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## DLN: 93491319098073

OMB No. 1545-0047

2022

# **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

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

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

Open to Public Inspection

For	caler	ndar year 2022, or tax year beginning 01-01-20	)22 , ar	nd ending 12-31-	2022	
		ndation SES FOR VETERANS INC		<b>A Employer id</b> 46-4539501	entification numbe	r
		street (or P.O. box number if mail is not delivered to street address) 83RD STREET	Room/suite	<b>B</b> Telephone nu (913) 283-8940	mber (see instruction	ns)
		, state or province, country, and ZIP or foreign postal code <s 66085<="" td=""><td><u> </u></td><td></td><td>application is pending</td><td>g, check here</td></s>	<u> </u>		application is pending	g, check here
G CH	neck al	I that apply:	former public charity	2. Foreign or	ganizations, check he ganizations meeting k here and attach col	the 85% □
	•	pe of organization: $\square$ Section 501(c)(3) exempt private			undation status was t n 507(b)(1)(A), chec	
[ Fai	r mark year (f	4947(a)(1) nonexempt charitable trust ☐ Other taxable tet value of all assets at end rom Part II, col. (c),  ☐ Other (specify)  ☐ (Part I, column (d) must	☑ Cash ☐ Accru		ation is in a 60-month n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	1,039,448			
	2	Check ▶ ☐ if the foundation is <b>not</b> required to attach Sch. B				
	3	Interest on savings and temporary cash investments	12	12	12	
	4	Dividends and interest from securities	15,573	15,573	15,573	
	5a	Gross rents	23,300	23,300	23,300	
	b	Net rental income or (loss)18,815				
ne	6a	Net gain or (loss) from sale of assets not on line 10	-5,469			
Revenue	b	Gross sales price for all assets on line 6a				
Ze.	7	Capital gain net income (from Part IV, line 2)		0		
ш	8	Net short-term capital gain			0	
	9	Income modifications				
	10a	Gross sales less returns and allowances 10,496				
	b	Less: Cost of goods sold	<u> </u>			
	c	Gross profit or (loss) (attach schedule)	308		308	
	11	Other income (attach schedule)	83,409	0	83,409	
	12	Total. Add lines 1 through 11	1,156,581		122,602	
<u>~</u>	13	Compensation of officers, directors, trustees, etc.	118,000	· ·	13,031	104,969
Se	14	Other employee salaries and wages	245,955		27,161	218,794
E E	15	Pension plans, employee benefits	25,454		2,810	22,644
Ĕ	16a	Legal fees (attach schedule)	20,101	_		
Λe	b	Accounting fees (attach schedule)	7,193	0	794	6,399
rati	c	Other professional fees (attach schedule)	14,066			8,851
ii St		Interest	29 11,000	1,110	1,033	0,031
Ē	17 18		5,983	0	661	5,322
Operating and Administrative Expenses	19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion	41,343			3,322
D D				0	,	75 112
ਰ	20	Occupancy	84,437	_	9,324	75,113
≘	21 22	Printing and publications	11,815	0	0	11,815
era	23	Other expenses (attach schedule)	479,514	4,485	10,119	469,395
o	24	Total operating and administrative expenses.	475,514	7,403	10,119	405,333
	~ 4	Add lines 13 through 23	1,033,760	8,601	69,565	923,302
	25	Contributions, gifts, grants paid	500	·	05,505	500
	26	Total expenses and disbursements. Add lines 24 and 25	1,034,260		69,565	923,802
	27	Subtract line 26 from line 12:	1,034,200	8,001	09,303	923,602
	a	Excess of revenue over expenses and				
		disbursements	122,321			
	b	Net investment income (if negative, enter -0-)		30,284		
	С	Adjusted net income (if negative, enter -0-)			53,037	<u> </u>
For	Paper	work Reduction Act Notice, see instructions.		Cat. No. 11289>	( For	m <b>990-PF</b> (2022)

		PF (2022)	1			Page <b>2</b>
Part	Ш	<b>Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year (a) Book Value	1	End o	f year (c) Fair Market Value
	1	Cash—non-interest-bearing	368,264		334,320	
	2	Savings and temporary cash investments				
	3	Accounts receivable				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ►				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)				
		Less: allowance for doubtful accounts ▶				
ر ا	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
¥ 1	<b>0</b> a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	С	Investments—corporate bonds (attach schedule)				
1	1	Investments—land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule) ▶	913			
1	.2	Investments—mortgage loans				
1	L <b>3</b>	Investments—other (attach schedule)	825,203	9	684,373	684,373
1	<b>.</b> 4	Land, buildings, and equipment: basis ►				
		Less: accumulated depreciation (attach schedule) ▶ 105,415	905,365		1,078,103	1,078,103
1	.5	Other assets (describe >)	930	<b>99</b> 3	897	<b>%</b> 897
1	.6	Total assets (to be completed by all filers—see the				
		instructions. Also, see page 1, item I)	2,100,675		2,097,693	2,097,693
1	.7	Accounts payable and accrued expenses				
1	<b>.</b> 8	Grants payable				
6 S	.9	Deferred revenue				
<u>=</u>   2	20	Loans from officers, directors, trustees, and other disqualified persons				
Liabilities	21	Mortgages and other notes payable (attach schedule)				
<b>-</b>   2	22	Other liabilities (describe	8,124	92	29,601	
2	23	Total liabilities(add lines 17 through 22)	8,124		29,601	
5		Foundations that follow FASB ASC 958, check here ▶				
Se l		and complete lines 24, 25, 29 and 30.				
[편] 2	24	Net assets without donor restrictions				
ءً کّ	25	Net assets with donor restrictions				
Fund Balance						
로		Foundations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 26 through 30.				
٥ ,	26	Capital stock, trust principal, or current funds	0		0	
ايد	20 27	Paid-in or capital surplus, or land, bldg., and equipment fund	0			
<u>s</u> [2	28	Retained earnings, accumulated income, endowment, or other funds	2,092,551	-	2,068,092	
	28 29	Total net assets or fund balances (see instructions)	2,092,551	_	2,068,092	
ŽΙ	80	Total liabilities and net assets/fund balances (see instructions) .	2,100,675	-	2,097,693	
	3111	Analysis of Changes in Net Assets or Fund Balances	2/100/0/0		2,037,030	
1		net assets or fund balances at beginning of year—Part II, column (a), lin	e 29 (must agree with	n end-		
_		ear figure reported on prior year's return)	•		1	2,092,551
2	Ente	r amount from Part I, line 27a     .   .   .   .			2	122,321
3		r increases not included in line 2 (itemize)			3	0
4		lines 1, 2, and 3	•	•	4	2,214,872
5		eases not included in line 2 (itemize)			5	146,780
6	ıotal	l net assets or fund balances at end of year (line 4 minus line 5)—Part II,	column (b), line 29	•	6	2,068,092 Form <b>990-PF</b> (2022)

Part	Capital Gains and L	Losses for Tax on Investment	t Income			
		kind(s) of property sold (e.g., real es use; or common stock, 200 shs. MLC		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a	US BANK			Р		
b	CAPITAL GAINS DIVIDENDS			Р		
С				<u> </u>		
d						
е				<u> </u>		
	<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	Cost or d	(g) other basis pense of sale	Gain c	( <b>h)</b> or (loss) f) minus (g)
а	90,874	'		97,840		-6,966
b	1,497					1,497
С						
d						
е						
	Complete only for assets show	ving gain in column (h) and owned by	y the foundation	on 12/31/69	1	(I)
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	<b>(k)</b> s of col. (i) l. (j), if any	Gains (Col. ( col. (k), but not	(h) gain minus : less than -0-) <b>or</b> rom col.(h))
а						-6,966
b						1,497
С						
d						
е						
2	Capital gain net income or (ne		in, also enter in Pass), enter -0- in P		2	-5,469
3		r (loss) as defined in sections 1222(5 ne 8, column (c) (see instructions). I	, , ,	)- }	3	0

Page **3** 

orm	990-PF (2022)			P	age <b>4</b>
Pa	t V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instr	uctio	ns)		
<b>1</b> a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigs\) and enter "N/A" on line 1.				
		ι			421
h	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations enter 4%	+			721
	(0.04) of Part I, line 12, col. (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0
3	3 Add lines 1 and 2				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	1			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5			421
6	Credits/Payments:				
а	2022 estimated tax payments and 2021 overpayment credited to 2022 6a 0				
b	Exempt foreign organizations—tax withheld at source 6b 0				
C	Tax paid with application for extension of time to file (Form 8868) 6c 0				
d	Backup withholding erroneously withheld				
7	Total credits and payments. Add lines 6a through 6d	7			0
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2221 is attached.	3			0
9	. 1	• i			421
10		0			
11	Enter the amount of line 10 to be: Credited to 2023 estimated tax ▶ Refunded ▶ 1	1			
	t VI-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did			Yes	No
	it participate or intervene in any political campaign?		. 1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instruction				
	for the definition.		1b		No
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities.				
C	Did the foundation file Form 1120-POL for this year?		1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ▶ \$ 0 (2) On foundation managers. ▶ \$ 0				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers. ▶ \$ 0				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	_	. 2		No
_	If "Yes," attach a detailed description of the activities.	-	·   -		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				
•	of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		.   з		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	•	4a		No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	• • •	4b		110
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		. 5		No
•	If "Yes," attach the statement required by General Instruction T.	•	· 📑		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
-	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions				
	that conflict with the state law remain in the governing instrument?	_	. 6		No
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c),	-	·   -		
	and Part XIV.		.   7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	▶KS .				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney				
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation.		<b>8</b> b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$				
	or 4942(j)(5) for calendar year 2022 or the taxable year beginning in 2022? See the instructions for Part XIII.				
	If "Yes," complete Part XIII	•	. 9	Yes	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names	;			
	and addresses.	•	. 10		No

	The any time during the year, and the roundation, anectry of manifestry, own a controlled charge within the	l		1
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
L2	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement. See instructions	12		No
L3	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ► WWW.WARHORSESFORVETERANS.COM			
L4	The books are in care of ►MINDY CURPHY Telephone no. ►(816) 6	78-341	.4_	

Located at ▶5600 W 183RD STREET STILWELL KS ZIP+4 ▶66085 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here . . . and enter the amount of tax-exempt interest received or accrued during the year . . . . . . . . . .

16 

15 16 At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over Yes

No No See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country > File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes No

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required **1a** During the year did the foundation (either directly or indirectly): 1a(1) (1) Engage in the sale or exchange, or leasing of property with a disqualified person?...... No

(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) 1a(2) No

1a(3) (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?....... No 1a(4) Yes (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?...... (5) Transfer any income or assets to a disqualified person (or make any of either available 1a(5) No

(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period 1a(6) No If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . . . . . . . **1**b No

c Organizations relying on a current notice regarding disaster assistance check here. . . . . . . . d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, **1**d No

a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d 2a and 6e) for tax year(s) beginning before 2022?................... No **b** Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)

Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private

operating foundation defined in section 4942(j)(3) or 4942(j)(5):

2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at 3a No b If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved

by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine 3b 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? No Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022?.

No

No

No

No

No

No

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) During the year did the foundation pay or incur any amount to: Yes 5a(1) (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?. . . . . (2) Influence the outcome of any specific public election (see section 4955); or to carry 5a(2) 5a(3) 5a(4) in section 4945(d)(4)(A)? See instructions. . . . . . . . . .

(3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . (4) Provide a grant to an organization other than a charitable, etc., organization described (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?. . . . 5a(5) If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. . . . 5b c Organizations relying on a current notice regarding disaster assistance check . . . . . . . . . . d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the

5d tax because it maintained expenditure responsibility for the grant?. . . . If "Yes," attach the statement required by Regulations section 53.4945-5(d).

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.............. 6a No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 6b No If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7a No 7b **b** If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?. . Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or No Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VII and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. See instructions (b) Title, and average (c) Compensation (If (d) Contributions to (a) Name and address not paid, enter employee benefit plans and hours per week other allowances -0-) deferred compensation devoted to position

(e) Expense account, See Additional Data Table Compensation of five highest-paid employees (other than those included on line 1-see instructions). If none, enter "NONE." (d) Contributions to **(b)** Title, and average (a) Name and address of each employee paid employee benefit (e) Expense account, hours per week (c) Compensation more than \$50,000 plans and deferred other allowances devoted to position compensation BRET CORTRIGHT DIRECTOR OF OPERATIO 70,835 0 3,960 40.00 5600 W 183RD ST STILLWELL, KS 66085

63,333 0 3.000 JAKE GREENLIEF DIRECTOR OF EQUINE M 40 NO 5600 W 183RD ST STILLWELL, KS 66085 DIRECTOR OF FINANCE 0 MINDY CURPHY 57,292 3,000 40.00 5600 W 183RD ST

STILLWELL, KS 66085 MICHAEL DELANEY DIRECTOR OF FIRST RE 54,496 3,000 40.00 5600 W 183RD ST STILLWELL, KS 66085

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Part VII Information About Officers, Directors, True and Contractors (continued)	ustees, Foundation Managers, Highly Paid E	Employees,
3 Five highest-paid independent contractors for profession	al services (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
PJB MGMT CO 100K OFFICER COMP20832 WAGES	ORGANIZATION & PROPERTY MGMT	120,832
6943 NORTH ATKINS AVENUE KANSAS CITY, MO 64152		
Total number of others receiving over \$50,000 for professional servic Part VIII-A Summary of Direct Charitable Activities	ces	0
List the foundation's four largest direct charitable activities during the tax year. I	Include relevant statistical information such as the number of	
organizations and other beneficiaries served, conferences convened, research pa		Expenses
1 WAR HORSES FOR VETERANS HAS UNIQUE DECOMPRESSION PR DUTY MILIARY AND FIRST RESPONDERS FOR SUCCESS BY FOCU REINTEGRATION THROUGH THE LESSONS OF HORSEMANSHIP.		923,470
2		
3		
4		
Part VIII-B Summary of Program-Related Investment	,	
Describe the two largest program-related investments made by the foundatio	on during the tax year on lines 1 and 2.	Amount
<u> </u>		-
2		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3		0

Page 8

923,802

923.802

Form **990-PF** (2022)

1d Reduction claimed for blockage or other factors reported on lines 1a and

Form 990-PF (2022)

2a

3

4 5

6

1

2

3

Part XI

1,038,261 1e | 2 

2 1,038,261 3 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see 4 4 Net value of noncharitable-use assets. Subtract line 4 from line 3............. 5 5

15,574 1,022,687 6 51,134 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign Part X organizations check here 

and do not complete this part.) 1 Tax on investment income for 2022 from Part V, line 5. . . . . . . 2a

2b

2c

3

4

6

7

1a

1b

2

3a

3h

Income tax for 2022. (This does not include the tax from Part V.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

Distributable amount before adjustments. Subtract line 2c from 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 XII, line 4......

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.,

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

a From 2017. . . . . **b** From 2018. . . . . c From 2019. . . . d From 2020. . . . . . e From 2021. . . . .

XI, line 4: ▶ \$\_\_

(d)

2022

Form 990-PF (2022)

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9	0-	PF	• (	2	0.	22	
					_		

orn	orm 990-PF (2022)						
P	art XII	Undistributed Income (see instruc	tions)				
			(a) Corpu				
1	Distributab	e amount for 2022 from Part X. line 7					

3 Excess distributions carryover, if any, to 2022:

f Total of lines 3a through e . . . . . . . .

4 Qualifying distributions for 2022 from Part

a Applied to 2021, 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 2022 distributable amount. . . .

	ui t All	ondistributed fileonic (See instru	CLIOI
1	Distributab	ole amount for 2022 from Part X, line 7	
2	Undistribut	ted income, if any, as of the end of 2022:	

1	Distributable amount for 2022 from Part X, line 7	
2	Undistributed income, if any, as of the end of 2022:	
а	Enter amount for 2021 only	

- rpus
- Years prior to 2021

(c)

2021

(b)

e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2022. (If an amount appears in column (d), the same amount must be shown in column (a).) 6 Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract line 4b from line 2b . . . . . . . . . . . . c Enter the amount of prior years' undistributed

10 Analysis of line 9: a Excess from 2018. . . **b** Excess from 2019. . c Excess from 2020. . . . d Excess from 2021. . . e Excess from 2022. . .

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 2021. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023 . . . . . . 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 2017 not applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a . . . . . .

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

c Any submission deadlines:

factors:

**b** Approved for future payment

Total .

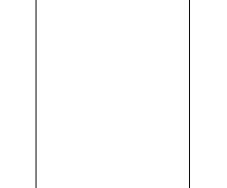
500

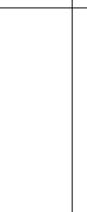
Amount

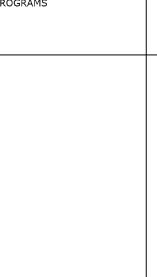
Part XIV **Supplementary Information** (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment

If recipient is an individual, Recipient Foundation show any relationship to

Kecipient	show any relationship to	status of	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year			YOUTH MENTORING	
POLICE ATHLETIC LEAGUE OF KANSAS CITY KANSAS			PROGRAMS	
700 MINNESOTA AVE KANSAS CITY, KS 66101				







Form **990-PF** (2022)

Ent	er gross	amounts unless otherwise indicated.		usiness income		n 512, 513, or 514	(e) Related or exempt function income
1	Program	service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	(See instructions.)
	a FIRS	T RESPONDER PROGRAM					11,025
		and contracts from government agencies					
		rship dues and assessments					
		t on savings and temporary cash					
	investm	nents			14	12	
		ds and interest from securities			14	15,573	
		tal income or (loss) from real estate:					
		financed property					10.015
		ebt-financed property tall income or (loss) from personal property					18,815
		rvestment income					
		(loss) from sales of assets other than					
	invento	rỳ			18	-5,469	
9	Net inco	ome or (loss) from special events:			01	-26,666	
		profit or (loss) from sales of inventory					308
		evenue:					
		Y EMINENT DOMAIN PAYMENT					17,000
	b SHAVI	NGS					2,678
	e						
		al. Add columns (b), (d), and (e)		0		-16,550	49,826
13	Total.	Add line 12, columns (b), (d), and (e)				.3	33,276
		orksheet in line 13 instructions to verify calcu					
		Relationship of Activities to the Explain below how each activity for which		<u> </u>	<u> </u>	ted importantly to	
Li	ne No. ▼	the accomplishment of the foundation's exinstructions.)	kempt purposes	(other than by prov			
1		PROGRAM REVENUE FROM ONE-DAY FIRST					
5		COMBAT VETERAN HOUSING AND LOUNGE I			000444		
10		WAR HORSES LOGO ITEMS SOLD TO PROMO			OGRAMS		
11		ONE-TIME COUNTY EMINENT DOMAIN PAYM SHAVINGS SOLD TO NEIGHBORHOOD HORS					
11		SHAVINGS SOLD TO NEIGHBORHOOD HORS	SE FARMS AT CC	151			
							000 57 177
						Foi	rm <b>990-PF</b> (2022)

υı	III 990-FI (20	11 990-F1 (2022)					
		Information Regarding Transfers To and Transactions and Relationships With Noncharit	shine With Noncharitable				
	Part XVI	Exempt Organizations	abic				
L		nization directly or indirectly engage in any of the following with any other organization described in section 501					

	ganization directly or in than section 501(c)(3)									tion 501		Yes	No
a Transfers	from the reporting foun	dation to a n	oncharit	able exe	mpt organiz	ation	of:						
											1a(1)		No
(2) Othe	rassets										1a(2)		No
<b>b</b> Other tran											<b>\</b>		
	s of assets to a nonchar	itable exemn	t organiz	ration.							1b(1)		No
	hases of assets from a r		-					•		• •	1b(2)		No
				_							<del>- `                                   </del>		
	al of facilities, equipmer										1b(3)		No
	bursement arrangemen									•	1b(4)		No
	s or loan guarantees.										1b(5)		No
(6) Perfo	rmance of services or m	embership o	fundrai:	sing soli	citations.						1b(6)		No
c Sharing o	f facilities, equipment, r	nailing lists, o	other ass	sets, or p	paid employ	ees.					1c		No
of the goo	wer to any of the above ids, other assets, or ser nsaction or sharing arra (b) Amount involved	vices given b ngement, sh	y the repow in col	porting f lumn <b>(d</b>	oundation. I	if the of the	foundation ( goods, othe	receive er asse	ed less than fair ma	arket valu eived.	e	igemen	ts
						_							
described	ndation directly or indire in section 501(c) (other complete the following s	r than sectior chedule.	•	(3)) or ii	n section 52	7?.		_			☑ No		
	(a) Name of organization	on		(b	) Type of orga	anizatio	n		(c) Description	on of relation	nship		
of n	ler penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, co											
Sign	*****			2022 44 45					IRS disc	ıss this			
lere	****				2023-11-1	>	\ ***	****		return with the	preparer	shown	
							— <b>)</b> —			below?	FF		
'	Signature of officer or t	rustee			Date		Titl	е		See inst	ructions.	□ Y	es 🗆
	-									No			
<b>-</b>	Print/Type preparer's	name	Dropara	r'e Cian	ature		D-4-			DTIN			
	Print/Type preparer s	name	Prepare	er's Sign	ature		Date		Check if self-	PTIN			
									employed ▶ □		P00220	718	
اماد	LISA BURKE						2023-11-15 empi						
Paid													
Preparer		MHM LLC								Firm's E	IN ▶34-	18742	60
Jse Only										1 1111 S E	54-	-0/42	
	Firm's address ► 70	00 WEST 47T	H STREE	T SUITE	1100								
	V.	NSAS CITY,	MO 641	12						Phone n	o. (816)	945-5	5500
				. 4 4									
	<u> </u>									Fo	rm <b>990</b>	-PF (	2022

Form 990PF Part VII 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

PATRICK BENSON	EXECUTIVE DIRECTOR	100,000	0	3,000	
5600 W 183RD ST KANSAS CITY, MO 64152	60.00				
JESSEE BENNETT	DIRECTOR, SOCIAL	18,000	0	C	
5600 W 183RD ST	MEDIA 10.00				

5600 W 183RD ST KANSAS CITY, MO 64152	60.00			
JESSEE BENNETT	DIRECTOR, SOCIAL	18,000	0	C
5600 W 183RD ST STILWELL, KS 66085	MEDIA 10.00			

ANSAS CITY, MO 64152				
SSEE BENNETT	DIRECTOR, SOCIAL MEDIA 10.00	18,000	0	0
500 W 183RD ST FILWELL, KS 66085				
NDREW L BROWN	CHAIRMAN	0	0	0
500 W 183RD ST	2.00			

STILWELL, KS 66085	10.00			
ANDREW L BROWN	CHAIRMAN	0	0	0
5600 W 183RD ST STILWELL, KS 66085	2.00			
PATRICIA L BROWN	SECRETARY/TRESURER	0	0	0
5600 W 183RD ST STILWELL, KS 66085	5.00			
MEGAN BROWN BENNETT	DIRECTOR	0	0	0

5600 W 183RD ST STILWELL, KS 66085	2.00			
PATRICIA L BROWN	SECRETARY/TRESURER	0	0	0
5600 W 183RD ST STILWELL, KS 66085	5.00			
MEGAN BROWN BENNETT	DIRECTOR	0	0	0
5600 W 183RD ST	1.00			

0

0

0

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0

5600 W 183RD ST STILWELL, KS 66085	0.50			
PETER PHILLIPS	DIRECTOR	0	0	
5600 W 183RD ST	0.50			

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DIRECTOR

DIRECTOR

DIRECTOR

3.00

2.00

STILWELL, KS 66085

WAYNE HANSON

5600 W 183RD ST STILWELL, KS 66085 GARY LLEWELLYN

STILWELL, KS 66085 BRYAN WEATHERMAN

5600 W 183RD ST STILWELL, KS 66085

Form 990PF Part XIV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).
ANDREW I BROWN

PATRICIA L BROWN

efile GRAPHIC print - DO NOT PROG	CESS As Filed D	ata -	DL	N: 93491319098073			
TY 2022 Accounting Fees Schedule							
Name: WAR HORSES FOR VETERANS INC EIN: 46-4539501							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
ACCOUNTING	7,193	0	794	6,399			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319098073
TY 2022 Investments - Other	Schedule	
Name:	WAR HORSES FOR VETERANS	INC
EIN:	46-4539501	
Investments Other Schedule 2		

DIN. 0240424000072

office CDA DUTC assisted DO NOT DDOCECC As Elled Date

Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ENDOWMENT	FMV	684,373	684,373

Name: WAR HORSES FOR VETERANS INC.

**EIN:** 46-4539501

O46	 	C - L	

Other Assets Schedule					
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value		
TRADEMARK	130	97	97		
SECURITY DEPOSITS	800	800	800		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491319098073				
TY 2022 Other Decreases Schedule							
Name:	WAR HORSES	FOR VETERANS INC					
EIN:	46-4539501		,				
De	escription		Amount				

UNREALIZED GAIN (LOSS)

Description	Revenue and	Net Investment	Adjusted Net	Disbursements for
Other Expenses Schedule		1		-
EIN:	46-4539501			
Name:	WAR HORSES F	OR VETERANS IN	IC	
TY 2022 Other Expenses Sche	edule			
efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	l: 9349131909807

121,758

63,180

36,989

28,212

29,052

22,800

16,192

8,569

3,500

Income

0

0

0

0

0

0

0

0

0

0

Income

0

3,116

2,518

0

Charitable

**Purposes** 

142,558

121,758

63,180

36,989

25,096

29,052

20,282

16,192

8,569

3,500

Expenses per

**Books** 

Other	Expenses Schedule	
	Description	

PROGRAM - VETERANS

HORSE CARE & TRAVEL

**EVENT - DERBY PARTY** 

**OPERATIONS & OFFICE EXPENSES** 

PROGRAM - FIRST RESPONDERS

**EVENT - GOLF TOURNAMENT** 

HORSE PURCHASES

INSURANCE

FARM VEHICLES

DONATED ITEMS

**Adjusted Net** Disbursements for Description Revenue and Net Investment Charitable Expenses per Income Income Books Purposes

4,485

2,219

2,219

4,485

FUNDRAISING GENERAL		

Other Expenses Schedule

SUPPLIES AND EXPENSES

## TY 2022 Other Income Schedule

Name: WAR HORSES FOR VETERANS INC

**EIN:** 46-4539501

Other Income Schedule			
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
FIRST RESPONDER PROGRAM	11,025		11,025
COUNTY EMINENT DOMAIN PAYMENT	17,000		17,000
SHAVINGS	2,678		2,678
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	52 706		52 706

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	Ţ.	DLN: 93491319098073
TY 2022 Other Liabilities Sche	edule		
Name:	WAR HORSES	FOR VETERANS INC	
EIN:	46-4539501		
Other Liabilities Schedule			,
Descriptio	n	Beginning of Year - Book Value	End of Year - Book Value
CREDIT CARD		8,124	29,601

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLN	l: 93491319098073		
TY 2022 Other Professional Fees Schedule						
Nan	ne: WAR HORSE	S FOR VETERANS	INC			
	IN: 46-4539501		1110			
	IN: 40-4559501					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable		
INVESTMENT EXPENSES	4,116	4,116	0	Purposes 0		

8,851

9,950

OUTSIDE CONTRACTORS & MANAGEMENT

SERVICES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLN	N: 93491319098073
TY 2022 Taxes Schedule				
Name:	WAR HORSE	S FOR VETERANS	INC	
EIN:	46-4539501			
Taxes Schedule		,		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL, PROPERTY, & FOREIGN TAXES PAID	5,983	0	661	5,322

efile GRAPHIC print -	DO NOT PROCESS As Filed Data -			DLN: 93491319098073		
Schedule B	Schedule of	Contributors		OMB No. 1545-0047		
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 990 ► Go to <u>www.irs.gov/Form99</u>			2022		
Name of the organization WAR HORSES FOR VETE			Employer id	lentification number		
			46-4539501			
Organization type (ch	eck one).					
Filers of:	Section:					
Form 990 or 990-EZ	990-EZ 501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable tru	st <b>not</b> treated as a private founda	ation			
	☐ 527 political organization					
Form 990-PF	<b>☑</b> 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable tru	st treated as a private foundation	1			
	☐ 501(c)(3) taxable private foundation					
	cation filing Form 990, 990-EZ, or 990-PF that re er property) from any one contributor. Complete					
For an organiza under sections received from a 990, Part VIII, li	tion described in section 501(c)(3) filing Form 95509(a)(1) and 170(b)(1)(A)(vi), that checked Schny one contributor, during the year, total contribute 1h, or (ii) Form 990-EZ, line 1. Complete Partion described in section 501(c)(7), (8), or (10) for total contributions of more than \$1,000 exclusives the prevention of cruelty to children or animals.	needule A (Form 990 or 990-EZ), Futions of the greater of (1) \$5,000 ts I and II.  Illing Form 990 or 990-EZ that recely for religious, charitable, scier	Part II, line 13, D or <b>(2)</b> 2% of the control of t	16a, or 16b, and that the amount on (i) Form y one contributor,		
For an organize during the year If this box is che purpose. Don't	tion described in section 501(c)(7), (8), or (10) for contributions exclusively for religious, charitable ecked, enter here the total contributions that were complete any of the parts unless the <b>General Relation</b> , etc., contributions totaling \$5,000 or more contributions.	iling Form 990 or 990-EZ that rec e, etc., purposes, but no such co e received during the year for an ule applies to this organization be	ntributions tota exclusively re ecause it rece	lled more than \$1,000. ligious, charitable, etc.,		
990-EZ, or 990-PF), bu	on that isn't covered by the General Rule and/or t it <b>must</b> answer "No" on Part IV, line 2, of its Fo Part I, line 2, to certify that it doesn't meet the fili	rm 990; or check the box on line	H of its Form			
For Paperwork Reduction	Act Notice, see the Instructions	Cat. No. 30613X	Sch	nedule B (Form 990) (2022)		

for Form 990, 990-EZ, or 990-PF.

Name of organization WAR HORSES FOR VETERANS INC

# Employer identification number

46-453950

		46-4539501	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is no	eeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	See Additional Data Table	\$	Person Payroll Noncash Complete Part II
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	for noncash contribution.)  (d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contribution.)  (d)  Type of
	Traine, address, and En . T	\$	Person Payroll Noncash Complete Part II
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	for noncash contribution.)  (d)  Type of contribution
		\$	Person Payroll Noncash  (Complete Part II
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	for noncash contribution.) (d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	for noncash contribution.)  (d)  Type of contribution
		\$	Person Payroll Noncash Complete Part II
			for noncash contribution.)

Schedule E	3 (Form 990) (2022)		Page 3
Name of organization WAR HORSES FOR VETERANS INC		Employer identification	number
		46-4539501	
Part II	Noncash Property		
(a) No. from Part I	(see instructions). Use duplicate copies of Part II if additional space is needed. (b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>10</u>	WINDOWS	\$ 12,366	2022-04-20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>17</u>	FURNITURE	\$ 6,000	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>18</u>	CUSTOM CABINETS	\$ 5,126	2022-02-25
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>26</u>	CHIROPRACTIC TABLE	\$ 14,000	2022-06-30
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
	<del>-</del>		Schedule B (Form 990) (2022)

## **Additional Data**

# Software ID:

**Software Version:** 

**EIN:** 46-4539501

Name: WAR HORSES FOR VETERANS INC

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	JOHN AND CAROL OLSON		Person 🗸
<u>1</u>	PO BOX 5210		Payroll 🗌
	CDANTS DAGG OR OFFERDAGO	\$ 100,000	Noncash 🗌
	GRANTS PASS, OR 975270210		(Complete Part II for noncas
			contribution.)
2	PATRICIA L BROWN CHARITABLE TRUST		Person 🗸
<u>2</u>	18208 NALL AVE		Payroll 🗌
		\$ 90,000	Noncash $\square$
	STILWELL, KS 660859454		(Complete Part II for noncas
			contribution.)
2	THE RONALD D DEFFENBAUGH FOUNDATION		Person 🗸
<u>3</u>	PO BOX 482146		Payroll 🗌
		\$ 60,000	Noncash $\square$
	KANSAS CITY, MO 641482146		(Complete Part II for nonca
			contribution.)
4	DAVID WOODS KEMPER FOUNDATION		Person 🗸
<u>4</u>	2300 MAIN ST STE 900		Payroll 🗌
		\$ 50,000	Noncash $\square$
	KANSAS CITY, MO 641082408		(Complete Part II for nonca
			contribution.)
5	BROOKSTONE HOMES LLC		Person 🗸
<u>5</u>	501 S 336TH ST		Payroll 🗌
		\$ 45,150	Noncash $\Box$
	FEDERAL WAY, WA 980036745		(Complete Part II for nonca
			contribution.)
6	JAMES AND BARBI WOOLSEY		Person 🗸
<u>6</u>	2507 E MALLORY ST		Payroll 🗌
	MESA, AZ 852131517	\$ 31,000	Noncash $\Box$
	11251, AZ 032131317		(Complete Part II for nonca
			contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (c)
Total contributions (d) Name, address, and ZIP + 4 Νo. Type of contribution COCHERL FAMILY FOUNDATION Person **V** 7 Payroll 10977 GRANADA LN \$ 25,000 Noncash OVERLAND PARK, KS 662111468 (Complete Part II for noncash contribution.) AFFLICTION HOLDINGS Person **V** 8 **Payroll** 1799 APOLLO CT \$ 16,000 Noncash SEAL BEACH, CA 907405617 (Complete Part II for noncash contribution.) HANSON QUARTER HORSES LLC Person **Pavroll** 1799 170TH ST \$ 22,500 Noncash CRESTON, IA 508018148 (Complete Part II for noncash contribution.) PELLA WINDOW AND DOOR Person <u>10</u> **Payroll** 11333 STRANG LINE RD \$ 12,366 Noncash LENEXA, KS 662154042 (Complete Part II for noncash contribution.) Person  $\overline{\mathbf{V}}$ ANDREW RAMOS 11 6990 W 188TH ST **Payroll** \$ 22,825 Noncash STILWELL, KS 660858306 (Complete Part II for noncash contribution.) PATTERSON FAMILY FOUNDATION Person **V** 12 209 W 47TH ST STE 200 **Payroll** \$ 10,000 Noncash KANSAS CITY, MO 641121604 (Complete Part II for noncash contribution.)

orm 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	HOFFMAN FAMILY FOUNDATION		Person 🗸
<u>13</u>	17960 S BOND ST		Payroll 🗌
		\$ 10,000	Noncash $\square$
	BUCYRUS, KS 660139601		(Complete Part II for noncash contribution.)
	BRIAN DALY		Person 🗸
<u>14</u>	104 E 70TH TER		Payroll 🗌
	KANSAS CITY, MO 641132546	\$ 10,000	Noncash $\square$
	1,1113/13 3111/1113 31111113113		(Complete Part II for noncash contribution.)
15	THE CYNTHIA AND GEORGE MITCHELL FOUNDATION		Person 🗸
<u>15</u>	PO BOX 8937		Payroll 🗌
		\$ 10,000	Noncash $\square$
	THE WOODLANDS, TX 773878937		(Complete Part II for noncash contribution.)
16	SCHEELS		Person 🗸
<u>16</u>	6503 W 135TH ST		Payroll 🗌
	OVERLAND DARK VG CCCCCCC	\$ 7,500	Noncash $\square$
	OVERLAND PARK, KS 662237901		(Complete Part II for noncash contribution.)
<u>17</u>	BRYAN N WEATHERMAN AND CARIL B DUNC		Person
17	13904 MASTIN ST		Payroll 🗌
	OVERLAND PARK, KS 662212284	\$ 6,000	Noncash 🗹
			(Complete Part II for noncash contribution.)
1.9	MILLER'S CUSTOM CABINETS INC		Person 🗌
<u>18</u>	1055 ITALIAN WAY		Payroll 🗌
	EXCELSIOR SPRINGS, MO 640248016	\$ 5,126	Noncash 🗹
	LACELSION SPRINGS, MO 040240010		(Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	GOSHEN MEMORIAL CHAPTER #15		Person 🗸
<u>19</u>	708 W PIKE ST	<del> </del>	Payroll 🗌
		\$ 5,000	Noncash $\square$
	GOSHEN, IN 465262336		(Complete Part II for noncash contribution.)
	JOHN AND LORI SMITH CHARITABLE FUND		Person 🗸
<u>20</u>	1612 RIVERVIEW BLVD		Payroll 🗌
		\$ 5,000	Noncash $\square$
	OSCEOLA, IN 465613529		(Complete Part II for noncash contribution.)
2.4	MICHAEL AND DEBBI FIELDS ROSE ADVISED FUND		Person 🗸
<u>21</u>	549 MOUNTAIN LAUREL DR		Payroll 🗌
		\$ 5,000	Noncash $\square$
	ASPEN, CO 816112339		(Complete Part II for noncash contribution.)
22	THE CYNTHIA AND GEORGE MITCHELL FOUNDATION		Person 🗸
<u>22</u>	PO BOX 8937		Payroll 🗌
		\$ 5,000	Noncash $\square$
	THE WOODLANDS, TX 773878937		(Complete Part II for noncash contribution.)
<u>23</u>	FIFTH GENERATION INC		Person 🗸
<u>23</u>	1406 SMITH RD		Payroll 🗌
		\$ 20,000	Noncash $\square$
	AUSTIN, TX 787213561		(Complete Part II for noncash contribution.)
24	WILLIAM AND PATRICIA RUDY		Person 🗸
<u>24</u>	19645 HWY 273		Payroll 🗌
	PLATTE CITY, MO 64079	\$ 5,000	Noncash $\square$
			(Complete Part II for noncash

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (c)
Total contributions (d) Name, address, and ZIP + 4 Νo. Type of contribution SUSAN BROWN AND ROBERT THILL JR FAMILY FOUNDATION Person **~** 25 Payroll 6400 GLENWOOD ST \$ 5,000 Noncash OVERLAND PARK, KS 662024028 (Complete Part II for noncash contribution.) Person BRIAN HOLDEMAN 26 10928 S LANGLEY ST **Payroll** \$ 14,000 Noncash OLATHE, KS 660612869 (Complete Part II for noncash contribution.) Person KRISTIN BANKER 27 15668 W BARTON ST **Payroll** \$ 11,400 Noncash OVERLAND PARK, KS 66221 (Complete Part II for noncash contribution.) Person SHAWN BOYD 28 5030 MACKEY ST **Payroll** \$ 5,000 Noncash SHAWNEE MISSION, KS 66203 (Complete Part II for noncash contribution.) Person  $\overline{\mathbf{V}}$ PAT AND ANDY BROWN 29 5600 W 183RD STREET **Payroll** \$ 11,171 Noncash STILWELL, KS 66085 (Complete Part II for noncash contribution.) Person **V** KD CHRISTIAN 30 7387 W 162ND ST **Payroll** \$ 5,562 Noncash STILWELL, KS 66085 (Complete Part II for noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ED ENYEART		Person 🗸
<u>31</u>	10802 NE 106TH TER		Payroll 🗌
	KANSAS CITY, MO 64157	\$ 10,000	Noncash $\square$
	NANDAD CITT, FIO 04137		(Complete Part II for noncash contribution.)
	DAN AND HEATHER FOIL		Person 🗸
<u>32</u>	19154 MOHAWK ST		Payroll $\square$
	STILWELL, KS 66085	\$ 13,338	Noncash $\Box$
			(Complete Part II for noncash contribution.)
	PATRICIA GLEN		Person 🗸
<u>33</u>	6336 ENSLEY LANE		Payroll 🗌
	MISSION HILLS, KS 66208	\$ 6,780	Noncash $\square$
	PRISTON FILES, NO 00200		(Complete Part II for noncash contribution.)
	WAYNE HANSON		Person 🗸
<u>34</u>	1799 170TH ST		Payroll
	CRESTON, IA 50801	\$ 11,140	Noncash $\square$
	CRESTON, IA 30001		(Complete Part II for noncash contribution.)
	KEVIN HOLLAND		Person 🗸
<u>35</u>	5600 W 183RD STREET		Payroll [
	STILWELL, KS 66085	\$ 5,500	Noncash $\square$
			(Complete Part II for noncash contribution.)
26	MEGAN PARSONS		Person 🗸
<u>36</u>	13905 EBY ST		Payroll 🗌
	OVERLAND PARK, KS 66221	\$ 5,000	Noncash $\square$
	37212 III 77111 1 30222		(Complete Part II for noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>37</u>	RED WHILE BLUMA INC 15219 REEDS ST	\$ 5,000	Person 🗸 Payroll 🗌
	OVERLAND PARK, KS 66223	\$ 3,000	Noncash (Complete Part II for noncash contribution.)
<u>38</u>	PAM WOLFE 6255 SW 58TH ST  DENTON, NE 68339	\$ 6,525	Person 🗸 Payroll 🗌 Noncash 🗆
			(Complete Part II for noncash contribution.)
<u>39</u>	ANDREW AND COURTNEY FAHEY 408 HIGH GROVE RD	\$ 5,675	Person 🗸 Payroll 🗌
	GRANDVIEW, MO 64030	, , , , , , , , , , , , , , , , , , ,	Noncash L (Complete Part II for noncash contribution.)
<u>40</u>	ROBIN KISTLER 365 TERRACE TRL W  LAKE QUIVIRA, KS 66217	\$ 7,410	Person ☑ Payroll ☐ Noncash ☐
	LAKE QUIVINA, NS 00217		(Complete Part II for noncash contribution.)
<u>41</u>	PHIL AND MARY PATTISON FAMILY FOUNDATION  20320 COUNTY ROAD H	\$ 5,000	Person ✓ Payroll ☐ Noncash ☐
	WESTON, MO 64098		(Complete Part II for noncash contribution.)
42	ROBERT BRANDON 6420 BUNKER HLS  PARKVILLE, MO 64152	\$ 5,000	Person  Payroll  Noncash  (Complete Part II for noncash
			contribution.)