efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491248009609

Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

Name of foundation
JOHN AND BERNICE HAMRA FOUNDATION

A Employer identification number
43-6844164

Number and street (or P O box number if mail is not delivered to street address)
2345 GRAND BLVD

Room/suite

B Telephone number (see instructions)

City or town, state or province, country, and ZIP or foreign postal code
KANSAS CITY, MO 64108

C If exemption application is pending, check here ▶ ☐

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

D 1. Foreign organizations, check here ▶ ☐
2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

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

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

I Fair market value of all assets at end of year (from Part II, col (c), *line 16)* ▶$ 377,668

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

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

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

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check ▶ ☑ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	9,343	9,343		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	53,100			
	b Gross sales price for all assets on line 6a 74,420				
	7 Capital gain net income (from Part IV, line 2)		53,100		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 **Total.** Add lines 1 through 11	62,443	62,443		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	1,900			1,900
	c Other professional fees (attach schedule)	4,986	4,986		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	58			
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 **Total operating and administrative expenses.** Add lines 13 through 23	6,944	4,986		1,900
	25 Contributions, gifts, grants paid	22,050			22,050
	26 **Total expenses and disbursements.** Add lines 24 and 25	28,994	4,986		23,950
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	33,449			
	b **Net investment income** (if negative, enter -0-)		57,457		
	c **Adjusted net income** (if negative, enter -0-)			0	

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing		3,150	3,150
	2 Savings and temporary cash investments	3,267	53,719	53,719
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	160,263	138,943	320,799
	14 Land, buildings, and 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)	163,530	195,812	377,668
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable	950	1,250	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)	2,230	668	
	23 **Total liabilities**(add lines 17 through 22)	3,180	1,918	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☑ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	320,597		
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds	-160,247	193,894	
	30 **Total net assets or fund balances** (see instructions)	160,350	193,894	
	31 **Total liabilities and net assets/fund balances** (see instructions)	163,530	195,812	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	160,350
2	Enter amount from Part I, line 27a	2	33,449
3	Other increases not included in line 2 (itemize) ▶	3	95
4	Add lines 1, 2, and 3	4	193,894
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	193,894

Part VII-A Statements Regarding Activities (continued)

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

Website address ▶

14 The books are in care of ▶ JOHYNE HAMRA Telephone no ▶ (816) 730-7889

Located at ▶ 9505 STATE LINE RD KANSAS CITY MO ZIP+4 ▶ 64114

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country ▶

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

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2018 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		No

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

			Yes	No
5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☑ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☑ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? See instructions	☐ Yes ☑ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶	☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☑ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☑ No		

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

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

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
JOHYNE HAMRA 9505 STATE LINE RD KANSAS CITY, MO 64114	TRUSTEE 4 00	0	0	0

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

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				
Total number of other employees paid over $50,000 ▶				0

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

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

c Any submission deadlines

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

Part XV Supplementary Information (continued)

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

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

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILLICOTHE FOUNDATION P O BOX 530 KINGSVILLE, MO 64061	NA	PC	CHARITABLE	75
CRISTO REY KANSAS CITY 211 W LINWOOD BLVD KANSAS CITY, MO 64111	NA	PC	EDUCATIONAL	400
KANSAS CITY CARE CENTER 3515 BROADWAY KANSAS CITY, MO 64111	NA	PC	CHARITABLE	1,300
Total . . . . . ▶ **3a**				22,050

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEART OF AMERICA SHAKESPEARE FESTIV 3619 BROADWAY SUITE 2 KANSAS CITY, MO 64111	NA	PC	CULTURAL DEVELOPMENT	400
FRIENDS OF UNIVERSITY ACADEMY 4049 PENNSYLVANIA AVE STE 400 KANSAS CITY, MO 64111	NA	PC	EDUCATIONAL	1,000
KANSAS CITY ART INSTITUTE 4415 WARWICK BLVD KANSAS CITY, MO 64111	NA	PC	CULTURAL DEVELOPMENT	150
Total . . . . . ▶ **3a**				22,050

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LYRIC OPERA KANSAS CITY P O BOX 872809 KANSAS CITY, MO 64187	NA	PC	CULTURAL DEVELOPMENT	575
TURNING POINT8900 STATE LINE RD LEAWOOD, KS 66206	NA	PC	HEALTH CARE RESEARCH	1,200
EASTER SEALS3100 BROADWAY KANSAS CITY, MO 64111	NA	PC	MEDICAL RESEARCH	500
Total . . . . . ▶ **3a**				22,050

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAYSIDE WAIFS 3901 MARTHA TRUMAN RD KANSAS CITY, MO 64137	NA	PC	ANIMAL RESCUE AND ADOPTION AGENCY	1,550
WIDOW WEDNESDAYSP O BOX 7012 LEES SUMMIT, MO 64064	NA	PC	CHARITABLE	700
UMKC CONSERVATORY4949 CHERRY ST KANSAS CITY, MO 64110	NA	PC	EDUCATIONAL	850
Total . . . . . ▶ **3a**				22,050

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS CITY REPERTOIRE THEATER 4825 TROOST STE 106 KANSAS CITY, MO 64110	NA	PC	CULTURAL DEVELOPMNET	250
HARRISON JEWELL500 COLLEGE HILL LEES SUMMIT, MO 64086	NA	PC	CULTURAL DEVELOPMENT THROUGH MUSICAL PERFORMANCE	250
LQVEP O BOX 4611 OLATHE, KS 66063	NA	PC	CHARITABLE	250
Total . . . . . ▶ **3a**				22,050

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COTERIE THEATER 2450 GRAND BLVD STE 144 KANSAS CITY, MO 64108	NA	PC	CULTURAL DEVELOPMENT	3,000
HARVESTERS3801 TOPPING AVE KANSAS CITY, MO 64129	NA	PC	FEEDING THE NEEDY IN KANSAS CITY	1,200
COUNTRYSIDE CHRISTIAN CHURCH 6101 NALL AVE MISSION, KS 66202	NA	PC	RELIGIOUS	100
Total . . . . . ▶ **3a**				22,050

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS CITY SYMPHONY P O BOX 879229 KANSAS CITY, MO 64187	NA	PC	CULTURAL DEVELOPMENT	300
TX SCOTTISH RITE CHILDRENS HOSPITAL 2222 WELBORN ST DALLAS, TX 75219	NA	PC	MEDICAL RESEARCH	150
NEW LETTERS ON THE AIR KCUR PUBLIC 5101 ROCKHILL RD KANSAS CITY, MO 64110	NA	PC	CULTURAL DEVELOPMENT	250
Total . . . . . ▶ **3a**				22,050

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATHENS LIMESTONE ANIMAL SHELTER 1701 US 72 ATHENS, AL 35611	NA	PC	ANIMAL RESCUE AGENCY	750
ICA EDUCATIONAL FOUNDATION 37 MERRICK AVE STATEN ISLAND, NY 10301	NA	PC	CHARITABLE	250
ROSE BROOKS CENTERP O BOX 320599 KANSAS CITY, MO 64132	NA	PC	CHARITABLE	500
Total . . . . . ▶ **3a**				22,050

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS CITY BALLET 500 W PERSHING RD KANSAS CITY, MO 64108	NA	PC	CULTURAL DEVELOPMENT	300
HUMANE SOCIETY5445 PARALLEL PKWY KANSAS CITY, KS 66104	NA	PC	ANIMAL RESCUE AND ADOPTION	250
GREAT PLAINS SPCA5428 ANTIOCH DR MISSION, KS 66202	NA	PC	PROMOTING HUMANE CARE OF ANIMALS	400
Total . . . . . ▶ **3a**				22,050

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN OPTIONS LIFE UNLIMITED 2135 MANOR WAY LIBERTY, MO 64068	NA	PC	CHARITABLE	250
ALLEGRO KC CHOIRS110 W 3RD ST BONNER SPRINGS, KS 66012	NA	PC	CULTURAL DEVELOPMENT	300
SPRAY AND NEUTER5929 TROOST KANSAS CITY, MO 64110	NA	PC	PROMOTING HUMANE ANIMAL CARE	150
Total . . . . . ▶ **3a**				22,050

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE 2501 CHERRY ST KANSAS CITY, MO 64108	NA	PC	CHARITABLE	250
YOUNG WOMEN ON THE MOVE 10940 PARALLEL PKWY STE K180 KANSAS CITY, KS 66109	NA	PC	CHARITABLE	500
SALVATION ARMYP O BOX 412577 KANSAS CITY, MO 64141	NA	PC	CHARITABLE	1,000
Total . . . . . ▶ **3a**				22,050

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAIN INJURY ASSOCIATION 6701 W 64 ST MISSION, KS 66202	NA	PC	MEDICAL RESEARCH	250
AVENUE OF LIFEP O NBOX 34495 KANSAS CITY, MO 64116	N A	PC	CHARITABLE	500
DELTA GAMMA FOUNDATION P O BOX 600001 DEPT L 2841 COLUMBUS, OH 43201	NA	PC	CHARITABLE	150
Total . . . . . ▶ **3a**				22,050

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORGOTTEN FELINESP O BNOX 60 CAPSHAW, AL 35742	NA	PC	ANIMAL RESCUE AND ADOPTION	150
TRUMAN MED CTR CHARITABLE FOUNDATN 2310 HOLMES STE 735 KANSAS CITY, MO 64108	NA	PC	MEDICAL	500
LAKEMARY CENTER100 LAKEMARY DR PAOLA, KS 66071	NA	PC	RESIDENTIAL CARE FOR PERSONS WITH DEV DISABILITIES	1,000
Total . . . . . ▶ **3a**				22,050

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINDNESS CONNECTION8445 W 113 ST OVERLAND PARK, KS 66210	NA	PC	CHARITABLE	150
Total . . . . . ▶ **3a**				22,050

TY 2018 Accounting Fees Schedule

Name: JOHN AND BERNICE HAMRA FOUNDATION

EIN: 43-6844164

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,900	0	0	1,900

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491248009609

TY 2018 Investments - Other Schedule

Name: JOHN AND BERNICE HAMRA FOUNDATION

EIN: 43-6844164

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
SECURITIES		138,943	320,799

TY 2018 Other Increases Schedule

Name: JOHN AND BERNICE HAMRA FOUNDATION

EIN: 43-6844164

Description	Amount
BALANCING ADJUSTMENT	95

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491248009609

TY 2018 Other Liabilities Schedule

Name: JOHN AND BERNICE HAMRA FOUNDATION

EIN: 43-6844164

Description	Beginning of Year - Book Value	End of Year - Book Value
OTHER	2,230	0
EXCISE TAX ACCRUED	0	668

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491248009609

TY 2018 Other Professional Fees Schedule

Name: JOHN AND BERNICE HAMRA FOUNDATION

EIN: 43-6844164

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEE	2,175	2,175	0	0
OTHER BANK FEE	100	100	0	0
CUSTODY FEES	2,711	2,711	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491248009609

TY 2018 Taxes Schedule

Name: JOHN AND BERNICE HAMRA FOUNDATION

EIN: 43-6844164

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX PAID IN 2018	58	0	0	0
	0	0	0	0