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.

Open to Public Inspection

		ent of the Treasury Revenue Service	Do not ent ► Go to www			ity numbers o 19 <i>0PF</i> for instr		•		•	Op	en to Public Inspection
Fo	r ca	lendar vear 2018	or tax year beginni					, and end				. 20
		foundation	or tax your boginin	9				, and one	<u>y</u>	A Employer ide	ntific	
	THE	WALSH FAMII	LY FOUNDATION						1	26-3002	122	2
_			ox number if mail is not deliv	vered to stre	et add	ress)		Room/suit	=			er (see instructions)
								ļ	l	·		•
	242	1 WEST 65TH	STREET							(913)	89	7-0190
_			, country, and ZIP or foreign	n postal coo	ie		-	<u> </u>				
	•		•	•						C If exemption as	plicat	ion is
	MIS	SION HILLS,	KS 66208							pending, check	nere,	
G	Che	ck all that apply	Initial return		TT	Initial return	of a former	oublic cha	rity	D 1. Foreign orga		ons check boro
		,,,	Final return		-	Amended re	•					ions meeting the
			Address char	nge	П	Name chang	е		l	85% test, ch	eck he	ere and attach
H	Che	ck type of organi						11.5		compatation	• •	
Γ		• • •	nonexempt charitable tr	· —	-	er taxable pr		tion o U	.	-		status was terminated
亡		market value o				ethod X C		crual	$\neg \neg$			in a 60-month termination
		of year (from Pa		_	r (spe				ł			(1)(B), check here
) must be on ca	ash basis)				(,	
E	_		venue and Expenses	(The								(d) Disbursements
		total of amounts	in columns (b), (c), and	(d)		evenue and enses per	(b) Net inv		(6	c) Adjusted net	Ì	for charitable purposes
		may not necessa column (a) (see ir	rily equal the amounts in structions))	'		oooks	incor	iie		income		(cash basis only)
٦	1	Contributions offs oran	its etc. received (attach schedu	ute)	_						\dashv	
	2	Chack X If th	e foundation is not require	d to								
	3		ind temporary cash investme	' ' '								
	4	-	erest from securities			122,111	12	20,455.				
	5a	Gross rents										
		Net rental income or									\neg	
٥			om sale of assets not on line	10		118,072						
ū	b	Gross sales price for assets on line 6a								·		· · · · · · · · · · · · · · · · · · ·
Revenue	7		come (from Part IV, line	2)			11	8,072.				
ď	8	, •	pital gain	· -								
	9		ons									
	10 a	Gross sales less returnand allowances	ns								\neg	
	ь	Less Cost of goods s	·									
		•		7.								
,	11	Other income (s) (attach schedule) Checkedule) ATCH	\square . $I_{\mathcal{L}}$		7,510.		7,319.				
)	12	Total. Add lines 1	All Industrial Control			247,693.		15,846.			0.	
į	13	Compensation of off	icels dinacions 503 des di	<u> </u>		25,000.						25,000
ies Ses	14	Other employee s	alaries and wages 🕠 🚶	& . L			_					
۲	15	Pension plans, em	poleyee benefits	.TI. L								
'nğ	16 a	Legal fees (attack	300 BN. UI	بب]	
Ш	13 14 15 16a b c 17 18 19 20 21	Accounting fees (attach schedule)	L								
ξį	C	Other professiona	l fees (attach schedule).	.[2]		39,133.	3	39,133.				
ra	17	Interest]	
isi	18	Taxes (attach sche	edule) (see instructions).	[3]. 🖳		12,738.		4,786.				
Ξ	19	Depreciation (atta	ch schedule) and deple	tion . 🖳								
Þ	20	Occupancy					ļ					ļ
þ	21	Travel, conference	es, and meetings									
a	22	Printing and publi	cations	🖳								<u> </u>
gu	23 24 25	Other expenses (a	attach schedule) ATCH	.4 .		814.	<u> </u>			·		814
ati	24	Total operating a	nd administrative expe	nses.								
ě		Add lines 13 throu	ugh 23			77,685.	·	13,919.				25,814
ŏ	25	Contributions, gift	s, grants paid			294,913.	·	<u></u>				294,913
_	26	Total expenses and dis	bursements. Add lines 24 a	nd 25		372,598.	·\	13,919.			0.	320,727
	27	Subtract line 26 fr				404 00-						
			ver expenses and disburser			-124,905						<u> </u>
			ncome (if negative, enter				20	01,927.			ᆜ	
	С	Adjusted net inco	ome (if negative, enter -0)-)							0.	1

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Part I	Balance Sheets description column should be for end-of-year	Beginning of year	End o	f year
	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments	193,390.	257,161.	257,161
3	Accounts receivable			
	Less allowance for doubtful accounts ▶			
4	Pledges receivable ▶			
	Less allowance for doubtful accounts ▶		_	
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule)			
	Less: allowance for doubtful accounts ▶			
8 8	Inventories for sale or use			
Assets	Prepaid expenses and deferred charges			
100	Investments - U S and state government obligations (attach schedule)			
Ь	Investments - corporate stock (attach schedule) ATCH 5	3,737,126.	3,548,451.	3,769,056
c	Investments - corporate bonds (attach schedule)			
11	Investments - land, buildings, and equipment basis			
İ	Less accumulated depreciation (attach schedule)			
12	Investments - mortgage loans			
13	Investments - other (attach schedule)			
14	Land, buildings, and equipment basis			
	equipment basis Less accumulated depreciation (attach schedule)			
15	Other assets (describe ▶)		-	
16	Total assets (to be completed by all filers - see the			
	instructions Also, see page 1, item I)	3,930,516.	3,805,612.	4,026,217
17	Accounts payable and accrued expenses			
18	Grants payable			
හි 19	Deferred revenue			
= 20	Loans from officers, directors, trustees, and other disqualified persons			
19 20 21 21 22 22 22 22 22 22 22 22 22 22 22	Mortgages and other notes payable (attach schedule)			····
⊐ ₂₂	Other liabilities (describe ▶)			
				
23	Total liabilitles (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here >			
Se	and complete lines 24 through 26, and lines 30 and 31.			-
E 24	Unrestricted			
<u>g</u> 25	Temporarily restricted			•
26	Permanently restricted			
Net Assets or Fund Balances 12	Foundations that do not follow SFAS 117, check here ► X			
늰	and complete lines 27 through 31.			-
27	Capital stock, trust principal, or current funds	3,930,516.	3,805,612.	•
28	Paid-in or capital surplus, or land, bldg , and equipment fund			
S 29	Retained earnings, accumulated income, endowment, or other funds			
30	Total net assets or fund balances (see instructions)	3,930,516.	3,805,612.	
Ž 31	Total liabilities and net assets/fund balances (see			,
	instructions)	3,930,516.	3,805,612.	• .
	Analysis of Changes in Net Assets or Fund Balar			
	al net assets or fund balances at beginning of year - Part II			
end	f-of-year figure reported on prior year's return)			3,930,516
2 Ent	er amount from Part I, line 27a		2	-124,905
	ner increases not included in line 2 (itemize) ► ATCH 6		3	1.
4 Add	d lines 1, 2, and 3		4	3,805,612
	creases not included in line 2 (itemize) ▶		5	
6 Tot	al net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b)	, line 30 6	3,805,612.

			-
D	20	۵	3

Form 990-PF (2018)	THE WALSH FAMILY FO			26-30021	22 Page 3
	s and Losses for Tax on Inve	· · · · · · · · · · · · · · · · · · ·	(b) Have	· · · · · · · · · · · · · · · · · · ·	
	escribe the kind(s) of property sold (for e prick warehouse, or common stock, 200 s		(b) How acquired P - Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a SEE PART IV SCH		1112 CO /	D - Donation	(
b					
C					
d					
e				<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
_a					
b					
<u> </u>					
<u>d</u> e					
	showing gain in column (h) and owned	by the foundation on 12/31/69	<i>(</i>)	Corpo (Col. (b) or	an minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Gains (Col (h) ga (k), but not less the Losses (from co	han -0-) or
a					
b					
С					
d					
_e		ain, also enter in Part I, line 7			
Part V Qualification For optional use by domest f section 4940(d)(2) applies Was the foundation liable for	the section 4942 tax on the distrib	duced Tax on Net Investment Inves	ment inco		0.
	n't qualify under section 4940(e)			atrion.	
(a) Base penod years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets	ng any er	(d) Distribution ra	atio .
Calendar year (or tax year beginning in) 2017	252,371.	4,446,023.		(col (b) divided by	0.056763
2017	345,813.	4,280,688.			0.080784
2015	351,626.	4,884,911.			0.071982
2014	297,325.	5,213,101.			0.057034
2013	342,851.	5,028,807.			0.068177
2 Total of line 1, column	(d)		2		0.334740
3 Average distribution ra	tio for the 5-year base period - divide foundation has been in existence	e the total on line 2 by 5 0, or by	3		0.066948
·	noncharitable-use assets for 2018 f		4	4,	395,424.
5 Multiply line 4 by line 3	3		5		294,265.
, ,	ment income (1% of Part I, line 27b)		6		2,019.
			7		296,284.
8 Enter qualifying distrib	utions from Part XII, line 4		8		320,727.
If line 8 is equal to or Part VI instructions	greater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% ta	x rate See the

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JSA 8E1430 1 000 95052W 757L 5/10/2019 11:59:41 AM

	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	instru		s)
	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		2,0	019.
	here X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			_
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3	Add lines 1 and 2		2,0	019.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5	Tax based on investment-income. Subtract line 4 from line 3 If zero or less, enter -0		2,0	019.
6	Credits/Payments			1
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 2,824.			
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld	_		
7	Total credits and payments Add lines 6a through 6d	_	2,8	324.
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		8	305.
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ 805. Refunded ▶ 11			
Pai	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	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			- 1
¢	Did the foundation file Form 1120-POL for this year?	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$,
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$]		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	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? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		<u></u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	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			İ
	• 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	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	1		1
	KS,			1
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 ² If "No," attach explanation ATCH 7	8 b		X
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 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"			
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X

				age C
Pai	t VII-A Statements Regarding Activities (continued)	722	V	No
		258	res	No
וו	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	1		x
42	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		\ \frac{\chi}{\chi}
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	12		х
12	person had advisory privileges? If "Yes," attach statement See instructions	13	х	 -
13	Website address ► N/A			I
14	The books are in care of ► HAILEE A. BLAND-WALSH Telephone no ► 816-569	-231	4	
	Located at 2421 WEST 65TH STREET MISSION HILLS, KS ZIP+4 66208			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			T
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of		4444 FZ 33	12.
	the foreign country ▶	***	11.	1 2
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	Lievier		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1 T	Yes	No
1a	During the year, did the foundation (either directly or indirectly)	,		4.7
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	E 2	1 1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1		- 627
	disqualified person?	100	4	
	(c) a series general contracts of the series in (a) series in the series person in the series in the	1		1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?X Yes No	1	1	1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Sale of	43.	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1	17.6	
	foundation agreed to make a grant to or to employ the official for a period after	100	r In	
	termination of government service, if terminating within 90 days)		257.7	11/4
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	100	3	11.
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here	1	24	of the
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	H	العسالات	
	were not corrected before the first day of the tax year beginning in 2018?	1c	10.00	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1		178
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	ر ميان رومون دريغ	1 T	100
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and	1 Table 1		1
	6e, Part XIII) for tax year(s) beginning before 2018?	4	اي ٿوا	
	If "Yes," list the years		1	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	# T		4 . 42
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	2b	<u> 19 10 4</u>	X
	all years listed, answer "No" and attach statement - see instructions)	75	- F 78	1 S. 1
	The provisions of section 4542(a)(z) are being applied to any of the years listed in za, list the years here	1	- 2	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	ا الله	7.7	د و سر او
•	at any time during the year?	2.3	, , ,	企
b	of "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or	75.3	\	1.
_	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	123	30	14 (A)
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	ار حلقائع العا العربية القويد الإ		/**X***X
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	2 10	-	بري. في في
	foundation had excess business holdings in 2018)	3b	N	A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	1	3	الكافالة
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		<u> </u>
	Ė	orm 99	N_DE	12019

Pai	t VII-B	Statements Regarding Activities	for Which Form	4720 May Be Red	quired (cor	itinued)			
5a	During the	year, did the foundation pay or incur any amo	ount to				-	Yes	No
	(1) Carry	on propaganda, or otherwise attempt to influe	ence legislation (section	on 4945(e))?	Yes	X No			_
		nce the outcome of any specific public ele					١.		•
		y or indirectly, any voter registration drive?			_	X No			
		le a grant to an individual for travel, study, or o				X No			
		e a grant to an organization other than a			_				
		n 4945(d)(4)(A)? See instructions				X No			
		e for any purpose other than religious, ch							
		ses, or for the prevention of cruelty to children		•		X No	ľ		
b		swer is "Yes" to 5a(1)-(5), did any of the							
		is section 53 4945 or in a current notice regar					5 b	ا ۸	14
		ons relying on a current notice regarding disas					7	-754	/·
c		swer is "Yes" to question 5a(4), does the					- -		,
·		maintained expenditure responsibility for the				X No			
		ttach the statement required by Regulations si							
6a		oundation, during the year, receive any fun		ectly to nay premily	me			i i	
		onal benefit contract?			Yes	X No	1		
b		undation, during the year, pay premiums, dire			• —		6ь		Х
		6b, file Form 8870	only or monoony, on o	pordorial borient dornit			05		
7a		e during the tax year, was the foundation a pa	arty to a prohibited ta	x shelter transaction?	Yes	X No			
b		id the foundation receive any proceeds or have	•	•	• ——		7b		
8		ndation subject to the section 4960 tax on pay					1.5		-
		tion or excess parachute payment(s) during the	• •	• • •	. Yes	No			
Pai	t VIII	Information About Officers, Director	rs, Trustees, Fou	Indation Manager	s, Highly F		oyees,		·
1		and Contractors ficers, directors, trustees, and foundati	ion managers and	their compensation	Soo inetru	etions			
:		nocio, ancotoro, trasteco, ana roundati		their compensation					
		(a) Na ad add	(b) Title, and average	(c) Compensation	(d) Contrib		(e) Eynens	e accoi	int
		(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contrib employee be and deferred co	nefit plans	(e) Expens other all		
		(a) Name and address	hours per week	(If not paid, enter -0-)	employee be and deferred o	nefit plans			
ATCI	i 8	(a) Name and address	hours per week	(If not paid,	employee be and deferred o	nefit plans			
ATCI	1 8	(a) Name and address	hours per week	(If not paid, enter -0-)	employee be and deferred o	nefit plans empensation			s
ATCI	i 8	(a) Name and address	hours per week	(If not paid, enter -0-)	employee be and deferred o	nefit plans empensation			s
ATCI	i 8	(a) Name and address	hours per week	(If not paid, enter -0-)	employee be and deferred o	nefit plans empensation			s
ATCI	1 8	(a) Name and address	hours per week	(If not paid, enter -0-)	employee be and deferred o	nefit plans empensation			s
ATCI	H 8	(a) Name and address	hours per week	(If not paid, enter -0-)	employee be and deferred o	nefit plans empensation			s
			hours per week devoted to position	(If not paid, enter -0-)	employee be and deferred co	nefit plans impensation	other all	owance	o.
	Compens	(a) Name and address ation of five highest-paid employees	hours per week devoted to position	(If not paid, enter -0-)	employee be and deferred co	nefit plans impensation	other all	owance	o.
			hours per week devoted to position	(If not paid, enter -0-)	e 1 - see	instruction	other all	one, (o.
2	Compens "NONE."		nours per week devoted to position (other than those by Title, and average hours per week	(If not paid, enter -0-)	e mployee be and deferred co	instruction utions to benefit	other all	one, (O.
2	Compens "NONE."	ation of five highest-paid employees	hours per week devoted to position (other than those)	(If not paid, enter -0-) 25,000.	e 1 - see	instruction instruction benefit deferred	ns). If n	one, (O.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	nours per week devoted to position (other than those by Title, and average hours per week	(If not paid, enter -0-) 25,000.	e 1 - see (d) Contrib employee plans and	instruction instruction benefit deferred	ns). If n	one, (O.
2 (a)	Compens "NONE."	ation of five highest-paid employees	nours per week devoted to position (other than those by Title, and average hours per week	(If not paid, enter -0-) 25,000.	e 1 - see (d) Contrib employee plans and	instruction instruction benefit deferred	ns). If n	one, (O.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	nours per week devoted to position (other than those by Title, and average hours per week	(If not paid, enter -0-) 25,000.	e 1 - see (d) Contrib employee plans and	instruction instruction benefit deferred	ns). If n	one, (O.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	nours per week devoted to position (other than those by Title, and average hours per week	(If not paid, enter -0-) 25,000.	e 1 - see (d) Contrib employee plans and	instruction instruction benefit deferred	ns). If n	one, (O.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	nours per week devoted to position (other than those by Title, and average hours per week	(If not paid, enter -0-) 25,000.	e 1 - see (d) Contrib employee plans and	instruction instruction benefit deferred	ns). If n	one, (O.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	nours per week devoted to position (other than those by Title, and average hours per week	(If not paid, enter -0-) 25,000.	e 1 - see (d) Contrib employee plans and	instruction instruction benefit deferred	ns). If n	one, (O.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	nours per week devoted to position (other than those by Title, and average hours per week	(If not paid, enter -0-) 25,000.	e 1 - see (d) Contrib employee plans and	instruction instruction benefit deferred	ns). If n	one, (O.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	nours per week devoted to position (other than those by Title, and average hours per week	(If not paid, enter -0-) 25,000.	e 1 - see (d) Contrib employee plans and	instruction instruction benefit deferred	ns). If n	one, (O.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	nours per week devoted to position (other than those by Title, and average hours per week	(If not paid, enter -0-) 25,000.	e 1 - see (d) Contrib employee plans and	instruction instruction benefit deferred	ns). If n	one, (O.
(a)	Compens "NONE." Name and a	ation of five highest-paid employees	(other than those the devoted to position) (b) Title, and average hours per week devoted to position	(If not paid, enter -0-) 25,000. 26 included on line (c) Compensation	e 1 - see (d) Contrib employee plans and	instruction instruction benefit deferred	ns). If n	one, (O.

Form 990-PF (2018)

Form	990-PF (2018)	Page 7
Pa	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	oyees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	NONE	
		
	al number of others receiving over \$50,000 for professional services	NONE
Pa	rt IX-A Summary of Direct Charitable Activities	
	st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1	NONE	
		
2		
3		
4		
Pa	rt IX-B Summary of Program-Related Investments (see instructions)	
	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	NONE	
2		
3	Il other program-related investments. See instructions	
J	NONE	
		

NONE Form **990-PF** (2018)

orm	990-PF (2018)		Page 8
Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	4,285,540.
b		1b	176,819.
c	Fair market value of all other assets (see instructions).	1c	
d	Total (add lines 1a, b, and c)	1d	4,462,359.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	4,462,359.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	66,935.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	4,395,424.
6	Minimum investment return. Enter 5% of line 5	6	219,771.
Pa	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part.)	ndations	
1	Minimum investment return from Part X, line 6	1	219,771.
2 a	2 010		
b	Income tax for 2018 (This does not include the tax from Part VI) 2b		
_	Add lines 2a and 2b	2c	2,019.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	217,752.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	217,752.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	217,752.
Pa	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	320,727.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	320,727.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	2,019.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		318,708.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	alculating whether	the foundation
	qualifies for the section 4940(e) reduction of tax in those years		

Form 990-PF (2018)

Form 990-PF (2018)

Page 9

Part XIII Undistributed Income (see instru	ctions)			r age o
1 Distributable amount for 2018 from Part XI,	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
line 7				217,752.
2 Undistributed income, if any, as of the end of 2018	-			
a Enter amount for 2017 only				<u> </u>
b Total for pnor years 20_16_,20_15_,20_14_				
3 Excess distributions carryover, if any, to 2018			_	
a From 2013				
b From 2014 41,313.				•
c From 2015				
d From 2016				
	247.500			<u> </u>
f Total of lines 3a through e	347,589.			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 320,727.				
a Applied to 2017, 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 2018 distributable amount				217,752.
e Remaining amount distributed out of corpus	102,975.			
5 Excess distributions carryover applied to 2018 (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	450,564.			
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				
instructions				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				
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 2013 not applied on line 5 or line 7 (see instructions)	29,484.			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	421,080.			
10 Analysis of line 9				
a Excess from 2014 41,313.				
b Excess from 2015 109, 758.				
c Excess from 2016 133, 087.				
d Evenes from 2017 33, 947.				
d Excess from 2017				

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

factors

Page **11**

Part XV Supplementary Information 3 Grants and Contributions Paid Du	(continued)			
3 Grants and Contributions Paid Dur Recipient	If recipient is an individual			
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
ATCH 9		İ		
AICH 9				
•				
				Ì
•				
				1
			_	
	+			
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			,	
Tabel	<u>. </u>			204 013
b Approved for future payment	· · · · · · · · · · · · · · · · · · ·		▶ 3a	294,913
b Approved for future payment		,		•
ATCH 10				
	_			
	•		•	
		1.		
	,			
Total	L	L	<u> </u>	400,000
IULAI	· · · · · · · · · · · · · · · · · · ·			400,000

JSA 8E1491 1 000 Form 990-PF (2018)

nter gross a	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
1 Program	service revenue.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
=						
С						
d						
_						
1						
g Fees a	and contracts from government agencies			<u> </u>		
Members	ship dues and assessments					
3 Interest or	n savings and temporary cash investments .			 	100 111	
Dividend	ls and interest from securities			14	122,111.	
5 Net renta	al income or (loss) from real estate					
a Debt-	-financed property	-				
	lebt-financed property					
Net rental	I income or (loss) from personal property					
7 Other inv	vestment income			10	110 070	
3 Gain or (k	oss) from sales of assets other than inventory			18	118,072.	
	me or (loss) from special events · · ·					
Gross pr	rofit or (loss) from sales of inventory			18	7,510.	
	venue a OTHER REVENUE			16		
ь			 			
				 		
		l .			1	
d						
d e					247 693	
d e 2 Subtotal	. Add columns (b), (d), and (e)				247,693.	247 693
d e 2 Subtotal. 3 Total. Ac See worksh	Add columns (b), (d), and (e)	ulations.) s to the A	ccomplishment of E	xempt Pur	poses	247,693
d e 2 Subtotal. 3 Total. Ac See worksh	. Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci	ulations.) s to the A y for which	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	uted importantly to t
e 2 Subtotal. 3 Total. Accee worksh Part XVI-	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	uted importantly to t
e e Subtotal. 3 Total. Active workship art XVI- Line No.	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	uted importantly to t
e e Subtotal. 3 Total. Active workship art XVI- Line No.	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	uted importantly to t
e e Subtotal. 3 Total. Active workship art XVI- Line No.	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	uted importantly to t
e e Subtotal. 3 Total. Active workship art XVI- Line No.	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	uted importantly to t
e Subtotal. Total. Acee worksh	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	uted importantly to t
e Subtotal. S Total. Active workship art XVI-	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	uted importantly to t
e Subtotal. S Total. Active workship art XVI-	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	uted importantly to t
e e Subtotal. 3 Total. Active workship art XVI- Line No.	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	uted importantly to t
e Subtotal. S Total. Active workship art XVI-	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	uted importantly to t
e Subtotal. S Total. Active workship art XVI-	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	uted importantly to t
e e 2 Subtotal. 3 Total. Ac Gee worksh Part XVI- Line No.	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	uted importantly to t
e e 2 Subtotal. 3 Total. Ac Gee worksh Part XVI- Line No.	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	uted importantly to t
e 2 Subtotal. 3 Total. Accee worksh Part XVI-	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	uted importantly to t
d e 2 Subtotal. 3 Total. Ac Gee worksh Part XVI- Line No.	Add columns (b), (d), and (e)	ulations.) s to the A y for which	ccomplishment of E	xempt Pur	poses e) of Part XVI-A contribu	uted importantly to t

Form 990-PF (2018)

Part)			Regarding Tra	insfers to and Trans	actions	and Relations	hips With Nonc	hari		ge 13
		Exempt Orga								
				engage in any of the foll					Yes	No
ın	sect	ion 501(c) (other	than section	501(c)(3) organizations) or in s	section 527, rela	ating to political			ĺ
	-	ations?								
			_	a noncharitable exempt	-					
				• • • • • • • • • • • • • • • • • • • •						<u> </u>
	•			• • • • • • • • • • • • • • • • • • • •				1a(2)		X
_		ansactions.						l		v
				npt organization						X
				ble exempt organization.						X
		·	•	assets						X
		-								$\frac{x}{x}$
				ip or fundraising solicitation						X
				s, other assets, or paid er						X
				s," complete the following					fair m	ıarket
				ces given by the reporting						
				ement, show in column						
(a) Line	no	(b) Amount involved	(c) Name of n	oncharitable exempt organizatio	n (d) Description of transfe	ers, transactions, and sha	nng ama	angeme	nts
	_ _	N/A			N,	/A				
		 .								
	_									
			<u> </u>			<u></u>				
		 	 				_ 			
										
			-				<u></u>			
										
			 							
			 							
		_ . ,,,								
			1					·		
2a Is	the f	oundation directly	or indirectly aff	iliated with, or related t	o, one or	more tax-exempt	organizations			
d	escrib	ed in section 501(d	c) (other than sec	ction 501(c)(3)) or in sect	ion 527?.		, <i></i> [Y	es X	. No
b _lf	"Yes,	" complete the follo	owing schedule							
		(a) Name of organizati	on	(b) Type of organiza	ition		c) Description of relations	ship		
				· · · · · · · · · · · · · · · · · · ·						
										
			_ 							
										
	Under	penalties of penury. I dec	dare that I have exami	ned this return, including accompa	nvina schedule	s and statements, and to	the best of my knowledge	e and	belief, if	is true.
				axpayer) is based on all information o						
Sign	H.	AILEE BLAND-	WALSH	15.14.19	D:	IRECTOR	May the IRS			
Here		ature of officer op ky stee		Date	Title		with the property see instruction		Yes	No
		JUNI.								لـــــــــــــــــــــــــــــــــــــ
		Print/Type preparers n		Preparer's signature	/	Date		PTIN	-	
Paid		DOWNL.	Spears	Marian Like	ear	5/10/1	3 self-employed	P010	729	38
Prepa	arer	Firm's name > J	MW & ASSOCI	ATES, LLC			Firm's EIN > 57-1	2245	92	
Use (Only	, ,,,,,,	400 GLENWOO							
		0	VERLAND PAR	K, KS		66202	Phone no 913-4			
							Fo	m 99	0-PF	(2018)

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

	APITAL GAI	NS AND LO	ISSES FUI	R IAX ON	INVEST	M	ENT INCOM	
Kind of F				ription		ρ	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
6,948,200.		MORGAN STAN: 7,185,137.	LEY - ST CO	VERED STMT	В		VARIOUS -215,048.	VARIOUS
2,282,591.		MORGAN STAN: 2,048,658.	LEY - LT CO	VERED STMT	В		VARIOUS 234,776.	VARIOUS
2,210.		MORGAN STAN	LEY - ST NO	NCOVERED ST	МТ В		VARIOUS -69.	VARIOUS
166,656.		MORGAN STAN	LEY - LT NO	NCOVERED ST	мт в		VARIOUS 98,413.	VARIOUS
OTAL GAIN(L	oss)		•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		118,072.	
			,					
		,						
			_					

	NET INVESTMENT INCOME 7,319.	7,319.
	REVENUE AND EXPENSES PER BOOKS 7, 510.	7,510.
•		
		TOTALS
- OTHER INCOME		•
ОТНЕ	•	
- 11		
PART		
FORM 990PF, PART I	DESCRIPTION THER INCOME	
FORM	DESCR OTHER	

	NONE	NONE
و		6

ADJUSTED · NET INCOME

39,133.

39,133.

TOTALS

MANAGEMENT FEES

DESCRIPTION

39,133.

39,133.

INVESTMENT

EXPENSES PER BOOKS

REVENUE AND

- OTHER PROFESSIONAL FEES

FORM 990PF, PART I

ATTACHMENT 2 PAGE 20

ATTACHMENT 3 PAGE 21

FORM 990PF, PART I - TAXES

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26-3002122

CHARITABLE	とのと何とのと何とのと何とのと何とのと何とのと何とのと何ととのと何ととのと何	カイクス
ADJUSTED NET INCOME	NONE NONE NONE NONE	MONE
NET INVESTMENT INCOME	4,786. Nové Nové Nové	4,786.
REVENUE AND EXPENSES PER BOOKS	4,786. 6,000. 1,912. 40.	12,738.
		TOTALS
DESCRIPTION	FOREIGN TAXES FEDERAL TAXES PAYROLL TAXES ANNUAL REPORT FEES	

EXPENSES
- OTHER
н
PART
990PF,

	CHARITABLE PURPOSES	802.	12.	814.
ADJUSTED	NET		1.	NONE
NET	INVESTMENT	1	١	NONE
. REVENUE AND	EXPENSES PER BOOKS	802.	12.	814.
				TOTALS
	DESCRIPTION	PAYROLL SERVICE	WIRE TRANSFER FEES	

	ATTACHMENT	HMENT 5
FORM 990PF, PART II - CORPORATE STOCK	•	· /
DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
MUTUAL FUNDS - SEE STMT A COMMON STOCK - SEE STMT A EFTS & CEFS - SEE STMT A	877,132. 1,050,458. 1,620,861.	880,934. 1,261,452. 1,626,670.
TOTALS	3,548,451.	3,769,056.
		-
	•	
	•	
		

2018 FORM	990-PF

THE WALSH FAMILY FOUNDATION

26-3002122

ATTACHMENT	6	

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION AMOUNT

BOOK/TAX DIFFERENCE 1.

TOTAL 1.

FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

FOUNDATION IS EXEMPT FROM FILING UNDER THE KANSAS REGULATIONS

FORM 990PE, PART VIII - LIST OF OFFICERS,	ICERS, DIRECTORS, AND TRUSTEES		ATTACHMENT	IMENT 8
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
TERESA K. WALSH 2101 W. 59TH STREET MISSION HILLS, KS 66208	PRESIDENT/DIRECTOR 1.00	Ö	0	• 0
THOMAS J. WALSH 2101 W. 59TH STREET MISSION HILLS, KS 66208	VP, SECY, TREASURER, DIRECTOR 1.00	o		Ö
HAILEE A. BLAND-WALSH 2421 WEST 65TH STREET MISSION HILLS, KS 66208	DIRECTOR 1.00	25,000.	.0	.0
KELSEY W. PERRY 3140 TOMAHAWK ROAD MISSION HILLS, KS 66208	DIRECTOR 1.00.	ò	. 0	ō
SPENCER WALSH 2412 WEST 71ST STREET PRAIRIE VILLAGE, KS 66208	DIRECTOR 1.00		· 0	.0

GRAND TOTALS

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
KANSAS CITY HOSPICE & PALLIATIVE CARE 9221 WARD PARKWAY SUITE 100 KANSAS CITY, MO 64114	NO RELATIONSHIP PC .	ALLOWS THOSE WHO ARE FINANCIALLY UNABLE TO AFFORD THE END OF LIFE CARE THEY NEED.	25,000.
KAUFFMAN CENTER FOR PERFORMING ARTS 1601 BROADWAY KANSAS CITY, MO 64108	NO RELATIONSHIP PC	SUPPORTS THE NATIONAL GEOGRAPHIC LIVE PROGRAM	20, 000
UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD - KANSAS CITY, MO 66160	NO RELATIONSHIP PC	TO FUND THE NAVIGATOR PROGRAM	100, 000.
JUVENILE DIABETES RESEARCH FOUNDATION 920 MAIN STREET STE 280 KANSAS CITY, MO 64105	NO RELATIONSHIP PC	SUPPORTS RESEARCH TO FIND A CURE AND IMPROVE THE LIVES OF THOSE LIVING WITH TYPE I DIABETES.	25,000.
HOLY CROSS CATHOLIC SCHOOL 121 N QUINCY AVE KANSAS CITY, MO 64123	NO RELATIONSHIP PC	FUNDING THREE ANNUAL TUITION SCHOLARSHIPS	11,730.
HNC LIVING FOUNDATION 6240 W. 135TH STREET, SUITE 200 OVERLAND PARK, KS 66223	NO RELATIONSHIP PC	FUNDS PROVIDE FINANCIAL ASSISTANCE FOR HEAD AND NECK CANCER PATIENTS TO IMPROVE THEIR TREATMENT, RECOVERY AND QUALITY OF LIFE.	10,000.

11:59:41 AM

95052W 757L 5/10/2019

26-3002122

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

4

4

STAKEHOLDERS BY ELIMINATING PRACTICAL BARRIERS TO ARTISTIC EXPRESSION, SO AS TO FOSTER A MORE AGILE ORGANIZATIONS, AND OTHER CULTURAL SECTOR FRACTURED ATLAS EMPOWERS ARTISTS, ARTS AND RESILIENT CULTURAL ECOSYSTEM.

NO RELATIONSHIP

248 WEST 35TH STREET

FRACTURED ATLAS

NEW YORK, NY 10001

10TH FLOOR

5,000.

95052W 757L

:

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

CHRIST TO BETTER SERVE THE LORD AND OUR NEIGHBOR. A SUPPORT, SOCIAL AND RESOURCE GROUP THAT CATERS TO THE FEMALE-TO-MALE, TRANSGENDER COMMUNITY. COMMITTED TO FORMING PEOPLE IN THE IMAGE OF PURPOSE OF GRANT OR CONTRIBUTION RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT NO RELATIONSHIP NO RELATIONSHIP
PC RECIPIENT NAME AND ADDRESS CHURCH OF THE HOLY CROSS OVERLAND PARK, KS 66212 8311 W. 93RD STREET OLATHE, KS 66061 OLATHE, KS THE UNION

5,000.

AMOUNT

ATTACHMENT 9 (CONT'D)

683.

294,913. TOTAL CONTRIBUTIONS PAID

PAGE 29 ATTACHMENT 9

11:59:41 AM

THE WALSH FAMILY FOUNDATION

26-3002122

95052W 757L 5/10/2019

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

ATTACHMENT 10

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UNIVERSITY OF KANSAS MEDICAL CENTER

RECIPIENT NAME AND ADDRESS

TO FUND THE NAVIGATOR PROGRAM.

400,000.

AMOUNT

KANSAS CITY, MO 66160 3901 RAINBOW BLVD

NO RELATIONSHIP

400,000.

TOTAL CONTRIBUTIONS APPROVED

ATTACHMENT 10

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