NAIL CPA FIRM, LC 4901 WEST 136TH STREET LEAWOOD, KS 66224

THE BAUKE FAMILY FOUNDATION P O BOX 7382 OVERLAND PARK, KS 66207

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Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

Nail CPA Firm, Lc 4901 W 136th Street Leawood, KS 66224

October 27, 2023

The Bauke Family Foundation P O Box 7382 Overland Park, KS 66207

The Bauke Family Foundation:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990-PF RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form 990-PF has a balance due of \$305.

Payments should be made using the Electronic Federal Tax Payment System (EFTPS). Taxpayers can make deposits online at www.eftps.gov or by calling EFTPS Customer Service at 1-800-555-4477. For deposits made by EFTPS to be on time, the organization must initiate the transaction during business hours at least 1 business day before the date the deposit is due. If you are using ACH Credit or Same-Day Fedwire methods, please check with the appropriate financial institution for the deadline to ensure timely transmission of funds.

Please note that the Form 990-PF return contains excess distribution carryover of \$14,680. This may be applied to tax year 2023 and subsequent years.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely. Kindest regards, Nail CPA Firm, Lc

Filing Instructions

Prepared for:

THE BAUKE FAMILY FOUNDATION P O BOX 7382 Overland Park, KS 66207

Prepared by:

Nail CPA Firm, LC 4901 West 136th Street Leawood, KS 66224

2022 FORM 990-PF

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

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Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

fiscal year beginning ,	2022, and ending
	fiscal year beginning ,

2022

OMB No. 1545-0047

Internal Revenue Service

Do not send to the IRS. Keep for your records.

Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer THE BAUKE FAMILY FOUNDATION 46-3088687 CHARLOTTA DUFFY Name and title of officer or person subject to tax TREASURER Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) ______ **1b** Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2b Form 990-EZ check here ... 2a 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here Form 4720 check here 7a Form 5227 check here 8a **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize NAIL CPA FIRM LC 96387 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 48342607087 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. NAIL CPA FIRM LC 10/27/23 ERO's signature Date

Do Not Submit This Form to the IRS Unless Requested To Do So LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

ERO Must Retain This Form - See Instructions

Form **8879-TE** (2022)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print 46-3088687 THE BAUKE FAMILY FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your P O BOX 7382 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. OVERLAND PARK, KS 66207 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 CHARLOTTA DUFFY The books are in the care of ► 5110 WEST 96TH STREET - OVERLAND PARK, KS 66207 Telephone No. ▶ 913-219-5134 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this box 🕨 💹 . If it is for part of the group, check this box ▶ 🧾 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period

using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. I HA

any nonrefundable credits. See instructions.

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2022)

За

3b

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

EXTENDED TO NOVEMBER 15, 2023 Return of Private Foundation

Form **990-PF**

Department of the Treasury Internal Revenue Service or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

For	aler	dar year 2022 or tax year beginning		, and ending			
Nar	ne of	foundation				A Employer identification	ı number
		BAUKE FAMILY FOUNDATIO				46-3088687	,
Nun P		nd street (or P.O. box number if mail is not delivered to street $80X - 7382$	address)	Room/s	suite	B Telephone number 913-219-51	34
City	or to	own, state or province, country, and ZIP or foreign p	ostal code			C If exemption application is p	
		RLAND PARK, KS 66207					
G C	heck	all that apply: Initial return Final return	Initial return of a fo Amended return	rmer public charity		D 1. Foreign organizations	s, check here
		Address change	Name change			Foreign organizations me check here and attach co	eeting the 85% test, omputation
H C	_	type of organization: X Section 501(c)(3) ex				E If private foundation sta	
		ction 4947(a)(1) nonexempt charitable trust				under section 507(b)(1)	, , , , , , , , , , , , , , , , , , , ,
		rket value of all assets at end of year J Accounti Part II, col. (c), line 16) Ot	her (specify)	Accrual		F If the foundation is in a under section 507(b)(1)	
	\$	828 , 793 • (Part I, colun	nn (d), must be on cash basi	is.)			(15), oneok here
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).)	(a) Revenue and expenses per books	(b) Net investme income	ent	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received				N/A	
	2	Check X if the foundation is not required to attach Sch. B Interest on savings and temporary	1.		1		STATEMENT 1
	3 4	cash investments Dividends and interest from securities	28,283.	28,2	83.		STATEMENT 2
		Gross rents		,_			
	b	Net rental income or (loss)					
ne	6a	Net gain or (loss) from sale of assets not on line 10	2,240.				
Revenue	D 7	assets on line 6a 40, 321. Capital gain net income (from Part IV, line 2)		2,2	40.		
Be	8	Net short-term capital gain					
	9	Income modifications					
		Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	11	Gross profit or (loss) Other income	613.	6	13.		STATEMENT 3
	12	Total. Add lines 1 through 11	31,137.	31,1	37.		
	13	Compensation of officers, directors, trustees, etc.	0.		0.		0.
	14	Other employee salaries and wages					
es		Pension plans, employee benefits Legal fees					
ens	b	Accounting fees					
Ä	C	Other professional fees STMT 4	9,202.	9,2	02.		0.
ative	17	Interest Taxes STMT 5	777.		0.		61.
istra	19	Depreciation and depletion	777•		<u> </u>		01.
min	20	Occupancy					
Ρ	21	Travel, conferences, and meetings					
and	22	Printing and publications	19,242.		0.		10 242
ting	23 24	Other expenses STMT 6 Total operating and administrative	19,242.		0.	 	19,242.
Operating and Administrative Expense		expenses. Add lines 13 through 23	29,221.	9,2	02.		19,303.
Ō		Contributions, gifts, grants paid	24,000.				24,000.
	26	Total expenses and disbursements.	[E2 221	0.0	0 2		12 202
	27	Add lines 24 and 25 Subtract line 26 from line 12:	53,221.	9,2	∪⊿.		43,303.
		Excess of revenue over expenses and disbursements	-22,084.				
	b	Net investment income (if negative, enter -0-)		21,9	35.		
	C	Adjusted net income (if negative, enter -0-)				N/A	

223501 12-06-22 LHA For Paperwork Reduction Act Notice, see instructions.

P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	•
•		column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	4,597.	15,663.	
	2	Savings and temporary cash investments	17,530.	17,344.	17,344.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
	•	disqualified persons			
	7	Other notes and loans receivable			
	l ′				
	١.	Less: allowance for doubtful accounts			
Assets		Inventories for sale or use			
Ass		Prepaid expenses and deferred charges	122 456	122 022	115 0/2
•		Investments - U.S. and state government obligations STMT 7	122,456.	122,032.	115,843.
		Investments - corporate stock STMT 8	198,607.	200,040.	499,152.
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 9	251,610.	217,024.	180,178.
	14	Land, buildings, and equipment: basis			
		Land, buildings, and equipment: basis Less: accumulated depreciation Other assets (describe STATEMENT 10)			
	15	Other assets (describe STATEMENT 10)	0.	613.	613.
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	594,800.	572,716.	828,793.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ig	21	Mortgages and other notes payable			
Ë	22				
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_	23	9 /		0.	
		Foundations that follow FASB ASC 958, check here			
nces	١.,	and complete lines 24, 25, 29, and 30.			
au		Net assets without donor restrictions			
Fund Bala	25	Net assets with donor restrictions			
pu		Foundations that do not follow FASB ASC 958, check here			
		and complete lines 26 through 30.			
ō	26	Capital stock, trust principal, or current funds	0.	0.	
Net Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	28	Retained earnings, accumulated income, endowment, or other funds	594,800.	572,716.	
et	29	Total net assets or fund balances	594,800.	572,716.	
Z					
	30	Total liabilities and net assets/fund balances	594,800.	572,716.	
П	art	Analysis of Changes in Net Assets or Fund Ba	alances		
	arı	/ maryole of onlinged in Net Addete of Fund Be	ilunioco		
1		net assets or fund balances at beginning of year - Part II, column (a), line 2			
	(mus	st agree with end-of-year figure reported on prior year's return)		1	594,800.
2		amount from Part I, line 27a			-22,084.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3			572,716.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 29		572,716.
_		, , , , , , , , , , , , , , , , , , , ,			Form 990-PF (2022)

Part IV Capital Gains	and Losses for Tax on In	vestment Inco	me			
(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (b) How acquired P - Purchase D - Donation						(d) Date sold (mo., day, yr.)
	E ADVISOR CLASS				05/13/19	
	E ADVISOR CLASS					10/24/22
	& GROW FUND INST	ITUTIONAL			05/13/19	10/24/22
d CAPITAL GAINS	DIVIDENDS					
e				1		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or othe plus expense o	of sale		(h) Gain or (lo ((e) plus (f) minu	s (g))
a 20,000.			7,801			2,199.
b 13,000.			3,615			-615.
c 14,000.		1	5,271	•		-1,271.
d 1,927.						1,927.
e Occasion and the contract of		No. formaletien en 40/0	1/00			
Complete only for assets snowl	ng gain in column (h) and owned by t				(I) Gains (Col. (h) ga ol. (k), but not less t	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of o			Losses (from co	l. (h)) ´
a						2,199.
b						-615.
С						-1,271.
d						1,927.
е						
2 Capital gain net income or (net ca	apital loss) { If gain, also enter If (loss), enter -0-	in Part I, line 7 in Part I, line 7)	2		2,240.
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) an	d (6):	_			
	, column (c). See instructions. If (loss)	,	37 /	_
Part I, line 8		(0+: 404	J	3 0/b) ar 4046	N/	
	sed on Investment Incom		• • •	• • •	s - see instruc	tions)
	described in section 4940(d)(2), che	***				205
Date of ruling or determination		ach copy of letter if no	-	ee instructions)	1	305.
	s enter 1.39% (0.0139) of line 27b. Ex					
enter 4% (0.04) of Part I, line	12, col. (b)					^
	tic section 4947(a)(1) trusts and taxa	able foundations only; o	others, enter	-0-)		0.
						305.
	stic section 4947(a)(1) trusts and tax					0.
	ome. Subtract line 4 from line 3. If zer	ro or less, enter -0			5	305.
6 Credits/Payments:		ı				
	and 2021 overpayment credited to 20				0.	
	tax withheld at source				0.	
c Tax paid with application for extension of time to file (Form 8868) 6c 0 •						
d Backup withholding erroneously withheld						_
	dd lines 6a through 6d					0.
	yment of estimated tax. Check here $ackslash$				8	0.
	and 8 is more than 7, enter amount o			MENT 11	9	305.
	e than the total of lines 5 and 8, enter	the amount overpaid				
11 Enter the amount of line 10 to	be: Credited to 2023 estimated tax			Refund	ed 11	

Г	II L VI-M	Statements negationing Activities				
18	During the	tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No	
	any politica	al 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						
	•	er is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or				
		by the foundation in connection with the activities.				
,		ndation file Form 1120-POL for this year?	1c		х	
		mount (if any) of tax on political expenditures (section 4955) imposed during the year:				
•		foundation. \$ 0 • (2) On foundation managers. \$ 0 •				
,	` ,	eimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
,						
•	managers.	¥			х	
2		undation engaged in any activities that have not previously been reported to the IRS?	2			
	-	ach a detailed description of the activities.				
3		undation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			v	
		other similar instruments? If "Yes," attach a conformed copy of the changes	3		X	
		ndation have unrelated business gross income of \$1,000 or more during the year?	4a		Х	
		s it filed a tax return on Form 990-T for this year? N/A	4b			
5		a liquidation, termination, dissolution, or substantial contraction during the year?	5		X	
		ach the statement required by General Instruction T.				
6		uirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	, ,	age in the governing instrument, or				
		legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				
	remain in t	he governing instrument?	6	X		
7	Did the fou	ndation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	Х		
88	Enter the s	tates to which the foundation reports or with which it is registered. See instructions.				
	FL					
t	If the answ	er is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each sta	te as required by General Instruction G? If "No," attach explanation	8b	Х		
9		dation 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 tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII	9		Х	
10		rsons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		Х	
		during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	-	2(b)(13)? If "Yes," attach schedule. See instructions	11		Х	
12		ndation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?				
		ach statement. See instructions	12		Х	
13		ndation comply with the public inspection requirements for its annual returns and exemption application?	13	Х		
		dress HTTPS://BAUKEFOUNDATION.ORG/				
14		are in care of CHARLOTTA DUFFY Telephone no. 913-21	9-5	134		
17		5110 WEST 96TH STREET, OVERLAND PARK, KS				
15		47(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			$\overline{}$	
13		he amount of tax-exempt interest received or accrued during the year 15	N	/A	. Ш	
16		e during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank,	11	Yes	No	
10	-	and the office of the country of the country of	16	163	X	
		or other financial account in a foreign country? tructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10			
	foreign cou		m 001)_DE	(2022)	
		Γυ	コロンゴ	/-I-I-	14044)	

Part VI-B	Statements Regarding Activities for Which Form 4720 May Be Required				
File Form	4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a During the	year, did the foundation (either directly or indirectly):				
(1) Engag	e in the sale or exchange, or leasing of property with a disqualified person?		1a(1)		X
(2) Borrov	money from, lend money to, or otherwise extend credit to (or accept it from)				
a disqı	ialified person?		1a(2)		X
(3) Furnis	n goods, services, or facilities to (or accept them from) a disqualified person?		1a(3)		X
(4) Pay co	mpensation to, or pay or reimburse the expenses of, a disqualified person?		1a(4)		X
(5) Transf	er any income or assets to a disqualified person (or make any of either available				
for the	benefit or use of a disqualified person)?		1a(5)		Х
	to pay money or property to a government official? (Exception. Check "No"				
if the f	oundation agreed to make a grant to or to employ the official for a period after				
termin	ation of government service, if terminating within 90 days.)		1a(6)		Х
	er 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	N/A	1b		
c Organizatio	ns relying on a current notice regarding disaster assistance, check here				
d Did the fou	ndation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
before the	irst day of the tax year beginning in 2022?		1d		Х
2 Taxes on fa	ilure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
defined in s	ection 4942(j)(3) or 4942(j)(5)):				
a At the end	of tax year 2022, did the foundation have any undistributed income (Part XII, lines				
6d and 6e)	for tax year(s) beginning before 2022?		2a		Х
If "Yes," list	· · · · · · · · · · · · · · · · · · ·				
b Are there a	ny years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect				
	assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach				
	see instructions.)	N/A	2b		
c If the provi	sions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	, <u> </u>				
	ndation hold more than a 2% direct or indirect interest in any business enterprise at any time				
during the	/ear?		3a		X
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				
• .	69; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to disp	ose			
	acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	/_			
Schedule C	, to determine if the foundation had excess business holdings in 2022.)	N/A	3b		
	ndation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
	ndation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose th				
had not be	en removed from jeopardy before the first day of the tax year beginning in 2022?		4b		X

orm 990-PF (2022) THE BAUKE FAMILY FOUNDAT			46-3088	687	<u> </u>	Page
Part VI-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)			
5a During the year, did the foundation pay or incur any amount to:					Yes	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section				5a(1)		Х
(2) Influence the outcome of any specific public election (see section 4955);	• • •	• .		- /2\		,,
any voter registration drive?	•			5a(2)		X
(3) Provide a grant to an individual for travel, study, or other similar purpose:				5a(3)		X
(4) Provide a grant to an organization other than a charitable, etc., organization				Eo/4\		х
4945(d)(4)(A)? See instructions				5a(4)		Δ
the prevention of cruelty to children or animals?				5a(5)		х
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	der the excentions described	n Regulations		04(0)		
section 53.4945 or in a current notice regarding disaster assistance? See inst			N/A	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						
expenditure responsibility for the grant?			N/A	5d		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on					
a personal benefit contract?				6a		Х
\boldsymbol{b} Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b		Х
If "Yes" to 6b, file Form 8870.						
${\bf 7a}$ At any time during the tax year, was the foundation a party to a prohibited tax				7a		X
b If "Yes," did the foundation receive any proceeds or have any net income attrib			N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than	\$1,000,000 in remuneration o	r				,,
excess parachute payment(s) during the year?				8		X
Part VII Information About Officers, Directors, Trus Paid Employees, and Contractors	tees, Foundation Ma	inagers, Higni	y			
List all officers, directors, trustees, and foundation managers and	their compensation.					
· · · · ·	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plan and deferred		(e) Exp ccount,	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	s a	ccount, allowai	, othei nces
	·	,	componedacii			
SEE STATEMENT 14		0.	0			0
				_		
	_					
	_					
2 Compensation of five highest-paid employees (other than those in	 cluded on line 1). If none.	enter "NONF."				
	(b) Title, and average hours per week		(d) Contributions to employee benefit plan		(e) Exp ccount,	enșe
(a) Name and address of each employee paid more than \$50,000	'hours per week devoted to position	(c) Compensation	and deferred compensation	s a	ccount, allowai	, othei nces
NONE	acrossa se possion		compensation	+	41101141	
	1					
				1		
	1					
	1	1	I	- 1		

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

Form 990-PF (2022) THE BAUKE FAMILY FOUNDATION	46-	3088687 Page 7
Part VII Information About Officers, Directors, Trustees, Formation About Officers, Directors, Trustees, Formation About Officers, Directors, Continued)	oundation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If non	e, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
σ	L	
Total number of others receiving over \$50,000 for professional services Part VIII-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include releva	ant statistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research pa	pers produced, etc.	Expenses
1 N/A		
·		
2		
3		
4		
Part VIII. B. Common of Dragger Deleted Investments		
Part VIII-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax	yygar on lings 1 and 2	Amount
1 N/A	. year on lines I and 2.	Amount
1 14/11		
<u> </u>		

Total. Add lines 1 through 3

All other program-related investments. See instructions.

Page 8

P	art IX Minimum Investment Return (All domestic foundations must complete this part. Foreign for	oundations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	891,256.
	Average of monthly cash balances	1b	32,072.
	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	923,328.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	923,328.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	13,850.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	909,478.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	45,474.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations, check here and do not complete this part.)	and certain	
1	Minimum investment return from Part IX, line 6	1	45,474.
2a	Tax on investment income for 2022 from Part V, line 5 20 2a 305.		
b	Income tax for 2022. (This does not include the tax from Part V.)		
	Add lines 2a and 2b	2c	305.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	45,169.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	45,169.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	45,169.
Ρ	art XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	43,303.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
	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 XII, line 4	4	43,303.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X,	•	•		
line 7				45,169.
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only			0.	
b Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019 9,669. d From 2020 6,877.				
d From 2020 6,877.				
e From 2021				
f Total of lines 3a through e	16,546.			
4 Qualifying distributions for 2022 from				
Part XI, line 4: \$43,303.				
a Applied to 2021, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2022 distributable amount				43,303.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)	1,866.			1,866.
6 Enter the net total of each column as indicated below;	_,			_,
	14,680.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract	14,000			
line Ab form line Ob		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable		•		
amount - see instructions		0.		
e Undistributed income for 2021. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2022. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2023				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2017				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2023.				
Subtract lines 7 and 8 from line 6a	14,680.			
10 Analysis of line 9:				
a Excess from 2018				
b Excess from 2019 7,803.				
c Excess from 2020 6 , 877 .				
d Excess from 2021				
e Excess from 2022				

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Part X	III Private Operating F	oundations (see ins	tructions and Part VI-A	A, question 9)	N/A			
	foundation has received a ruling or							
	dation, and the ruling is effective for				40.49(i)(2) or 40	(40/i)/E)		
	k box to indicate whether the found the lesser of the adjusted net	Tax year	g toutidation described if	rior 3 years	4942(j)(3) or 49	42(j)(5)		
	ne from Part I or the minimum	(a) 2022	(b) 2021	(c) 2020	(d) 2019	(e) Total		
	tment return from Part IX for	,	,	. ,	,	. ,		
	year listed							
	(0.85) of line 2a							
	fying distributions from Part XI,							
line 4	, for each year listed							
d Amoi	unts included in line 2c not							
used	directly for active conduct of							
exem	pt activities							
e Quali	fying distributions made directly							
	ctive conduct of exempt activities.							
3 Comp alterr a "Asse	ract line 2d from line 2c plete 3a, b, or c for the native test relied upon: sts" alternative test - enter: Value of all assets							
(2) \	Value of assets qualifying under section 4942(j)(3)(B)(i)							
2/3 o show	owment" alternative test - enter f minimum investment return n in Part IX, line 6, for each year							
	oort" alternative test - enter:							
, , , (5	Fotal support other than gross nvestment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)							
(Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)							
. ,	argest amount of support from							
	an exempt organization							
	Gross investment income			6 Ha - 6 1 - 1' -	- L - I 05 000			
Part X	IV Supplementary Info at any time during t			t the foundation	n nad \$5,000 or mo	ore in assets		
1 1-6-			uctions.j					
	rmation Regarding Foundatio any managers of the foundation who	_	han 20/ of the total centr	ibutions received by th	on foundation hafare the class	on of any tay		
	(but only if they have contributed m			ibutions received by ti	ie iouituation before the clos	oc or arry tax		
	TATEMENT 15		· / · / /					
b List a	ny managers of the foundation who			or an equally large por	tion of the ownership of a pa	artnership or		
	entity) of which the foundation has	a 10% or greater interes	t.					
NONE								
Chec	Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here							
a The r	a The name, address, and telephone number or email address of the person to whom applications should be addressed:							
b The f	orm in which applications should b	e submitted and informati	ion and materials they sh	ould include:				
c Any s	submission deadlines:							
d Any r	estrictions or limitations on awards	s, such as by geographical	l areas, charitable fields, l	kinds of institutions, o	r other factors:			

THE BAUKE FAMILY FOUNDATION 46-3088687 Page 11 Form 990-PF (2022) Supplementary Information (continued) Part XIV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ALPHAPOINTE ORGANIZATION'S GENERAL NONE ÞС 7501 PROSPECT CHARITABLE PURPOSE KANSAS CITY, MO 64132 2,100. ALZHEIMERS COMMUNITY CARE NONE PC ORGANIZATION'S GENERAL 800 NORTHPOINT PARKWAY SUITE 101B CHARITABLE PURPOSE WEST PALM BEACH, FL 33407 2,000. ALZHEIMERS RESOURCES OF ALASKA NONE PC ORGANIZATION'S GENERAL 1750 ABBOT RD CHARITABLE PURPOSE ANCHORAGE, AK 99507 2,000. BASCOM PALMER ENVISIONING THE FUTURE NONE ЬC ORGANIZATION'S GENERAL 900 NW 17TH ST CHARITABLE PURPOSE MIAMI, FL 33136 2,000. CARE DIMENSIONS NONE ORGANIZATION'S GENERAL ÞС 75 SYLVAN STREET SUITE B-102 CHARITABLE PURPOSE DANVERS, MA 01923 2,000. 24,000. SEE CONTINUATION SHEET(S) 3a Total **b** Approved for future payment NONE

3b

Total

Part XV-A **Analysis of Income-Producing Activities**

THE BAUKE FAMILY FOUNDATION

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		led by section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
a					
b					
С					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	1.	
4 Dividends and interest from securities			14	28,283.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			01	613.	
8 Gain or (loss) from sales of assets other					
than inventory			18	2,240.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
С					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)			•	31,137.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	31,137.
(See worksheet in line 13 instructions to verify calculations.)					

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

LINE NO.	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
-	
-	
-	
-	

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)									Yes	No
	(other th	nan section 501(c)(3) organ	nizations) or in sectio	n 527, relating	g to political organizations?					
а	Transfer	s from the reporting founda	ation to a noncharita	ble exempt or	ganization of:					
	(1) Cas	h						1a(1)		X
	(2) Oth	er assets						1a(2)		X
b	Other tra	ansactions:								
	(1) Sale	es of assets to a noncharital	ble exempt organizat	tion				1b(1)		X
										X
	(3) Rer	ital of facilities, equipment, (or other assets					1b(3)		X
	(4) Rei	mbursement arrangements						1b(4)		X
	(5) Loa	ns or loan guarantees						1b(5)		X
(6) Performance of services or membership or fundraising solicitationsc Sharing of facilities, equipment, mailing lists, other assets, or paid employees									X	
										X
d			· ·	-	edule. Column (b) should alv	-	-		ets,	
		(d) the value of the goods, (ed less than fair market valu	ie in any transaction	or snaring arrangement	, Snow in		
a ۱، :	ine no.	(b) Amount involved			e exempt organization	(d) Description	of transfers, transactions, ar	ad abauina au		nto
u) L	ille illo.	(b)/illiount illivolveu	(b) Name of	N/A	5 exempt or gamzation	(u) Description	i oi transiers, transactions, ai	iu sharing an	angeme	1115
				II/A						
2a					or more tax-exempt organi					7
				ction 527?				Yes	X	No
b	If "Yes,"	complete the following sche			(h) Tune of auronization	1	(a) Decemention of volation			
		(a) Name of org			(b) Type of organization		(c) Description of relation	isilip		
		N/A								
					I ling accompanying schedules an	· ·	, ,	May the IRS o	diecure '	hie
Sig	an I	d belief, it is true, correct, and co	omplete. Declaration of p	reparer (other th	an taxpayer) is based on all infor	mation of which prepare	er nas any knowledge.	eturn with the	e prepar	er
Hè	re					TREASURE		X Yes	. 366 111] No
	Si	gnature of officer or trustee			Date	Title				
	•	Print/Type preparer's na	ıme	Preparer's s	ignature	Date	Check if PTII	V		
							self- employed			
Pa					BRIAN NAIL 1			00907		
	eparei		name NAIL CPA FIRM, LC				Firm's EIN 20-4	53217	1	
Us	e Only		_	_						
		Firm's address 490			REET					
		LEA	WOOD, KS	66224			Phone no. (913) 663		
								Form 990)-PF	(2022)

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient FLORIDA OUTREACH CENTER FOR THE BLIND NONE PC ORGANIZATION'S GENERAL 2315 S CONGRESS AVE CHARITABLE PURPOSE PALM BEACH, FL 33406 2,900. HELEN KELLER NATIONAL CENTER FOR NONE PC ORGANIZATION'S GENERAL CHARITABLE PURPOSE DEAF-BLIND 450 E PARK ST OLATHE, KS 66061 2,000. LIGHTHOUSE FOR THE BLIND AND VISUALLY NONE PC ORGANIZATION'S GENERAL IMPAIRED CHARITABLE PURPOSE 1155 MARKET ST 10TH FL SAN FRANCISCO, CA 94103 7,000. NONE РC NATIONAL PARKINSON FOUNDATION ORGANIZATION'S GENERAL HEARTLAND CHARITABLE PURPOSE 8900 STATE LINE RD STE 320 LEAWOOD, KS 66206 2,000. Total from continuation sheets 13,900.

FORM 990-PF INTER	EST ON SAVING	S AND T	EMPORARY	CASH	INVESTMENTS	STATEMENT 1
SOURCE			(A) EVENUE R BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
WELLS FARGO			1.		1.	
TOTAL TO PART I, L	INE 3		1.		1.	
FORM 990-PF	DIVIDENDS	AND INT	PEREST FRO	OM SEC	URITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	IS R	(A) EVENUE R BOOK		
SECURITIES AMERICA INC SECURITIES AMERICA INC BPA	30,631.	1,	927.	28,70 -42	4. 28,70 142	
TO PART I, LINE 4	30,210.	1,	927.			
FORM 990-PF		OTHER	R INCOME			STATEMENT 3
DESCRIPTION			(A) REVEN PER BO	JΕ	(B) NET INVEST- MENT INCOME	
FEDERAL ADJUSTED 2	021 REFUND			613.	613	•
TOTAL TO FORM 990-	PF, PART I, L	INE 11		613.	613	•

FORM 990-PF C	OTHER PROFES	SIONAL FEES	S'	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES		
INVESTMENT ADVISORY FEES	9,202.	9,202.		0.		
TO FORM 990-PF, PG 1, LN 16C	9,202.	9,202.		0.		
FORM 990-PF	TAX	ES	S'	TATEMENT 5		
DESCRIPTION		(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES		
STATE REGISTRATION FEE FOREIGN TAXES 2021 FEDERAL EXTENSION PAYMENT	61. 116. 600.	0.		61. 0.		
TO FORM 990-PF, PG 1, LN 18	777.	0.		61.		
FORM 990-PF	OTHER E	XPENSES	S'	TATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
COMPUTER SOFTWARE AND SUPPLIES POSTAGE BOARD EXPENSES	3,117. 248. 15,877.	0.		3,117. 248. 15,877.		
TO FORM 990-PF, PG 1, LN 23	19,242.	0.		19,242.		

FORM 990-PF U.S. AND STATE/CITY	GOV	ERNMENT	OBLIGATIONS	STATEMENT '
DESCRIPTION GOV		OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
MUNICIPAL OBLIGATIONS		x	122,032.	115,843
TOTAL U.S. GOVERNMENT OBLIGATIONS		-		
TOTAL STATE AND MUNICIPAL GOVERNMENT OB	LIG	ATIONS	122,032.	115,843
TOTAL TO FORM 990-PF, PART II, LINE 10A	_	_	122,032.	115,843
FORM 990-PF CORPORA	TE	STOCK		STATEMENT 8
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
AMGEN INC APPLE INC COCA COLA COMPANY CONOCO PHILLIPS EMERSON ELECTRIC CO JOHNSON AND JOHNSON MICROSOFT CORP NEXTERA ENERGY INC PHILIP MORRIS INTERNATIONAL QUALCOMM INC TEXAS INSTRUMENTS INC UNITED PARCEL SERVICE UNITED HEALTH GROUP US BANCORP DEL COM MEDTRONIC PLC COM TORONTO-DOMINION BANK HOME DEPOT ONEOK			9,940. 15,117. 10,112. 10,217. 9,645. 10,077. 8,292. 10,137. 11,455. 10,495. 9,526. 10,127. 9,785. 10,031. 9,842. 9,895. 10,505. 14,480. 10,362.	14,708 228,579 13,994 17,700 13,544 12,719 22,088 22,070 11,538 19,020 15,365 14,429 23,858 7,981 9,326 11,009 16,109 16,294 8,821
TRUIST FINL CORP			10 362	8 821

FORM 990-PF (OTHER INVESTMENTS		STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
FRANKLIN INCOME ADVISOR FUND	COST	46,392.	46,218.
T ROWE PRICE CAP APPRECIATION FUVIRTUS ALLIANGI INCOME & GROWTH	JND COST COST	26,201.	24,540.
FUND	CODI	67,296.	61,183.
PGIM STRATEGIC BOND CL Z	COST	17,005.	13,715.
ARK ETF TR FINTECH INNOVA	COST	17,320.	4,281.
ARK ETF TR INNOVATION ETF	COST	15,393.	3,124.
FIRST TR EXCHANGE-TRADED FD CAP	COST	10 550	15 475
STRENGTH FIRST TRUST CLOUD COMPUTING ETF	COST	12,559. 14,858.	15,475. 11,642.
FIRST TROST CHOOD COMPOTING EIF	COST	14,050.	11,042.
TOTAL TO FORM 990-PF, PART II, I	LINE 13	217,024.	180,178.
FORM 990-PF	OTHER ASSETS		STATEMENT 10
FORM 990-PF DESCRIPTION	OTHER ASSETS BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	STATEMENT 10 FAIR MARKET VALUE
	BEGINNING OF		FAIR MARKET
DESCRIPTION	BEGINNING OF YR BOOK VALUE	BOOK VALUE	FAIR MARKET VALUE
DESCRIPTION FEDERAL TAX REFUND RECEIVABLE TO FORM 990-PF, PART II, LINE 15	BEGINNING OF YR BOOK VALUE	BOOK VALUE 613.	FAIR MARKET VALUE
DESCRIPTION FEDERAL TAX REFUND RECEIVABLE TO FORM 990-PF, PART II, LINE 15 FORM 990-PF INTERE	BEGINNING OF YR BOOK VALUE 0. 5 0. EST AND PENALTIES	BOOK VALUE 613.	FAIR MARKET VALUE 613. 613. STATEMENT 11
DESCRIPTION FEDERAL TAX REFUND RECEIVABLE TO FORM 990-PF, PART II, LINE 15	BEGINNING OF YR BOOK VALUE 0. 5 0. EST AND PENALTIES	BOOK VALUE 613.	FAIR MARKET VALUE 613.

FORM 990-PF	LAI	E PAYMENT I	NTEREST		STAT	EMENT	12
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTER	EST
TAX DUE INTEREST RATE CHANGE DATE FILED	05/15/23 09/30/23 10/30/23	305.	305. 313. 315.	.0700	138 30		8.
TOTAL LATE PAYMENT IN	ITEREST						10.
FORM 990-PF	LAT	E PAYMENT P	ENALTY		STAT	EMENT	13
DESCRIPTION	DATE	E AMOUN	T BALANC	CE M	ONTHS	PENAL	·ΤΥ
TAX DUE DATE FILED	05/15/ 10/30/		305.	305. 305.	6		9.

	ST OF OFFICERS, DI		STATE	EMENT 14
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
WALTER E BAUKE 5 SOMERSET A WEST PALM BEACH, FL 33417	PRESIDENT 0.25	0.	0.	0.
CHARLOTTA A DUFFY 5110 W 96TH STREET OVERLAND PARK, KS 66207	TREASURER 0.25	0.	0.	0.
DENIS BAUKE 260 GREENVIEW DRIVE DALY CITY, CA 64014	VICE PRESIDENT 0.00	0.	0.	0.
ROBERT G BAUKE 51 MAGNOLIA AVE MAGNOLIA, MA 01930	DIRECTOR 0.00	0.	0.	0.
WALTER D BAUKE 729 S STEVENSON OLATHE, KS 66061	DIRECTOR 0.00	0.	0.	0.
LEISCHEN BAUKE PO BOX 4681 WHITE ROCK, NM 87547	VICE PRESIDENT 0.00	/SECRETARY 0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VII	0.	0.	0.
	ART XIV - LINE 1A F FOUNDATION MANAGE	RS	STATE	EMENT 15

NAME OF MANAGER

WALTER E BAUKE CHARLOTTA A DUFFY LEISCHEN BAUKE