50,000                                |                             |  |                      |       | 0   |
|         |   |  |                             |  | Form <b>99</b>       | 0-PF  | (2020)  |

| Form 990-PF (2020)   |   | Page <b>7</b>    |
|--|---|------------------|
| Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)   | Foundation Managers, Highly Paid E        | mployees,        |
| 3 Five highest-paid independent contractors for professional service   | es (see instructions). If none, enter "NO | NE".             |
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service                       | (c) Compensation |
| NONE   |   |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
| Total number of others receiving over \$50,000 for professional services   |   | 0                |
| Part IX-A Summary of Direct Charitable Activities  |   | <u> </u>         |
| List the foundation's four largest direct charitable activities during the tax year. Include relev<br>organizations and other beneficiaries served, conferences convened, research papers produc |   | Expenses         |
| 1  |   |                  |
|  |   |                  |
|  |   |                  |
| 2  |   |                  |
|  |   |                  |
|  |   |                  |
| 3  |   |                  |
|  |   |                  |
|  |   | _                |
| *  |   |                  |
|  |   |                  |
| Part IX-B Summary of Program-Related Investments (see in   | nstructions)                              |                  |
| Describe the two largest program-related investments made by the foundation during the   | <del>-</del>                              | Amount           |
| 1  |   |                  |
|  |   |                  |
|  |   |                  |
| 2  |   |                  |
|  |   |                  |
|  |   |                  |
| All other program-related investments. See instructions.   |   |                  |
| 3  |   |                  |
|  |   |                  |
| Total. Add lines 1 through 3   |   |                  |
|  |   |                  |

4

5

6

7

1a

1b

2

3a 3b

4

5

54.962

54.962

173,809

173,809

173,809

Form 990-PF (2020)

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

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

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

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

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

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

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

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

4 5

6

1

2

3

4

5

b

Part XII

2020

Page 9

54,962

54,962

Form **990-PF** (2020)

| ' | _ | _ | _ | • | ٠. | ' | _ | _ |
|---|---|---|---|---|----|---|---|---|
|   | ī | ŀ | X | • | ŧ  | 1 |   | I |

| Form 990-PF (20 | 020)                                    |
|-----------------|---|
| Part XIII       | Undistributed Income (see instructions) |

- 1 Distributable amount for 2020 from Part XI, line 7
- 2 Undistributed income, if any, as of the end of 2020: a Enter amount for 2019 only. . . . . . Excess distributions carryover, if any, to 2020:

(a)

Corpus

450.684

118.847

569,531

62.613

506,918

62.613 102,205

94 350

85.508 106,008

102.205 94,350

85.508

106.008

118.847

(b)

Years prior to 2019

(c)

2019

- a From 2015. . . . . **b** From 2016. . . . . c From 2017. . . . d From 2018. . . . . e From 2019. . . . .
- f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 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). . . . . . . . . .

**d** Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

**5** Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . .

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016. . .

**b** Excess from 2017. .

c Excess from 2018. . . .

d Excess from 2019. . .

e Excess from 2020. . .

6 Enter the net total of each column as

**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 . . . . . . 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

indicated below:

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

factors:

| Form 990-PF (2020)  | -   |                         |                     | Page <b>11</b> |
|---|---|-------------------------|---------------------|----------------|
| Part XV Supplementary Informa                                     | tion (continued)  |                         |                     |                |
| 3 Grants and Contributions Paid                                   | During the Year or Appro                                | oved for Futur          | re Payment          |                |
| Recipient   | If recipient is an individual, show any relationship to | Foundation<br>status of | Purpose of grant or | Amount         |
| Name and address (home or business)                               | any foundation manager or substantial contributor       | recipient               | contribution        | Amount         |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |   |                         |                     |                |
| Total   |   | <u> </u>                | ▶ 3a                | 100,582        |
| <b>b</b> Approved for future payment                              |   |                         |                     |                |
|   |   |                         |                     |                |
|   |   | 1                       |                     |                |
|   |   |                         |                     |                |
|   |   |                         |                     |                |
| Total   |   |                         | <b>▶</b> 3h         |                |

Form **990-PF** (2020)

| nter gross          | amounts unless otherwise indicated.   | Unrelated b                                | usiness income       | Excluded by section                 | (e)<br>Related or exemp |                                       |
|---------------------|---|--|----------------------|-------------------------------------|-------------------------|---------------------------------------|
| <b>1</b> Progran    | n service revenue:  | (a)<br>Business code                       | <b>(b)</b><br>Amount | (c)<br>Exclusion code               | <b>(d)</b><br>Amount    | function income<br>(See instructions. |
|                     |   |  |                      |                                     |                         |                                       |
|                     |   |  |                      |                                     |                         |                                       |
|                     |   |  |                      |                                     |                         |                                       |
|                     |   |  |                      |                                     |                         |                                       |
|                     |   |  |                      |                                     |                         |                                       |
|                     | and contracts from government agencies  |  |                      |                                     |                         |                                       |
| _                   | ership dues and assessments   |  |                      |                                     |                         |                                       |
|                     | t on savings and temporary cash   |  |                      |                                     |                         |                                       |
| investn             | nents   |  |                      |                                     |                         |                                       |
| l Divider           | nds and interest from securities  |  |                      | 14                                  | 17,460                  |                                       |
|                     | ital income or (loss) from real estate:   |  |                      |                                     |                         |                                       |
|                     | financed property   |  |                      |                                     |                         |                                       |
|                     | ebt-financed property   |  |                      |                                     |                         |                                       |
|                     | ntal income or (loss) from personal property  |  |                      |                                     |                         |                                       |
|                     | (loss) from sales of assets other than  |  |                      |                                     |                         |                                       |
| invento             |   |  |                      | 18                                  | 165,797                 |                                       |
| Net inc             | ome or (loss) from special events:  |  |                      | 10                                  | 2007.37                 |                                       |
|                     | profit or (loss) from sales of inventory  |  |                      |                                     |                         |                                       |
|                     | revenue: a  |  |                      |                                     |                         |                                       |
| b                   |   |  |                      |                                     |                         |                                       |
|                     |   |  |                      |                                     |                         |                                       |
|                     |   |  |                      |                                     |                         |                                       |
|                     |   |  |                      |                                     |                         |                                       |
|                     | al. Add columns (b), (d), and (e).  |  |                      |                                     | 183,257                 |                                       |
| Total               | Add line 12 columns (b) (d) and (c)   |  |                      |                                     |                         |                                       |
| (See w              | Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to th | lations.)                                  |                      |                                     | 3                       | 183,25                                |
| (See wo             | orksheet in line 13 instructions to verify calcu  | lations.)  le Accomplish  income is report | nment of Exem        | pt Purposes  of Part XVI-A contribu | ited importantly to     |                                       |
| (See we art XV)     | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex     | lations.)  le Accomplish  income is report | nment of Exem        | pt Purposes  of Part XVI-A contribu | ited importantly to     |                                       |
| (See we art XV)     | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex     | lations.)  le Accomplish  income is report | nment of Exem        | pt Purposes  of Part XVI-A contribu | ited importantly to     |                                       |
| (See we art XV)     | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex     | lations.)  le Accomplish  income is report | nment of Exem        | pt Purposes  of Part XVI-A contribu | ited importantly to     |                                       |
| (See we art XV)     | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex     | lations.)  le Accomplish  income is report | nment of Exem        | pt Purposes  of Part XVI-A contribu | ited importantly to     |                                       |
| (See wo             | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex     | lations.)  le Accomplish  income is report | nment of Exem        | pt Purposes  of Part XVI-A contribu | ited importantly to     |                                       |
| (See wo             | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex     | lations.)  le Accomplish  income is report | nment of Exem        | pt Purposes  of Part XVI-A contribu | ited importantly to     |                                       |
| (See wo             | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex     | lations.)  le Accomplish  income is report | nment of Exem        | pt Purposes  of Part XVI-A contribu | ited importantly to     |                                       |
| (See wo             | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex     | lations.)  le Accomplish  income is report | nment of Exem        | pt Purposes  of Part XVI-A contribu | ited importantly to     |                                       |
| (See wo             | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex     | lations.)  le Accomplish  income is report | nment of Exem        | pt Purposes  of Part XVI-A contribu | ited importantly to     |                                       |
| (See we art XV)     | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex     | lations.)  le Accomplish  income is report | nment of Exem        | pt Purposes  of Part XVI-A contribu | ited importantly to     |                                       |
| (See we art XV)     | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex     | lations.)  le Accomplish  income is report | nment of Exem        | pt Purposes  of Part XVI-A contribu | ited importantly to     |                                       |
| (See we art XV)     | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex     | lations.)  le Accomplish  income is report | nment of Exem        | pt Purposes  of Part XVI-A contribu | ited importantly to     |                                       |
| (See we art XV)     | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex     | lations.)  le Accomplish  income is report | nment of Exem        | pt Purposes  of Part XVI-A contribu | ited importantly to     |                                       |
| (See we art XV)     | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex     | lations.)  le Accomplish  income is report | nment of Exem        | pt Purposes  of Part XVI-A contribu | ited importantly to     |                                       |
| (See we Part XVI    | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex     | lations.)  le Accomplish  income is report | nment of Exem        | pt Purposes  of Part XVI-A contribu | ited importantly to     |                                       |
| (See we Part XVI    | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex     | lations.)  le Accomplish  income is report | nment of Exem        | pt Purposes  of Part XVI-A contribu | ited importantly to     |                                       |
| (See we Part XVI    | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex     | lations.)  le Accomplish  income is report | nment of Exem        | pt Purposes  of Part XVI-A contribu | ited importantly to     |                                       |
| (See we Part XVI    | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex     | lations.)  le Accomplish  income is report | nment of Exem        | pt Purposes  of Part XVI-A contribu | ited importantly to     |                                       |
| (See we<br>Part XVI | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex     | lations.)  le Accomplish  income is report | nment of Exem        | pt Purposes  of Part XVI-A contribu | ited importantly to     | 183,25                                |
| (See we Part XVI    | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex     | lations.)  le Accomplish  income is report | nment of Exem        | pt Purposes  of Part XVI-A contribu | ited importantly to     |                                       |
| (See we<br>Part XVI | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex     | lations.)  le Accomplish  income is report | nment of Exem        | pt Purposes  of Part XVI-A contribu | ited importantly to     |                                       |

| orm                   | 990-PF         | <u> </u>   |                   |        |               |                      |              |           |                             |                          | Pa       | ge <b>13</b> |
|-----------------------|----------------|--|-------------------|--------|---------------|----------------------|--------------|-----------|-----------------------------|--------------------------|----------|--------------|
|                       | rt XVI         | Exempt Organi  | izations          |        |               |                      |              |           | nships With Noncl           |                          |          |              |
|                       |                | rganization directly or ir<br>r than section 501(c)(3) |                   |        |               |                      |              |           |                             | 501                      | Yes      | No           |
| аΤ                    | ransfers       | from the reporting four                                | ndation to a n    | oncha  | ritable exe   | empt organization    | of:          |           |                             |                          |          |              |
| (                     | <b>1)</b> Casi | h  |                   |        |               |                      |              |           |                             | 1a(1)                    |          | No           |
| (                     | 2) Oth         | er assets  |                   |        |               |                      |              |           |                             | 1a(2)                    |          | No           |
|                       |                | nsactions:   |                   |        |               |                      |              |           |                             |                          |          |              |
| -                     | -              | es of assets to a nonchar                              | •                 | -      |               |                      |              |           |                             | . 1b(1)                  |          | No           |
|                       | -              | chases of assets from a i                              |                   |        |               |                      |              |           |                             | . 1b(2)                  |          | No           |
| •                     | -              | tal of facilities, equipme<br>nbursement arrangemer    | *                 |        |               |                      |              |           |                             | . 1b(3)                  |          | No<br>No     |
| •                     | -              | ns or loan guarantees.                                 |                   |        |               |                      |              |           |                             | 1b(4)                    |          | No           |
| •                     | -              | ormance of services or m                               |                   |        |               |                      |              |           |                             | 1b(6)                    |          | No           |
| •                     | •              | of facilities, equipment, r                            | •                 |        | _             |                      |              |           |                             | 1c                       |          | No           |
| d I                   | the ans        | swer to any of the above                               | is "Yes," cor     | nplete | the follow    | ing schedule. Co     | lumn (b) sh  | ould alv  | ways show the fair mai      | rket value               |          |              |
|                       |                | ods, other assets, or ser<br>ansaction or sharing arra |                   |        |               |                      |              |           |                             |                          |          |              |
| (a) L                 | ine No.        | (b) Amount involved                                    | (c) Name of       | noncha | aritable exen | npt organization     | (d) Descr    | iption of | transfers, transactions, an | nd sharing arra          | ngemer   | nts          |
|                       |                |  |                   |        |               |                      |              |           |                             |                          |          |              |
|                       |                |  |                   |        |               |                      |              |           |                             |                          |          |              |
|                       |                |  |                   |        |               |                      |              |           |                             |                          |          |              |
|                       |                |  |                   |        |               |                      |              |           |                             |                          |          |              |
|                       |                |  |                   |        |               |                      |              |           |                             |                          |          |              |
|                       |                |  |                   |        |               |                      |              |           |                             |                          |          |              |
|                       |                |  |                   |        |               |                      |              |           |                             |                          |          |              |
|                       |                |  |                   |        |               |                      |              |           |                             |                          |          |              |
|                       |                |  |                   |        |               |                      |              |           |                             |                          |          |              |
|                       |                |  |                   |        |               |                      |              |           |                             |                          |          |              |
| <b>2</b> a I:         | s the fo       | undation directly or indir                             | ectly affiliated  | d with | , or related  | d to, one or more    | tax-exemp    | t organi  | zations                     |                          |          |              |
|                       |                | d in section 501(c) (othe                              |                   | 501(   | c)(3)) or i   | n section 527? .     |              |           | ЦYes                        | <b>✓</b> No              |          |              |
| b I                   | "Yes,"         | complete the following s  (a) Name of organization     |                   |        | <b>/</b> h    | ) Type of organizati | on I         |           | (c) Description of          | rolationship             |          |              |
|                       |                | (a) Name or organization                               | on                |        | (6            | y Type or organizati | OII          |           | (c) Description of          | relationship             |          |              |
|                       |                |  |                   |        |               |                      |              |           |                             |                          |          |              |
|                       |                |  |                   |        |               |                      |              |           |                             |                          |          |              |
|                       | T              |  | - I I II          | 1      |               | 1.11.                |              |           |                             |                          |          |              |
|                       | of             | der penalties of perjury,<br>my knowledge and belie    | f, it is true, co |        |               |                      |              |           |                             |                          |          |              |
| Sig                   |                | ich preparer has any kno                               | owledge.          |        | ı             | 1                    |              |           | r                           | Marrie IDC I             |          |              |
| Hei                   |                | *****  |                   |        |               | 2021-11-11           | **           | ****      |                             | May the IRS di<br>return |          |              |
|                       |                |  |                   |        |               |                      | — <b>)</b> – |           |                             | with the prepa<br>below  | rer shov | wn           |
|                       |                | Signature of officer or t                              | rustee            |        |               | Date                 | ' Tit        | :le       |                             | (see instr.) 🔽           | Yes      | □No          |
|                       | · ·            | Print/Type preparer's                                  | s name            | Prep   | arer's Sign   | ature                | Date         |           | PTI<br>Check if self-       | IN                       |          |              |
|                       |                |  |                   |        |               |                      |              |           | employed ▶ □                | P01279                   | 963      |              |
| Pai                   | d              | David N Zimmerm  | an                |        |               |                      | 2022-0       | 5-13      |                             |                          |          |              |
|                       | pare           |  | NCER FANE L       | LP     |               |                      | 1            |           | Fire                        | m's EIN ▶                |          |              |
| USE                   | Only           | •  | 000 WALNUT        | ST ST  | E 1400        |                      |              |           |                             |                          |          |              |
|                       |                | K  | ANSAS CITY,       | MO 6   | 4106          |                      |              |           | Pho                         | one no. (816             | ) 292-   | 8152         |
| KANSAS CITI, NO 54200 |                |  |                   |        |               |                      |              |           |                             |                          |          |              |

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

|   |                 |        | compensation |   |
|---|-----------------|--------|--------------|---|
| Jean T Kiene                              | Pres. & Dir.    | 16,353 | 0            | 0 |
| 431 W 61st St<br>Kansas City, MO 64113    | 13.00           |        |              |   |
| Jean Elisabeth Kiene                      | Treas. & Dir.   | 6,000  | 0            | 0 |
| 427 W 66th Terr<br>Kansas City, MO 64113  | 2.00            |        |              |   |
| Mark Titus                                | V. Pres. & Dir. | 12,400 | 0            | 0 |
| 5409 W 69th Terr<br>Shawnee Msn, KS 66208 | 10.50           |        |              |   |
| Richard H Kiene III                       | Sec. & Dir.     | 8,050  | 0            | 0 |

| Mark Titus                                | V. Pres. & Dir. | 12,400 | 0 | 0 |
|---|-----------------|--------|---|---|
| 5409 W 69th Terr<br>Shawnee Msn, KS 66208 | 10.50           |        |   |   |
| Richard H Kiene III                       | Sec. & Dir.     | 8,050  | 0 | 0 |
| 1440 E Broadway<br>Tempe, AZ 85282        | 6.50            |        |   |   |
| Charles H Titus                           | Director        | 1,817  | 0 | 0 |

| Snawnee Msn, KS 66208                         |             |       |   |   |
|---|-------------|-------|---|---|
| Richard H Kiene III                           | Sec. & Dir. | 8,050 | 0 | C |
| 1440 E Broadway<br>Tempe, AZ 85282            | 6.50        |       |   |   |
| Charles H Titus                               | Director    | 1,817 | 0 | C |
| 5409 W 69th Terr<br>Prairie Village, KS 66208 | 1.00        |       |   |   |

| Director | 1,817            | 0   |       |
|----------|------------------|-----|-------|
| 1.00     |                  |     |       |
|          | Director<br>1.00 | I ' | 1 ' 1 |

| Charles H Titus                               | Director | 1,817 | 0 |  |
|---|----------|-------|---|--|
| 5409 W 69th Terr<br>Prairie Village, KS 66208 | 1.00     |       |   |  |
| Marissa Pulliam                               | Director | 1 500 | 0 |  |

| 5409 W 69th Terr<br>Prairie Village, KS 66208 | 1.00     |       |   |  |
|---|----------|-------|---|--|
| Marissa Pulliam                               | Director | 1,500 | 0 |  |
| 22144 W 125th St                              | 1.00     |       |   |  |

Olathe, KS 66061

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

| a Paid during the year |        |                    |     |
|------------------------|--------|--------------------|-----|
| 15 and Mahomies        | Public | Community outreach | 125 |

| Austin, TX 78744             |        |        |  |
|------------------------------|--------|--------|--|
| Ability KC3011 Baltimore Ave | Public | Health |  |

or substantial contributor

Total .

| Ability KC3011 Baltimore Ave<br>Kansas City, MO 64108 | Public | Health | 6,050 |
|---|--------|--------|-------|
| AL 11 4304 E.B. 11.01                                 | B 11:  | l      | 4 000 |

| Kansas City, MO 64108          |        |      | -,    |
|--------------------------------|--------|------|-------|
| Alwun House1204 E Roosevelt St | Public | Arts | 4,000 |

| Alwun House1204 E Roosevelt St<br>Phoenix, AZ 85006 | Public | Arts | 4,0 |
|---|--------|------|-----|
|   |        |      |     |

| Alwun House1204 E Roosevelt St | Public | Arts |  |
|--------------------------------|--------|------|--|
| Phoenix, AZ 85006              |        |      |  |

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

| a Paid during the year                          |        |         |    |
|---|--------|---------|----|
| Alzheimers Foundation<br>322 Eighth Ave 16th Fl | Public | Medical | 50 |
| New York, NY 10001                              |        |         |    |

| W YORK, NY 10001                      |        |               |
|---------------------------------------|--------|---------------|
| PCA5424 Antioch Dr<br>rriam, KS 66202 | Public | Animal Rescue |
|                                       |        |               |

Total .

| ASPCA5424 Antioch Dr<br>Merriam, KS 66202 | Public | Animal Rescue |  |
|---|--------|---------------|--|
| ASU Foundation                            | Public | Education     |  |

| ASPCA5424 Antioch Dr<br>Merriam, KS 66202  | Public | Animal Rescue | 75    |
|--|--------|---------------|-------|
| ASU Foundation<br>300 E University Dr 2061 | Public | Education     | 1,700 |

| ASU Foundation<br>300 E University Dr 2061 | Public | Education | 1,700 |
|--|--------|-----------|-------|
| Tempe, AZ 85281                            |        |           |       |

| 300 E University Dr 2061<br>Tempe, AZ 85281 |  |  |
|---|--|--|
|   |  |  |

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

250

100

|                                   | or substantial contributor |        |           |  |
|-----------------------------------|----------------------------|--------|-----------|--|
| a Paid during the year            |                            |        |           |  |
| Barstow School11511 State Line Rd |                            | Public | Education |  |

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

| Kansas City, MO 64114      | Public | Education     |  |
|----------------------------|--------|---------------|--|
| Bay Head Improvement Assoc | Public | Environmental |  |

or substantial contributor

| Bay Head Improvement Assoc | Public | Environmental |  |
|----------------------------|--------|---------------|--|
| 532 Lake Ave               |        |               |  |
| Bay Head, NJ 08742         |        |               |  |

| Bav Head Yacht Club111 Metcalfe St | Public | Social Services |  |
|------------------------------------|--------|-----------------|--|
| Bay Head, NJ 08742                 |        |                 |  |

| Bay Head, NJ 08742                 |        |                 |  |
|------------------------------------|--------|-----------------|--|
| Bay Head Yacht Club111 Metcalfe St | Public | Social Services |  |

| ay Head, NJ 08742                 |        |                 |  |
|-----------------------------------|--------|-----------------|--|
| ay Head Yacht Club111 Metcalfe St | Public | Social Services |  |

| Bay Head Yacht Club111 Metcalfe St | Public | Social Services | 8 |
|------------------------------------|--------|-----------------|---|
| Bay Head, NJ 08742                 |        |                 |   |

| Bay Head Yacht Club111 Metcalfe St<br>Bay Head, NJ 08742 | Public | Social Services | 800     |
|--|--------|-----------------|---------|
| Total  | <br>   | ▶ 3a            | 100,582 |

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

any foundation manager

Total .

| Name and address (home or business)                                    | or substantial contributor | recipient |                          |       |
|--|----------------------------|-----------|--------------------------|-------|
| a Paid during the year   |                            |           |                          |       |
| Best Friends Animal Society<br>5001 Angel Canyon Rd<br>Kanab, UT 84741 |                            | Public    | Animal CrueltyPrevention | 1,000 |

recipient

100,582

▶ 3a

| Rius Poorl Hospital   | Dublic | Animal Haalth      | 034 |
|---|--------|--------------------|-----|
| Big Brothers & Sisters of KC<br>1709 Walnut St<br>Kansas City, MO 64108 | Public | Community Outreach | 305 |
| Ranab, or 04741   |        |                    |     |

| 1709 Walnut St<br>Kansas City, MO 64108                             | Public | Community Outreach | 305 |
|---|--------|--------------------|-----|
| Blue Pearl Hospital<br>3110 E Indian School Rd<br>Phoenix, AZ 85016 | Public | Animal Health      | 924 |

| Kansas City, MO 64108   |        |               |     |
|---|--------|---------------|-----|
| Blue Pearl Hospital<br>3110 E Indian School Rd<br>Phoenix, AZ 85016 | Public | Animal Health | 924 |

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

| , ,   | or substantial contributor |        |                |     |
|---|----------------------------|--------|----------------|-----|
| a Paid during the year  |                            |        |                |     |
| Boy Scouts of America10210 Holmes Rd<br>Kansas City, MO 64131 |                            | Public | Youth Programs | 250 |

| ansas City, MO 64131               | rubiic | Toddi Frograms |  |
|------------------------------------|--------|----------------|--|
| rookside Barkery & Bath6201 Oak St | Public | Animal Health  |  |

Total .

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

| Brookside Barkery & Bath6201 Oak St<br>Kansas City, MO 64113 | Public | Animal Health    | 20 |
|--|--------|------------------|----|
| Cancer Alliance of Help & Hope                               | Public | Medical Research | 25 |

| Kansas City, MO 64113                                 |        |                  |    |
|---|--------|------------------|----|
| Cancer Alliance of Help & Hope<br>350 S County Rd 207 | Public | Medical Research | 25 |
| Palm Beach, FL 33480                                  |        |                  |    |

| Cancer Alliance of Help & Hope | Public | Medical Research | 25 |
|--------------------------------|--------|------------------|----|
| 350 S County Rd 207            |        |                  |    |
| Palm Beach, FL 33480           |        |                  |    |

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

| a Paid during the year                                 |        |           |     |
|--|--------|-----------|-----|
| Castillaja School1310 Bryant St<br>Palo Alto, CA 94301 | Public | Education | 250 |

| Children's Mercy<br>2401 Gilham Rd<br>Kansas City, MO | •   | Public | Health | 65 |
|---|-----|--------|--------|----|
| Talo Alto, CA 34.                                     | 501 |        |        |    |

| 2401 Gilham Rd<br>Kansas City, MO 64108                |        |      |       |
|--|--------|------|-------|
| City in Motion Dance Theatre<br>300 E 39th St Ste LL1E | Public | Arts | 1,000 |
| Kansas City, MO 64111                                  |        |      |       |

| Kansas City, MO 64106   |        |      |       |
|---|--------|------|-------|
| City in Motion Dance Theatre<br>300 E 39th St Ste LL1E<br>Kansas City, MO 64111 | Public | Arts | 1,000 |

100,582

| City in Motion Dance Theatre | Public | Arts | 1,000 |
|------------------------------|--------|------|-------|
| 300 E 39th St Ste LL1E       |        |      |       |
| Kansas City, MO 64111        |        |      |       |

Total .

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

| a Paid during the year                                  |        |               |    |
|---|--------|---------------|----|
| Clements Waters7100 Norton Ave<br>Kansas City, MO 64132 | Public | Environmental | 50 |
|   |        |               |    |

25

| Crohns & Colitis Foundation<br>733 Third Ave Ste 510<br>New York, NY 10017 | Public | Health |  |
|--|--------|--------|--|
|  |        |        |  |

| 733 Third Ave Ste 510<br>New York, NY 10017 |        |                    |     |
|---|--------|--------------------|-----|
| Daughters of American Revolution            | Public | HistorialEducation | 103 |

| New Tork, NT 10017                                   |        |                    |     |
|--|--------|--------------------|-----|
| Daughters of American Revolution<br>1776 D Street NW | Public | HistorialEducation | 103 |
| Washington, DC 20006                                 |        |                    |     |

| Washington, DC 20006 |      |      |         |
|----------------------|------|------|---------|
| Total                | <br> | ▶ 3a | 100,582 |

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

or substantial contributor

Total .

| a Paid during the year  |        |      |       |
|---|--------|------|-------|
| Desert Foothills Theater34250 N 60th St<br>Scottsdale, AZ 85266 | Public | Arts | 1,560 |

| <b>/</b>  |        |           |     |
|---|--------|-----------|-----|
| Kick for Nick Foundation35 Signal Hill Rd<br>South Wilton, CT 06897 | Public | Education | 250 |
| Family Connections  | Public | Community | 500 |

| South Wilton, CT 06897                       |   |        |           |     |
|--|---|--------|-----------|-----|
| Family Connections<br>3460 W Bayshore Rd 202 |   | Public | Community | 500 |
| D-1- AIL- CA 04202                           | 1 |        |           | 1   |

| Family Connections     | Public | Community | 500 |
|------------------------|--------|-----------|-----|
| 3460 W Bayshore Rd 202 |        |           |     |
| Palo Alto, CA 94303    |        |           |     |

| Family Connections     | Pub | DIIC | Community | 500 |
|------------------------|-----|------|-----------|-----|
| 3460 W Bayshore Rd 202 |     |      |           |     |
| Palo Alto, CA 94303    |     |      |           |     |
|                        |     |      |           |     |

100.582

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

| a Paid during the year                    |        |                   |       |
|---|--------|-------------------|-------|
| FC Arizona Foundation<br>4961 S Pecan Way | Public | Youth Development | 1,800 |
| Chandler A7 0E340                         |        |                   |       |

| Chandler, AZ 85248                           |        |           |     |
|--|--------|-----------|-----|
| First Hand Foundation<br>2800 Rockcreek Pkwy | Public | Community | 2,3 |
| Vancas City MO 64117                         |        |           |     |

| First Hand Foundation<br>2800 Rockcreek Pkwy<br>Kansas City, MO 64117 | Public | Community | 2,360 |
|---|--------|-----------|-------|
| Genesis City525 E McDowell Rd   | Public | Education | 500   |

| 2800 Rockcreek Pkwy<br>Kansas City, MO 64117 |        | ,         | ,   |
|--|--------|-----------|-----|
| Genesis City525 E McDowell Rd                | Public | Education | 500 |

| Kansas City, MO 64117                              |        |           |  |
|--|--------|-----------|--|
| Genesis City525 E McDowell Rd<br>Phoenix, AZ 85004 | Public | Education |  |

| ansas City, MO 64117          |        |           |   |
|-------------------------------|--------|-----------|---|
| ienesis City525 E McDowell Rd | Public | Education | 5 |

| Phoenix, AZ 85004 | " " " " " " " " " " " " " " " " " " " |      |         |
|-------------------|---------------------------------------|------|---------|
| Total             | <br>                                  | ▶ 3a | 100,582 |

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

|   | or substantial contributor |        |        |       |
|---|----------------------------|--------|--------|-------|
| a Paid during the year                                    |                            |        |        |       |
| Gilda's ClubRed Door21 W 43rd St<br>Kansas City, MO 64111 |                            | Public | Health | 2,277 |

| ansas City, MO 64111                                      |        |                |  |
|---|--------|----------------|--|
| ne Giving Grove300 E 39th St LL1D<br>ansas City, MO 64111 | Public | Feed the Needy |  |

Total .

| The Giving Grove300 E 39th St LL1D<br>Kansas City, MO 64111 | Public | Feed the Needy | 156 |
|---|--------|----------------|-----|
| Good Work Farm  | Public | Community      | 104 |

| ,,                             |        |           |     |
|--------------------------------|--------|-----------|-----|
| Good Work Farm                 | Public | Community | 104 |
| 1566 Roxanna New Burlington Rd |        | -         |     |
| Waynesville, OH 45068          |        |           |     |

| Good Work Farm  | Public | Community | 10 |
|---|--------|-----------|----|
| 1566 Roxanna New Burlington Rd<br>Waynesville, OH 45068 |        |           |    |

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

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

|  | or substantial contributor |        |               |       |
|--|----------------------------|--------|---------------|-------|
| a Paid during the year   |                            |        |               |       |
| Greater Arizona Puppet Theatre<br>302 W Latham St<br>Phoenix, AZ 85003 |                            | Public | Arts          | 3,920 |
| Greater Neward Conservancy   |                            | Public | Environmental | 1,000 |

recipient

| Greater Neward Conservancy<br>32 Prince St<br>Newark, NJ 07103 | Public | Environmental |  |
|--|--------|---------------|--|
| Phoenix, AZ 85003  |        |               |  |

| Greater Neward Conservancy<br>32 Prince St<br>Newark, NJ 07103 | Public | Environmental | 1,000 |
|--|--------|---------------|-------|
| Hall of Flame Museum<br>6101 E Van Buren St                    | Public | Arts          | 1,750 |

| Newark, NJ 07103   |        |      |       |
|--|--------|------|-------|
| Hall of Flame Museum<br>6101 E Van Buren St<br>Phoenix, AZ 85008 | Public | Arts | 1,750 |

| Hall of Flame Museum | Public | Arts | 1,75 |
|----------------------|--------|------|------|
| 6101 E Van Buren St  |        |      |      |
| Phoenix, AZ 85008    |        |      |      |

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

| Harvesters3801 Topping Ave |                            | Public | Feed the Needy | 500 |
|----------------------------|----------------------------|--------|----------------|-----|
| a Paid during the year     |                            |        |                |     |
|                            | or substantial contributor |        |                |     |

| Kansas City, MO 64129        |        | •    |        |
|------------------------------|--------|------|--------|
| Heart of America Shakespeare | Public | Arts | 10,568 |
| 3619 Broadway 2              |        |      |        |

| Horizon Academy                          | Public | Education |   |
|--|--------|-----------|---|
| 3619 Broadway 2<br>Kansas City, MO 64114 |        |           |   |
| neart of America Shakespeare             | Public | AILS      | i |

Total .

| Kansas City, MO 64114                      |        |           |    |
|--|--------|-----------|----|
| Horizon Academy<br>4901 Reinhardt Dr Ste A | Public | Education | 25 |
| Roeland Park KS 66205                      |        |           |    |

| Horizon Academy         | Public | Education | 25 |
|-------------------------|--------|-----------|----|
| 4901 Reinhardt Dr Ste A |        |           |    |
| Roeland Park, KS 66205  |        |           |    |
|                         |        |           |    |

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

or substantial contributor

Total .

| a Paid during the year                               |        |               |     |
|--|--------|---------------|-----|
| Immersive Van Gogh299 South St<br>New York, NY 10002 | Public | Arts          | 197 |
| Iowa Farm Sanctuary1696 250th St NW                  | Public | Animal Rescue | 25  |

| xford, IA 52322                               | Public | Animai Rescue  |  |
|---|--------|----------------|--|
| ersey Mike's Foundation<br>251 Landmark Place | Public | Feed the Needy |  |

| Oxford, IA 52322         |        |                |     |
|--------------------------|--------|----------------|-----|
| Jersey Mike's Foundation | Public | Feed the Needy | 281 |
| 2251 Landmark Place      |        |                |     |
| Manasquan, NJ 08736      |        |                |     |

| lersey Mike's Foundation                   | Public | Feed the Needy | 28 |
|--|--------|----------------|----|
| 2251 Landmark Place<br>Manasquan, NJ 08736 |        | ,              |    |
|  |        |                |    |

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

| Traine and dual ess (nome or susmess) | or substantial contributor |        |                |     |
|---------------------------------------|----------------------------|--------|----------------|-----|
| a Paid during the year                |                            |        |                |     |
| Kanabesmarketsorg3119 Terrace St      |                            | Public | Feed the Needy | 116 |

| ansas City, MO 64111   |        |      |  |
|--|--------|------|--|
| ansas City Artists Coalition<br>01 Wyandotte<br>ansas City, MO 64105 | Public | Arts |  |

Total .

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

| Kansas City Artists Coalition<br>201 Wyandotte<br>Kansas City, MO 64105 | Public | Arts               | 100 |
|---|--------|--------------------|-----|
| Kansas City Community Gardens   | Public | Community Outreach | 934 |

| Kansas City, MO 64105                                |        |                    |     |
|--|--------|--------------------|-----|
| Kansas City Community Gardens<br>6917 Kensington Ave | Public | Community Outreach | 934 |
| Karrana City, MO, C4122                              |        |                    |     |

| Kansas City Community Gardens<br>6917 Kensington Ave<br>Kansas City, MO 64132 | Public | Community Outreach | 934 |
|---|--------|--------------------|-----|

| Kansas City Community Gardens | Public | Community Outreach | 934 |
|-------------------------------|--------|--------------------|-----|
| 6917 Kensington Ave           |        |                    |     |
| Kansas City, MO 64132         |        |                    |     |

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

or substantial contributor

Total .

| a Paid during the year                              |        |                     |     |
|---|--------|---------------------|-----|
| Kansas City Zoo6800 Zoo Dr<br>Kansas City, MO 64132 | Public | Animal Preservation | 410 |

| Kansas City, MO 64132                                   |        |      |  |
|---|--------|------|--|
| KC Actors TheaterPO Box 414260<br>Kansas City, MO 64141 | Public | Arts |  |

| KC Actors TheaterPO Box 414260<br>Kansas City, MO 64141 | Public | Arts | 2,500 |
|---|--------|------|-------|
| KC Repertory4949 Cherry St                              | Public | Arts | 1 000 |

| Kansas City, MO 64141      |        |      |       |
|----------------------------|--------|------|-------|
| KC Repertory4949 Cherry St | Public | Arts | 1,000 |

| KC Repertory4949 Cherry St | Public | Arts | 1,000 |
|----------------------------|--------|------|-------|
| Kansas City, MO 64110      |        |      |       |

| Kansas City MO 64110  | RC Repelloly4949 Cherry St | 1 | Fublic | AILS | i |
|-----------------------|----------------------------|---|--------|------|---|
| Kansas City, No 04110 | Kansas City, MO 64110      |   |        |      |   |

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

| a Paid during the year                          |        |                             |    |
|---|--------|-----------------------------|----|
| Lakota People's Law Project<br>547 S 7th St 149 | Public | Assist theIndigenous People | 25 |
| Ricmarck ND 58504                               | 1      |                             |    |

| Bismarck, ND 58504  |        |           |       |
|---|--------|-----------|-------|
| Latin School of Chicago59 W North Blvd<br>Chicago, IL 60610 | Public | Education | 250   |
|   | B 112  |           | - 10- |

| Chicago, IL 60610                          | Fublic | Education | 230   |
|--|--------|-----------|-------|
| Lucky Plush Productions<br>301 Olmstead Rd | Public | Arts      | 5,195 |

| Cilicago, IL 00010   |        |      |       |
|--|--------|------|-------|
| Lucky Plush Productions<br>301 Olmstead Rd<br>Riverside II 60546 | Public | Arts | 5,195 |

| Lucky Plush Productions | Public | Arts | 5,195 |
|-------------------------|--------|------|-------|
| 301 Olmstead Rd         |        |      |       |
| Riverside, IL 60546     |        |      |       |

| Riverside, IL 60546 |          |         |
|---------------------|----------|---------|
| Total               | <br>▶ 3a | 100,582 |

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

|                                   | or substantial contributor |        |               |       |
|-----------------------------------|----------------------------|--------|---------------|-------|
| a Paid during the year            |                            |        |               |       |
| Mission Veterinary5914 Johnson Dr |                            | Public | Animal Health | 1,877 |

| Mission, KS 66202                              |        |           |     |
|--|--------|-----------|-----|
| Negro League Baseball Museum<br>1616 E 18th St | Public | Community | 101 |
| Kansas City, MO 64108                          |        |           |     |

| Negro League Baseball Museum<br>1616 E 18th St<br>Kansas City, MO 64108 | Public | Community | 101   |
|---|--------|-----------|-------|
| Nelson Atkins Gallery Foundation<br>4525 Oak St                         | Public | Arts      | 1,000 |

| Kansas City, MO 64108  |        |      |       |
|--|--------|------|-------|
| Nelson Atkins Gallery Foundation<br>4525 Oak St<br>Kansas City, MO 64111 | Public | Arts | 1,000 |

| Nelson Atkins Gallery Foundation | Public | Arts | 1,000 |
|----------------------------------|--------|------|-------|
| 4525 Oak St                      |        |      |       |
| Kansas City, MO 64111            |        |      |       |
|                                  |        |      |       |

Total .

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

|                        | or substantial contributor |        |           |    |
|------------------------|----------------------------|--------|-----------|----|
| a Paid during the year |                            |        |           |    |
| Network for Good       |                            | Public | Education | 50 |

| Vashington, DC 20036  |        |                       |  |
|-----------------------|--------|-----------------------|--|
| lewhousePO Box 240019 | Public | Domestic AbuseShelter |  |

Total .

| NewhousePO Box 240019<br>Kansas City, MO 64124 | Public | Domestic AbuseShelter | 3,089 |
|--|--------|-----------------------|-------|
| Nourish KCPO Boy 412458                        | Bublic | Food the Needy        | En    |

| Kansas City, MO 64124   |        |                |   |
|-------------------------|--------|----------------|---|
| Nourish KCPO Box 412458 | Public | Feed the Needy | ! |

50

| Kansas city, 110 01121  |        |                |   |
|-------------------------|--------|----------------|---|
| Nourish KCPO Box 412458 | Public | Feed the Needy |   |
| Kansas City, MO 64041   |        |                | i |

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

|   | or substantial contributor |        |           |  |
|---|----------------------------|--------|-----------|--|
| a Paid during the year                  |                            |        |           |  |
| Olathe Public Schools Edn300 E Loula St |                            | Public | Education |  |

| Olathe, KS 66061                                 |        |               |  |
|--|--------|---------------|--|
| Olive's Hope205 E 6th St<br>Pleasanton, KS 66075 | Public | Animal Rescue |  |

وحفن والوفوجة اجتفوجهمان

Total .

| Olive's Hope205 E 6th St<br>Pleasanton, KS 66075 | Public | Animal Rescue |  |
|--|--------|---------------|--|
| Pancreatic Cancer                                | Public | Medical       |  |

| Fleasanton, K3 00073     |        |         |   |
|--------------------------|--------|---------|---|
| Pancreatic Cancer        | Public | Medical |   |
| 1500 Rosecrans Ave 200   |        |         | l |
| Manhattan Beach CA 90266 |        |         | 1 |

| Pancreatic Cancer         | Public | Medical |  |
|---------------------------|--------|---------|--|
| 1500 Rosecrans Ave 200    |        |         |  |
| Manhattan Beach, CA 90266 |        |         |  |

| ancreatic Cancer                                   | Public | Medical | 120 |
|--|--------|---------|-----|
| 500 Rosecrans Ave 200<br>Ianhattan Beach, CA 90266 |        |         |     |
|  |        |         |     |

50

100.582

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

| 1 | Parkinson's Foundation |                            | Public | Medical |  |
|---|------------------------|----------------------------|--------|---------|--|
|   | a Paid during the year |                            |        |         |  |
| ı | ,                      | or substantial contributor |        |         |  |

| 200 SE 1st St 800<br>Miami, FL 33131 | T done | Tredica.             | 30 |
|--------------------------------------|--------|----------------------|----|
| Patterson PTSO1211 E Guadalupe Rd    | Public | Education Assistance | 75 |

50

100.582

| atterson PTSO1211 E Guadalupe Rd<br>ilbert, AZ 85234 | Public | Education Assistance |  |
|--|--------|----------------------|--|
| embroke Hill School5121 State Line Rd                | Public | Education            |  |

| Gilbert, AZ 85234                      |        |           |  |
|--|--------|-----------|--|
| Pembroke Hill School5121 State Line Rd | Public | Education |  |

| •   |        |           |       |
|---|--------|-----------|-------|
| Pembroke Hill School5121 State Line Rd<br>Kansas City, MO 64112 | Public | Education | 1,500 |

| Kansas City, MO 64112                  |        |           |  |
|--|--------|-----------|--|
| Pembroke Hill School5121 State Line Rd | Public | Education |  |

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

100

2,178

100,582

34

|                             | or substantial contributor |        |         |  |
|-----------------------------|----------------------------|--------|---------|--|
| a Paid during the year      |                            |        |         |  |
| Phoenix Children's Hospital |                            | Public | Medical |  |

or substantial contributor

Total .

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

| 919 E Thomas Rd<br>hoenix, AZ 85016 |        |           |  |
|-------------------------------------|--------|-----------|--|
| owell Gardens1609 NW Hwy 50         | Public | Community |  |

| Powell Gardens1609 NW Hwy 50<br>Kingsville, MO 64061 | Public | Community |  |
|--|--------|-----------|--|
|  |        |           |  |

| Kingsville, MO 64061                | rabile | Community |  |
|-------------------------------------|--------|-----------|--|
| Ronald McDonald House2502 Cherry St | Public | Health    |  |

| Kingsville, MO 64061                |        |        |  |
|-------------------------------------|--------|--------|--|
| Ronald McDonald House2502 Cherry St | Public | Health |  |

|  |        | 1      |  |
|--|--------|--------|--|
| Ronald McDonald House2502 Cherry St<br>Kansas City, MO 64108 | Public | Health |  |

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

| ·   | or substantial contributor |        |                          |    |
|---|----------------------------|--------|--------------------------|----|
| a Paid during the year                        |                            |        |                          |    |
| Rose BrooksPO Box 320599 Kansas City MO 64132 |                            | Public | Shelter forAbuse Victims | 50 |

| Run Across AmericaFeeding America<br>PO Box 96749<br>Washington, DC 200906749 | Public | Feed the Needy |  |
|---|--------|----------------|--|
| Washington, DC 200900749  |        |                |  |

Total .

| ł | Salisbury School251 Canaan Rd            | Public | <br>  Education | 1,00 |
|---|--|--------|-----------------|------|
|   | PO Box 96749<br>Washington, DC 200906749 |        |                 |      |

| Washington, DC 200906749      |        |           |    |
|-------------------------------|--------|-----------|----|
| Salisbury School251 Canaan Rd | Public | Education | 1, |

| <u> </u>  |        |           |       |
|---|--------|-----------|-------|
| Salisbury School251 Canaan Rd<br>Salisbury CT 06068 | Public | Education | 1,000 |

135

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

|                                | or substantial contributor |        |              |     |
|--------------------------------|----------------------------|--------|--------------|-----|
| a Paid during the year         |                            |        |              |     |
| Save Barnagat Bay117 Haines Rd |                            | Public | Preservation | 200 |

| Toms River, NJ 08753                  |        |      |  |
|---------------------------------------|--------|------|--|
| Scottsdale Public Art7380 E Second St | Public | Arts |  |

Total .

| Scottsdale Public Art7380 E Second St<br>Scottsdale, AZ 85251 | Public | Arts | 2,200 |
|---|--------|------|-------|
|   |        |      |       |

| Scottsdale, AZ 85251         |        |      | _,    |
|------------------------------|--------|------|-------|
| Sounds Academy3738 N 16th St | Public | Arts | 1,800 |

| Sounds Academy3738 N 16th St | Public | Arts | 1,800 |
|------------------------------|--------|------|-------|
| Phoenix, AZ 85016            |        |      |       |

| Sound's Academy 5750 N Total St |  | rubiic | AILS | 1,000 |
|---------------------------------|--|--------|------|-------|
| Phoenix, AZ 85016               |  |        |      |       |
|                                 |  |        |      |       |

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

| Hame and dualess (nome or business) | or substantial contributor |  |  |
|-------------------------------------|----------------------------|--|--|
| a Paid during the year              |                            |  |  |
|                                     |                            |  |  |

| Snay & Neuter KC1116 F 50th St                         | Public | Animal Pescue | 1 289 |
|--|--------|---------------|-------|
| Southwest Shakespeare Co55 E Main St<br>Mesa, AZ 85201 | Public | Arts          | 2,500 |

| 11C30, AZ 03Z01   |        |               |   |
|---|--------|---------------|---|
| Spay & Neuter KC1116 E 59th St<br>Kansas City, MO 64110 | Public | Animal Rescue | : |

| Spay & Neuter KC1116 E 59th St<br>Kansas City, MO 64110 | Public | Animal Rescue             | 1,289 |
|---|--------|---------------------------|-------|
| Special Olympics of PA1133 19th St NW                   | Public | Community Outreachfor the | 50    |

| Kansas City, MO 64110                 |        |                           |    |
|---------------------------------------|--------|---------------------------|----|
| Special Olympics of PA1133 19th St NW | Public | Community Outreachfor the | 50 |

|   | l |        |                                    |    |
|---|---|--------|------------------------------------|----|
| Special Olympics of PA1133 19th St NW<br>Washington, DC 20036 |   | Public | Community Outreachfor the Disabled | 50 |
|   |   |        |                                    |    |

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

or substantial contributor

Total .

|   | or substantial contributor |        |      |       |
|---|----------------------------|--------|------|-------|
| a Paid during the year                                |                            |        |      |       |
| Spotlight Youth10620 N 43rd Ave<br>Glendale, AZ 85304 |                            | Public | Arts | 1,270 |

| •                            |        |           |  |
|------------------------------|--------|-----------|--|
| St Andrew's Episcopal Church | Public | Religious |  |
| 6301 Wornall Terr            |        |           |  |
| Kansas City, MO 64113        |        |           |  |

| 6301 Wornall Terr<br>Kansas City, MO 64113 | rublic | Religious | 3,439 |
|--|--------|-----------|-------|
| St Jude Children's Hospital                | Public | Medical   | 150   |

2 420

| Kansas City, MO 64113                            |        |         |     |
|--|--------|---------|-----|
| St Jude Children's Hospital<br>501 St Jude Place | Public | Medical | 150 |
| M I: TN 20405                                    |        |         |     |

| St Jude Children's Hospital<br>501 St Jude Place | Public | Medical | 150 |
|--|--------|---------|-----|
| Memphis, TN 38105                                |        |         |     |

| ot Jude Children's Hospital | Public | Medical | 150 |
|-----------------------------|--------|---------|-----|
| 501 St Jude Place           |        |         | 1   |
| Memphis, TN 38105           |        |         |     |
|                             |        |         |     |

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

|   | (                                  | or substantial contributor |        |           |       |
|---|------------------------------------|----------------------------|--------|-----------|-------|
| , | a Paid during the year             |                            |        |           |       |
|   | St Lawrence University24 Romoda Dr |                            | Public | Education | 7,592 |

| Canton, OH 13617                   |        |        |  |
|------------------------------------|--------|--------|--|
| St Luke's Foundation901 E 104th St | Public | Health |  |

Total.

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

| St Luke's Foundation901 E 104th St<br>Kansas City, MO 64131 | Public | Health |  |
|---|--------|--------|--|

| 0. (5.0) 5 10 24 34 24 10                                   | B 11:  | A4 11 1 | 205 |
|---|--------|---------|-----|
| St Luke's Foundation901 E 104th St<br>Kansas City, MO 64131 | Public | Health  | 50  |

| Kansas City, MO 64131                 | rubiic | Treattr | ,   |
|---------------------------------------|--------|---------|-----|
| Steps of Faith Foundation31 W 31st St | Public | Medical | 29: |

| Kansas City, MO 64131                 |        |         |     |
|---------------------------------------|--------|---------|-----|
| Steps of Faith Foundation31 W 31st St | Public | Medical | 293 |
| Kansas City, MO 64108                 |        |         |     |

| Steps of Faith Foundation31 W 31st St | Public | Medical | 293 |
|---------------------------------------|--------|---------|-----|
| Kansas City, MO 64108                 |        |         |     |

▶ 3a

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

| a Paid during the year                           |        |      |       |
|--|--------|------|-------|
| Theatre Works10580 N 83rd Dr<br>Peoria, AZ 85345 | Public | Arts | 1,560 |

| o Write Love On Her Arms Fdn<br>O Box 2203<br>elbourne, FL 32902 | Public | Mental HealthAssistance |  |
|--|--------|-------------------------|--|

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

| PO Box 2203<br>Melbourne, FL 32902 | Public | Mental HealthAssistance |     |
|------------------------------------|--------|-------------------------|-----|
| Truman Medical Center Foundation   | Public | Health                  | 1,2 |

| Melbourne, FL 32902   |        |        |       |
|---|--------|--------|-------|
| Truman Medical Center Foundation<br>2310 Holmes St 735<br>Kansas City, MO 64108 | Public | Health | 1,200 |

30

| Truman Medical Center Foundation<br>2310 Holmes St 735<br>Kansas City, MO 64108 | Public | Health | 1,200   |
|---|--------|--------|---------|
| Total   | <br>   | ▶ 3a   | 100,582 |

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

| Turning Point8900 State Line Rd 240 |                            | Public | Health | 100 |
|-------------------------------------|----------------------------|--------|--------|-----|
| a Paid during the year              |                            |        |        |     |
| ,                                   | or substantial contributor |        |        |     |

| Leawood, KS 66206           |        |      |      |
|-----------------------------|--------|------|------|
| Unicorn Theater3828 Main St | Public | Arts | 5,80 |

| Unicorn Theater3828 Main St<br>Kansas City, MO 64111 | Public | Arts   | 5,800 |
|--|--------|--------|-------|
| Uzazi Village4232 Troost Ave                         | Public | Health | 25    |

| Kansas City, MO 64111        |        |        | 5,555 |
|------------------------------|--------|--------|-------|
| Uzazi Village4232 Troost Ave | Public | Health | 25    |

| , ,                          |        |        |    |
|------------------------------|--------|--------|----|
| Jzazi Village4232 Troost Ave | Public | Health | 25 |
| (ansas City, MO 64110        |        |        |    |

| Uzazi Village4232 Troost Ave | Public | Health | 25 |
|------------------------------|--------|--------|----|
| Kansas City, MO 64110        |        |        |    |
|                              |        |        |    |

| Kansas City, MO 64110 |          |         |
|-----------------------|----------|---------|
| Total                 | <br>▶ 3a | 100,582 |

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

| 1  |        |      |       |
|--|--------|------|-------|
| a Paid during the year                               |        |      |       |
| Valley Youth Theater807 N 3rd St<br>Phoenix AZ 85005 | Public | Arts | 1,800 |

| Cernix, TRE 05005  |        |           |  |
|--|--------|-----------|--|
| sitation School5134 Baltimore Ave<br>nsas City, MO 64112 | Public | Education |  |
|  |        |           |  |

or substantial contributor

| Visitation School5134 Baltimore Ave<br>Kansas City, MO 64112 | Public | Education |  |
|--|--------|-----------|--|
| Waldo KC - Area Business Bureau<br>7222 Wornall Rd           | Public | Community |  |

| ,,                              |        |           |     |
|---------------------------------|--------|-----------|-----|
| Waldo KC - Area Business Bureau | Public | Community | 208 |
| 7222 Wornall Rd                 |        | •         |     |
| Kansas City, MO 64114           |        |           |     |

| Waldo KC - Area Business Bureau | Public | Community | 20 |
|---------------------------------|--------|-----------|----|
| 7222 Wornall Rd                 |        |           |    |
| Kansas City, MO 64114           |        |           |    |

| Total                                    |  | <u> </u><br> | 100,582 |
|--|--|--------------|---------|
| 7222 Wornall Rd<br>Kansas City, MO 64114 |  |              |         |

462

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

Recipient

If recipient is an individual, show any relationship to status of contribution

Amount contribution

recipient

100,582

| Name and address (nome or business) | or substantial contributor | ·      |      |       |
|-------------------------------------|----------------------------|--------|------|-------|
| a Paid during the year              |                            |        |      |       |
| West Valley Arts Council            |                            | Public | Arts | 1,560 |

| West Valley Arts Council   | Public | Arts |  |
|----------------------------|--------|------|--|
| 16126 N Civic Center Plaza |        |      |  |
| Surprise, AZ 85374         |        |      |  |
|                            |        |      |  |

any foundation manager

| Note: To capture the full content of this | document, please select landscape mode (11" $\times$ 8.5") when printing. |
|---|---|
| TY 2020 Gain/Loss from Sale               | of Other Assets Schedule  |
| Name:                                     | The Torosian Foundation   |
| EIN:                                      | 36-6086377  |
| Gain Loss Sale Other Assets Schedule      |   |
|   |   |

Basis

361,788 195,991

DLN: 93491133008432

Basis Method | Sales Expenses | Total (net) | Accumulated Depreciation

165,797

efile GRAPHIC print - DO NOT PROCESS

Name

Publicly Traded Securities

As Filed Data -

Date Acquired | How Acquired | Date Sold | Purchaser Name | Gross Sales Price |

| efile GRAPHIC print - DO NOT PROCESS         | As Filed Data -  | DLN: 93491133008432 |  |  |  |
|--|------------------|---------------------|--|--|--|
| TY 2020 Investments Corporate Stock Schedule |                  |                     |  |  |  |
| Name: 7                                      | Γhe Torosian Fou | ndation             |  |  |  |

786,338

429,399

| <b>EIN:</b> 36-6086377                 |                           |                                  |
|--|---------------------------|----------------------------------|
| Investments Corporation Stock Schedule |                           |                                  |
| Name of Stock                          | End of Year Book<br>Value | End of Year Fair<br>Market Value |

Publicly traded common stock held in Fidelity Inv. Acct.

| efile GRAPHIC print - DO NOT PROCESS                                       | As Filed Data -                                     |            | DLN: 93491133008432 |  |  |  |
|--|---|------------|---------------------|--|--|--|
| <b>TY 2020 Investments Governr</b>   | TY 2020 Investments Government Obligations Schedule |            |                     |  |  |  |
|  |   |            |                     |  |  |  |
| Name:  | The Torosian F                                      | Foundation |                     |  |  |  |
| EIN:   | 36-6086377  |            |                     |  |  |  |
| US Government Securities - End of Year Book Value:                         |   | 378,907    |                     |  |  |  |
| US Government Securities - End of Year Fair Market Value:                  |   | 403,678    |                     |  |  |  |
| State & Local Government<br>Securities - End of Year Book<br>Value:        |   |            |                     |  |  |  |
| State & Local Government<br>Securities - End of Year Fair<br>Market Value: |   |            |                     |  |  |  |

| TY 2020 Legal Fees Schedule                    |        |                          |                        |   |  |  |
|--|--------|--------------------------|------------------------|---|--|--|
| Name: The Torosian Foundation  EIN: 36-6086377 |        |                          |                        |   |  |  |
| Category                                       | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |  |

5,650

5,650

Spencer Fane LLP Tax Return Prep

| efile GRAPHIC print - DO NOT PROCESS | rint - DO NOT PROCESS As Filed Data - DLN: 93491133008432 |                |              |                   |  |  |
|--------------------------------------|---|----------------|--------------|-------------------|--|--|
| TY 2020 Other Expenses Schedule      |   |                |              |                   |  |  |
|                                      |   |                |              |                   |  |  |
| Name: The Torosian Foundation        |   |                |              |                   |  |  |
| EIN:                                 | <b>EIN:</b> 36-6086377                                    |                |              |                   |  |  |
| Other Expenses Schedule              |   |                |              |                   |  |  |
| Description                          | Revenue and   | Net Investment | Adjusted Net | Disbursements for |  |  |

| Other Expenses Schedule | 1                                    | 1                        |                        |   |
|-------------------------|--------------------------------------|--------------------------|------------------------|---|
| Description             | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
| Office supplies/equip.  | 4,600                                |                          |                        | 4,600                                       |

Bank fees

| efile GRAPHIC print - DO NOT PROCE                        | SS As Filed Data | DLN: 93491133008432 |              |               |  |  |
|---|------------------|---------------------|--------------|---------------|--|--|
| TY 2020 Other Professional Fees Schedule                  |                  |                     |              |               |  |  |
|   |                  |                     |              |               |  |  |
| Name: The Torosian Foundation                             |                  |                     |              |               |  |  |
| <b>EIN:</b> 36-6086377                                    |                  |                     |              |               |  |  |
| Category Amount Net Investment Adjusted Net Disbursements |                  |                     |              |               |  |  |
|   | Alliount         | Mer Tilvestillelir  | Aujusteu Het | Dispuisements |  |  |

| Category                        | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|---------------------------------|--------|--------------------------|------------------------|---|
| Atwood/Fidelity Mgmt/Investment | 8,378  | 8,378                    |                        |   |

| efile GRAPHIC print - DO NOT F | PROCESS As Filed Data | DLN: 93491133008432      |                        |   |  |  |
|--------------------------------|-----------------------|--------------------------|------------------------|---|--|--|
| TY 2020 Taxes Schedule         |                       |                          |                        |   |  |  |
|                                |                       |                          |                        |   |  |  |
|                                | Name: The Torosia     | n Foundation             |                        |   |  |  |
| <b>EIN:</b> 36-6086377         |                       |                          |                        |   |  |  |
| Taxes Schedule                 | ,                     | ,                        |                        | 1   |  |  |
| Category                       | Amount                | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |  |
| Excise Tax                     | 250                   |                          |                        |   |  |  |
| Foreign Taxes                  | 41                    | 41                       |                        |   |  |  |

## **The Torosian Foundation**

EIN: 36-6086377

Attachment to Form 990-PF, Part II Balance Sheet, Lines 10a and 10b

| # Shares       | Asset                                    | Symbol | Total<br>Cost Basis | Total<br>FMV |
|----------------|--|--------|---------------------|--------------|
| Government a   | nd Corporate Bond Investments (Line 10a) |        |                     |              |
| 750.000        | Invesco Ultra Short Duration ETF         | GSY    | 37,767              | 37,860       |
| 1,000.000      | Ishares Tr Sh Tr Crport ETF              | IGSB   | 52,244              | 54,810       |
| 400.000        | Ishares Tips Bond                        | TIP    | 40,275              | 51,204       |
| 500.000        | iShares US Preferred Stock ETF           | PFF    | 18,870              | 19,668       |
| 200.000        | Janus Henderson AAA CLO                  | JAAA   | 10,057              | 10,091       |
| 13,638.321     | JP Morgan Short Duration Bond I          | HLLVX  | 144,566             | 151,795      |
| 2,500.000      | SPDR Portfolio Short Term Corp Bond ETF  | SPSB   | 75,128              | 78,250       |
| ·              | ·  |        | \$ 378,907 \$       | 403,678      |
| Equities (Line | 10b):                                    |        |                     |              |
| 150.000        | AbbVie                                   | ABBV   | 13,995              | 16,896       |
| 10.000         | Alphabet Inc. CI C                       | GOOG   | 2,765               | 25,063       |
| 75.000         | Ameriprise Finl Inc                      | AMP    | 4,772               | 18,666       |
| 50.000         | Amgen Inc                                | AMGN   | 10,684              | 12,188       |
| 140.000        | Apple Inc                                | AAPL   | 3,711               | 19,174       |
| 125.000        | Aptiv PLC                                | APTV   | 6,844               | 19,666       |
| 45.000         | Biogen Inc                               | BIIB   | 13,697              | 15,582       |
| 125.000        | CDW Corp                                 | CDW    | 4,293               | 21,831       |
| 425.000        | Cisco Systems                            | CSCO   | 8,232               | 22,525       |
| 175.000        | D.R. Horton Inc                          | DHI    | 9,331               | 15,815       |
| 750.000        | Fifth Third Bancorp                      | FITB   | 11,095              | 28,673       |
| 3,125.000      | •  | FTGC   | 69,613              | 73,906       |
| 90.000         | Generac Holdings Inc                     | GNRC   | 4,174               | 37,364       |
| 500.000        | Gilead Sciences Inc                      | GILD   | 17,356              | 34,430       |
| 1,150.000      | Goldman Sachs ActiveBeta Emkts           | GEM    | 37,023              | 46,932       |
| 1,300.000      | Goldman Sachs ActiveBeta Intl Eq ETF     | GSIE   | 35,898              | 45,409       |
| 325.000        | Hologic Inc                              | HOLX   | 14,648              | 21,684       |
| 375.000        | Intel Corp                               | INTC   | 8,026               | 21,053       |
| 1,150.000      | iShares Edge MSCI Intl Momentum Fctr ETF | IMTM   | 37,686              | 44,482       |
| 50.000         | L3Harris Technologies Inc                | LHX    | 9,617               | 10,808       |
| 150.000        | Leidos Holdings Inc                      | LDOS   | 15,241              | 15,165       |
| 35.000         | Lowe's Companies Inc.                    | LOW    | 3,270               | 6,789        |
| 75.000         | Mastercard                               | MA     | 2,474               | 27,382       |
| 30.000         | Northrop Gramman Corp                    | NOC    | 10,219              | 10,903       |
| 500.000        | ON Semiconductor Corp                    | ON     | 8,258               | 19,140       |
| 50.000         | Paypal Holdings Inc                      | PYPL   | 5,492               | 14,574       |
| 100.000        | PNC Finl Svcs Grp                        | PNC    | 8,220               | 19,076       |
| 25.000         | Regeneron Pharmaceuticals Inc            | REGN   | 12,789              | 13,964       |
| 250.000        | Sony Corp                                | SONY   | 11,818              | 24,305       |
| 75.000         | Thermo Fisher Scientific                 | TMO    | 3,307               | 37,835       |
| 625.000        | Tortoise North Amer Pipeline             | TPYP   | 12,021              | 14,081       |
| 75.000         | United Rentals Inc                       | URI    | 7,782               | 23,926       |
| 50.000         | Walmart Stores Inc                       | WMT    | 5,048               | 7,051        |
|                |  |        | \$ 429,399 \$       | 786,338      |
| Total Investme | ents:                                    |        | \$ 808,306 \$       | 1,190,016    |