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Submission Date - 2024-07-16

DLN: 93491198003294

OMB No. 1545-0047

990-PF

Return of Private Foundation

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.

Open to Public Inspection and ending 12-31-2023

For	cale	ndar year 2023, or tax year beginning 01-01-20	23 , aı	nd ending 12-31-	2023	
		undation FOUNDATION INC		A Employer ide	entification numbe	r
				82-3782472		
		d street (or P.O. box number if mail is not delivered to street address) OOKWOOD RD	Room/suite	B Telephone nur	nber (see instruction	s)
O.		The Control of the Co		(913) 522-6270		
		n, state or province, country, and ZIP or foreign postal code LLS, KS 662081224		C If exemption a	application is pending	, check here
G CI	neck a	Il that apply:	ormer public charity	D 1. Foreign org	anizations, check he	re
		☐ Final return ☐ Amended return	,		ganizations meeting t	
		igcap Address change $igcap$ Name change			chere and attach cor	•
H Cl	neck ty	ype of organization: Section 501(c)(3) exempt private fo	undation		ndation status was te n 507(b)(1)(A), check	
	Section	n 4947(a)(1) nonexempt charitable trust Other taxable	private foundation			
		from Part II col (c)	🗹 Cash 🔲 Accrua	F If the foundar under section	tion is in a 60-month n 507(b)(1)(B), check	
		▶\$ 1,015,664	e on cash basis.)			
Da	rt I	Analysis of Revenue and Expenses (The total	,	<u> </u>	<u> </u>	(d) Dishumana
ГС		of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
		equal the amounts in column (a) (see instructions).)	books	income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	274,301			
	2	Check ▶ ☐ if the foundation is not required to attach				
	-	Sch. B				
	3	Interest on savings and temporary cash investments	30	30	30	
	4	Dividends and interest from securities	11.002	11.602	11.002	
	5a	Gross rents Net rental income or (loss) 4,221	11,682	11,682	11,682	
е	b 6a	Net gain or (loss) from sale of assets not on line 10				
三	_					
Revenue	b 7	Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2)		0		
~	8	Net short-term capital gain			C	
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	С	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	286,013	11,712	11,712	
es	13	Compensation of officers, directors, trustees, etc.	0	0	0	0
Sus	14	Other employee salaries and wages	64,102	1,462	1,462	62,640
X	15	Pension plans, employee benefits				
eΕ	16a	Legal fees (attach schedule)	9,322		Ī	3,322
ΒĘ	b	Accounting fees (attach schedule)	20,548			20,548
Str	С	Other professional fees (attach schedule)	550	0	O	550
and Administrative Expenses	17	Interest	15.000	0	_	15.200
Adr	18	Taxes (attach schedule) (see instructions)	15,262	. 0	12,497	15,262
ρl	19	Depreciation (attach schedule) and depletion			12,497	
j al	20	Occupancy		ļ		
Ē	21	Printing and publications		 		
Operating	23	Other expenses (attach schedule)	160,141	5,999	5,999	159,197
d	24	Total operating and administrative expenses.		 		
		Add lines 13 through 23	269,925	7,461	19,958	267,519
	25	Contributions, gifts, grants paid	5,125			5,125
	26	Total expenses and disbursements. Add lines 24 and 25	075.050	7.00	10.050	272.611
	27	Subtract line 26 from line 12:	275,050	7,461	19,958	272,644
	a	Excess of revenue over expenses and				
		disbursements	10,963			
	b	Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)		4,251		
For		rwork Reduction Act Notice, see instructions.		Cat. No. 11289)X Fo	orm 990-PF (2023)

Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0 (2) On foundation managers. ▶ \$

0 Has the foundation engaged in any activities that have not previously been reported to the IRS?

on foundation managers. > \$

KS

11

12

13

If "Yes," complete Part XIII

and addresses.

country >

If "Yes," attach a detailed description of the activities.

If "Yes," attach the statement required by General Instruction T.

Pround bullet By language in the governing instrument, or

advisory privileges? If "Yes," attach statement. See instructions

Website address VOLLANDFOUNDATION.ORG The books are in care of PATRICIA REECE

Located at \$\infty\$2021 BROOKWOOD RD MISSION HILLS KS

that conflict with the state law remain in the governing instrument?

Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed

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

Did the foundation have unrelated business gross income of \$1,000 or more during the year?.

Fround bullet By state legislation that effectively amends the governing instrument so that no mandatory directions

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c),

Was there a liquidation, termination, dissolution, or substantial contraction during the year?

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:

Enter the states to which the foundation reports or with which it is registered (see instructions)

If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation.

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 2023 or the taxable year beginning in 2023? See the instructions for Part XIII.

At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the

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

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names

Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had

Did the foundation comply with the public inspection requirements for its annual returns and exemption application?

At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over

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

	N
	N
	N
Yes	
Yes	
Yes	
Yes	
Yes	
	١
	N
Yes	
_	
•	
Yes	1
	N

Page 4

No

No

No

No

Yes

1a

1b

1c

2

3 **4**a

4b 5

6

7

8b

.

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for the benefit or use of a disqualified person)?............

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.

Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,

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

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)

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

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2023?. . .

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

If "Yes," did it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or disgualified 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

At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d

Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at

(5) Transfer any income or assets to a disqualified person (or make any of either available

(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

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

2

rait vi b	Statements Regulating Activities for Whiten Form 4720 Play be Required			
File Form	4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the	e 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)		No
(2) Borrow	v money from, lend money to, or otherwise extend credit to (or accept it from)			

(3) Furnish goods, services, or facilities to (or accept them from) a disgualified person?........ (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?........

1a(2) 1a(3) 1a(4)

1a(5)

1a(6)

1b

1d

2a

2b

3a

3b

4a

4b

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Page 5

No

Nο

No

No

No

No

No

No

No

No

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Pa				n Form 4720 May Be	Required (continued)			
5a	During the year did the foun	, ,	•				Yes	No
	(1) Carry on propaganda, or					5a(1)		No
	(2) Influence the outcome or		•	•		F-/2\		
		-	gistration drive?			5a(2) 5a(3)	Yes	No
	(3) Provide a grant to an individual for travel, study, or other similar purposes?							
				-		5a(4)		N.
	(5) Provide for any purpose		ions			. Ja(4)		No
	* * * * * * * * * * * * * * * * * * * *		ention of cruelty to childr	•		5a(5)		No
b	If any answer is "Yes" to 5a(•	•					140
~	Regulations section 53.4945		-		•	. 5b		No
С	Organizations relying on a co		3 3					
d	If the answer is "Yes" to que							
	tax because it maintained ex			•		5d		
	If "Yes," attach the statemer	nt required by	Regulations section 53.4	1945-5(d).				
6a	Did the foundation, during th	ne vear, recei	ve any funds, directly or	indirectly, to pay premiu	ms on			
	a personal benefit contract?	•	•			6a		No
b	Did the foundation, during th	ne year, pay p	oremiums, directly or indi	rectly, on a personal ber	efit contract?	6b		No
	If "Yes" to 6b, file Form 8870),						
7a	At any time during the tax y	ear, was the t	foundation a party to a pi	rohibited tax shelter tran	saction?	7a		No
b	If "Yes", did the foundation re	eceive any pr	oceeds or have any net i	ncome attributable to the	e transaction?	7b		
8	Is the foundation subject to	the section 49	960 tax on payment(s) of	more than \$1,000,000 in	n remuneration or			
	excess parachute payment of	during the yea	ar?			8		No
1	List all officers, directors,		b) Title, and average	(c) Compensation (If	(d) Contributions to	(e) Expe	nse aco	count
	(a) Name and address		hours per week devoted to position	not paid, enter -0-)	employee benefit plans and deferred compensation	other a		ices
	CIA REECE BROOKWOOD RD		CTOR, PRESIDENT, SURER	C	0			0
	ON HILLS, KS 66208	5.00						
	REECE	VICE 1.00	PRESIDENT, SECRETARY	C	0			0
	BROOKWOOD RD ON HILLS, KS 66208	1.00						
	EY SOLBERG		D MEMBER	C	0			0
	/ 52ND ST	0.00						
	AS CITY, MO 66406 GE TERBOVICH	BO∆R	D MEMBER	(0			0
5531	CRESTWOOD DR	0.00	D MEMBER					U
	AS CITY, MO 64111			<u> </u>	<u> </u>	<u> </u>		
2	Compensation of five high	nest-paid en	iployees (other than t	hose included on line		ie, enter '	NONE	<u>."</u>
(a) i	Name and address of each em more than \$50,000	nployee paid	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other all		
NON								
					1			
Tota	I number of other employees	naid over #E0	0.000					
iota	number of other employees	paid Over \$30	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Form 9 0	n.pe	(2023)

	actors (continued)	vices (see instructions). If none, enter "NO	ME"
	f each person paid more than \$50,000	(b) Type of service	(c) Compensation
ONE	eden person para mere aran 450,000	(2) .)pe o. see	(c) compensation
	ing over \$50,000 for professional services		_
	of Direct Charitable Activities rect charitable activities during the tax year. Include re	olovant statistical information such as the number of	
	es served, conferences convened, research papers pro		Expenses
1 THE VOLLAND FOUNDATION RESIDENCIES.	ON SERVES AS THE ANCHOR FOR ART EXHIBITION	ONS, COMMUNITY PROGRAMMING, AND ARTIST	267,520
2			
3			
4			
out VIII D. Commonwell	of Dunning Delated Investments (see		
•	of Program-Related Investments (see m-related investments made by the foundation during	·	Amount
1	mi-related investments made by the roundation during	g the tax year on lines I and 2.	Amount
<u> </u>			
2			
All other program-related in	nvestments. See instructions.		
3			
otal. Add lines 1 through 3		E.	

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Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)								
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,								
purposes:								
a Average monthly fair market value of securities	1a	0						
b Average of monthly cash balances	1b	64,055						
c Fair market value of all other assets (see instructions)	1c	0						
d Total (add lines 1a, b, and c)	1d	64,055						
e Reduction claimed for blockage or other factors reported on lines 1a and								
1c (attach detailed explanation)	0							
2 Acquisition indebtedness applicable to line 1 assets	2	0						
3 Subtract line 2 from line 1d	3	64,055						
4 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see								
instructions)	4	961						
5 Net value of noncharitable-use assets. Subtract line 4 from line 3	5	63,094						
6 Minimum investment return. Enter 5% (0.05) of line 5	6	3,155						
Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations	and cert	ain foreign organizations						
check here and do not complete this part.)								
1 Minimum investment return from Part IX, line 6	1							
2a Tax on investment income for 2022 from Part V, line 5								
b Income tax for 2022. (This does not include the tax from Part V.) 2b								
c Add lines 2a and 2b	2c							
3 Distributable amount before adjustments. Subtract line 2c from line 1	3							
4 Recoveries of amounts treated as qualifying distributions	4							
5 Add lines 3 and 4	5							
6 Deduction from distributable amount (see instructions)	6							
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7							
Part XI Qualifying Distributions (see instructions)								
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:								
a Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	272,644						
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							
3 Amounts set aside for specific charitable projects that satisfy the:								
a 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	272,644						
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e Remaining amount distributed out of corpus
 5 Excess distributions carryover applied to 2023.
 (If an amount appears in column (d), the

6 Enter the net total of each column as

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 2018 not applied on line 5 or line 7 (see instructions).
 9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a

10 Analysis of line 9:

a Excess from 2019. . . .
 b Excess from 2020. . . .
 c Excess from 2021. . . .
 d Excess from 2022. . . .
 e Excess from 2023. . . .

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5
b Prior years' undistributed income. Subtract line 4b from line 2b.
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.
d Subtract line 6c from line 6b. Taxable amount—see instructions.
e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount—see instructions.
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024.

indicated below:

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

	m 990-PF (2023)					Page 10
	Part XIII Private Operating Found	lations (see instruc	ctions and Part VI	-A, question 9)		
1a	If the foundation has received a ruling or dete foundation, and the ruling is effective for 202					2021-01-29
b	Check box to indicate whether the organizati	on is a private operati	ng foundation desc	ribed in section 🔽	4942(j)(3) or	4942(j)(5)
2a		Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part IX for each	(a) 2023	(b) 2022	(c) 2021	(d) 2020	(e) lotai
	year listed	0	0	2,340	0	2,340
b	85% (0.85) of line 2a	0	0	1,989	0	1,989
c	Qualifying distributions from Part XI, line 4 for each year listed	272,644	187,573	87,271	50,270	597,758
d	Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
e		272,644	187,573	87,271	50,270	597,758
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					_
	(1) Value of all assets				0	0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				0	0
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part IX, line 6 for each year listed					0
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)				0	0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pa	rt XIV Supplementary Information assets at any time during th			oundation had \$	5,000 or more	in
1	Information Regarding Foundation Mana					
а	List any managers of the foundation who have before the close of any tax year (but only if the state of the s	ve contributed more t				ı

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

Check here 🕨 🇹 if the foundation only makes contributions to preselected charitable organizations and does not accept

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

SUBMITTED ONLINE AT THEVOLLANDSTORE.COM APPLICANTS PROVIDE SHORT ANSWER RESPONSES TO A SERIES OF QUESTIONS AND PROVIDE

NO RESTRICTIONS EXCEPT IN THE CASE WHERE THE ARTIST DOES NOT COMPLETE THE FULL RESIDENCY. SHOULD THAT OCCUR, THE STIPEND

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unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under

ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

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

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

WOULD BE PRORATED. ADDITIONALLY, STARTING IN 2023, THERE IS AN APPLICATION FEE OF \$25.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: RYAN JONES PO BOX 144 ALMA, KS 66401

RYAN@VOLLANDFOUNDATION.ORG

other conditions, complete items 2a, b, c, and d. See instructions

PATRICIA REECE JERRY REECE

(785) 499-3616

WORK SAMPLES.Any submission deadlines: JANUARY OF EACH YEAR.

3 Grants and Contributions Paid D	If recipient is an individual,		- ayıncını	
Recipient	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year PAIGE KAPTUCH		I .	RECIPIENT OF VOLLAND RESIDENCY GRANT.	250
464 SHADOW ROCK COURT				
GRAND JUNCTION, CO 81507 DANIELLE FAUTH		I	RECIPIENT OF VOLLAND	250
2121 MILAN CTREET			RESIDENCY GRANT.	
3131 MILAN STREET NEW ORLEANS, LA 70125				
PHILIP HEYING		I	RECIPIENT OF VOLLAND RESIDENCY GRANT.	1,000
103 CAMERON ST MATFIELD GREEN, KS 66862				
JESSICA MATIER		I	RECIPIENT OF VOLLAND RESIDENCY GRANT.	250
700 SW HAVERFORD RD				
LEES SUMMIT, MO 64081 STEPHANIE ZELNICK		I	RECIPIENT OF VOLLAND	250
			RESIDENCY GRANT.	
1530 NAISMITH RD ROOM 418 LAWRENCE, KS 66044				
BETHANY ENGSTRAM		I	RECIPIENT OF VOLLAND RESIDENCY GRANT.	250
12 W WALDO RD BELFAST, ME 04915				
ALEXANDRA ROBINSON		I	RECIPIENT OF VOLLAND RESIDENCY GRANT.	500
5100 MAULDING PASS			RESIDENCE GIVANT.	
AUSTIN, TX 78749 DERRICK DOTY		ı	RECIPIENT OF VOLLAND	500
			RESIDENCY GRANT.	
419 DENISON AVE MANHATTAN MANHATTAN, KS 66502				
ANDY WEBSTER		I	RECIPIENT OF VOLLAND RESIDENCY GRANT.	500
PARKNOWETH HILTON BOTALLACK MOOR				
ST JUST TR197QH UK TIELIN DING			DECIDIENT OF VOLUME	275
HELIN DING		I	RECIPIENT OF VOLLAND RESIDENCY GRANT.	375
449 51ST STREET FLOOR 4 BROOKLYN, NY 11220				
MICHAEL SHI		I	RECIPIENT OF VOLLAND RESIDENCY GRANT.	500
26 AVE PORT IMPERIAL APT 342				
WEST NEW YORK, NJ 07093 LINDSEY DRAGER		I	RECIPIENT OF VOLLAND	250
acas c cua puncu ca			RESIDENCY GRANT.	
2535 S CHADWICK ST SALT LAKE CITY, UT 84106				
KEVIN BENHAM		I	RECIPIENT OF VOLLAND RESIDENCY GRANT.	250
191 SOUTH STREET EAST RAYNHAM, MA 02767				
Total			▶ 3a	5,125
b Approved for future payment				

Enter gross amounts unless otherwise indicated.		Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
e						
	and contracts from government agencies					
	ership dues and assessments					30
4 Divide	nds and interest from securities					
	ntal income or (loss) from real estate:					
	-financed property lebt-financed property					4,221
	ntal income or (loss) from personal property					4,221
	nvestment income					
	r (loss) from sales of assets other than					
invento	cory					
	orofit or (loss) from sales of inventory					
11 Other	revenue: a					
b						
4						
е	al. Add columns (b), (d), and (e) .		0			0 4,251
e 12 Subtot 13 Total.	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)					0 4,251 4,251
e 12 Subtot 13 Total. (See w	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul	ations.)		13		
e 12 Subtot 13 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to the	ations.) ne Accomplis	hment of Exem	pt Purposes		
e 12 Subtot 13 Total. (See w	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul	ations.) ne Accomplision income is reported to the second control of the second control	hment of Exem	pt Purposes Part XV-A contributed	I importantly to	
e	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated to the second columns. Explain below how each activity for which the accomplishment of the foundation's explain to the second columns. TO ATTRACT AND RETAIN COMMUNITY INTERMEDIA.	ations.) ne Accomplis income is report kempt purposes (EST IN THE RURA	hment of Exem ed in column (e) of other than by prov	pt Purposes Part XV-A contributed iding funds for such p	I importantly to	
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orm 990-PF (2023)								
Part XVI Information Regarding Transfers To and Transactions and Relationships With Noncha Exempt Organizations	ritable							
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section		Ι.,						

Part	XVI	Exempt Organiz	zations						•				
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?								ion		Yes	No		
a Transfers from the reporting foundation to a noncharitable exempt organization of:													
(1) Cash										[1a(1)		No
(2) Other assets										[1a(2)		No
b Other transactions:													
(1) Sales of assets to a noncharitable exempt organization										[1b(1)		No
(2)	Purchas	ses of assets from a no	oncharitable e	exemp	t organiza	ation					1b(2)		No
(3)	Rental	of facilities, equipment	t, or other ass	sets.						[1b(3)		No
(4)	Reimbu	ırsement arrangement	:s								1b(4)		No
		or loan guarantees								F	1b(5)		No
		ance of services or me	•		-					•	1b(6)		No
	-	acilities, equipment, m	•								1 c		No
		er to any of the above its, other assets, or serv									ue		
		action or sharing arrar											
								(1) 5					
(a) Line N	lo.	(b) Amount involved	(c) Name of r	noncha	ritable exer	npt organizati	on	(d) Description of	transfers, transaction	s, and shari	ng arran	gement	:S
	-						-						
	+												
2a Is the	found	ation directly or indire	ctly affiliated	with,	or related	l to, one or r	more t	ax-exempt organiz	zations				
desci	ribed ir	section 501(c) (other	than section	501(c	(3)) or in	section 527	7?		\Box Y	es 🛂	No		
b If "Ye	s," con	nplete the following sc											
		(a) Name of organizatio	n		(b	o) Type of orga	anizatio	n	(c) Descriptio	n of relation	nship		
		penalties of perjury, I											
		nowledge and belief, it rer has any knowledge		ct, an	d complet	te. Declarati	on of p	preparer (other the	an taxpayer) is base	ed on all ir	nformat	ion of	which
Sign	prepa	rer has any knowledge	2.			1	_			May the I	RS discuss	thic retu	rn
Here) _					2024-06-2	. /				reparer sh		
	Si	gnature of officer or tr	ustee			Date		Title		See instru	ictions.	Yes	\Box_{No}
		Print/Type preparer's	namo	Dron	arorla Cia	naturo		Date		DTIN			
		Print/Type preparer's	name	Prepa	arer's Sigr	nature		Date	Check if self-	PTIN			
									employed ▶ □		P01289	369	
Paid		RACHEL M HARTNE	:11										
Prepa	rer	Firmula many - 1 AAAB	VCNEL CON ! !						1	 			
Use O		Firm's name ► MAR	KSNELSON LL	L						Firm's El	N ►48-	12386	45
	,	Firm's address • 68	00 W 115TH	STREE	ET SUITE 3	3511				1			
		2	/EDLAND DAD	W WC	66211					Phone n	o. (816)	743-7	700
		0	VERLAND PAR	ik, KS	ροΖΙΙ								
		<u> </u>								F	orm 99	0-PF	(2023)

efile GRAPHIC print	Submission Date - 2024-07-16	DLN	: 93491198003294
Schedule B	Schedule of Contribut	tors	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 9 ► Go to <u>www.irs.gov/Form990</u> for the lates		2023
Name of the organization VOLLAND FOUNDATION INC		Employer ic 82-3782472	dentification number
Organization type (ch	eck one):	02-3/024/2	
Filers of:	Section:		
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not tre	eated as a private foundation	on
	☐ 527 political organization		
Form 990-PF	✓ 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated	d as a private foundation	
	☐ 501(c)(3) taxable private foundation		
or more (in mo	ation filing Form 990, 990-EZ, or 990-PF that received oney or other property) from any one contributor. Col contributor's total contributions.		
For an organizar regulations under sections! 16b, and that re (2) 2% of the are For an organiza contributor, during the year educational pur For an organiza contributor, during the year more than \$1,000 exclusively religithis organization	tion described in section 501(c)(3) filing Form 990 or 9509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule acceived from any one contributor, during the year, to mount on (i) Form 990, Part VIII, line 1h, or (ii) Form 9 tion described in section 501(c)(7), (8), or (10) filing Form 9 to 10 for the prevention of cruelty to children or a section described in section 501(c)(7), (8), or (10) filing Form 9 tion described in section 501(c)(7), (8	A (Form 990 or 990-EZ), Patal contributions of the gree 1990-EZ, line 1. Complete Pator 990 or 990-EZ that reconstructions of the gree 1990-EZ that reconstructions that were received of the parts unless the Gene	art II, line 13, 16a, or ater of (1) \$5,000 or arts I and II. ceived from any one ientific, literary, or II, and III. ceived from any one contributions totaled during the year for an eral Rule applies to
990-EZ, or 990-PF), but EZ	on that isn't covered by the General Rule and/or the set it must answer "No" on Part IV, line 2, of its Form 99 Part I, line 2, to certify that it doesn't meet the filing re	90; or check the box on line	e H of its Form 990-
		No. 30613X Sche	edule B (Form 990) (2023)

Page 2

Name of organization Employer identification number 82-3782472 **VOLLAND FOUNDATION INC** Part I **Contributors** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (c) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 KANSAS CREATIVE ARTS INDUSTRIES COMMISSION Person 1000 SW JACKSON ST Payroll \$ 7,500 Noncash TOPEKA, KS 66612 (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person JERRY AND PATTY REECE 2021 BROOKWOOD Payroll \$ 192,688 Noncash MISSION HILLS, KS 66208 (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution SUNDERLAND FOUNDATION Person 3 5700 W 112TH ST STE 320 Payroll \$ 5,500 Noncash LEAWOOD, KS 66211 (Complete Part II for noncash contributions.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution **Person** Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)





chedule	B (Form 990) (2023)		Page				
	rganization FOUNDATION INC		Employer identification number				
	CONDATION INC		82-3782472				
Part III	Exclusively religious, charitable, (8), or (10) that total more than through (e) and the following linexclusively religious, charitable, information once. See instruction like duplicate copies of Part III if additional and the copies of Part	ntributor. Complete columns (a) ng Part III, enter the total of					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transfer of gift and ZIP 4 Relationship	o of transferor to transferee				
(a)							
No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee						
	Transferee's name, address, a	and ZIP 4 Relationship	or transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			-				
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee						
	- Hansieree's Hanne, address, e		or transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a		of transferor to transferee				
	-						

Schedule B (Form 990) (2023)

efile GRAPHIC print Submission Date - 2024-07-16					DLN: 93491198003294			
Name: VOLLAND FOUNDATION INC EIN: 82-3782472								
Category	Am	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
ACCOUNTING FEES		20,548			20,548			

efile GRAPHIC print Submission Date - 2	: 93491198003294			
	VOLLAND FOUND 82-3782472	ATION INC		
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
THE RUINS - STAGE	137,636	137,636	0	
THE RUINS - SOUND EQUIPMENT	8,035	8,035	0	
THE RUINS - BLEACHERS	15,214	15,214	0	

efile GRAPHIC print	DL	N: 93491198003294			
		me: VOLLAND FO			
Catego	ry	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES		9,322	0	0	9,322

_...

	Name:	VOLLAND FOUN	DATION INC		
		82-3782472	Division into		
i	Description		Reginning of Year -	Fnd of Year - Book	End of Year - Fair

Book Value

3,000

DLN: 93491198003294

Market Value

2,950

Value

3,000

efile GRAPHIC print | Submission Date - 2024-07-16

EMPORIA COMMUNITY FOUNDATION FUND

Submission Date - 2024-07-16

DLN: 93491198003294

Disbursements for

Charitable **Purposes**

40

89

106

150

209

235

360

402

469

520

600

640

707

1,140

1,804

1,996

2,074

2,138

2,475

2,642

4,081

4,944

7,924

10,055

10,799

11,522

13,531

15,502

26,828

35,215

0

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0

Adjusted Net

Income

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273

973

4,223

Name: VOLLAND FOUNDATION INC **EIN:** 82-3782472

360

402

469

520

600

640

707

1,140

1,804

1,996

2,074

2,138

2,475

2,642

4,081

4,944

7,924

10,055

10,799

11,522

8,406

15,502

26,828

35,215

530

273

973

4,223

Description	Revenue and Expenses per Books	Net Investment Income	
BUSINESS LICENSES & PERMITS	40		
VENMO FEES	89		
MISCELLANEOUS EXPENSE	176		
MEMBERSHIP DUES	150		
TRAVEL EXPENSES	209		
DUES AND SUBSCRIPTIONS	235		

efile GRAPHIC print

TRASH

FUNDRAISING FEES

SQUARE SERVICE FEES

POSTAGE AND DELIVERY

BANKING SERVICES CHARGES

MEALS (100%)

DONATION

STORAGE

SUPPLIES

AUDIO/VISUAL

COMMISSION

CLEANING

UTILITIES

MARKETING

INSURANCE

RETAIL PRODUCT

OFFICE SUPPLIES

CONTRACT LABOR

EXHIBITION EXPENSE

ARTIST RESIDENCY

EVENT EXPENSES

OFFICE SUPPLIES

INSURANCE

CLEANING

UTILITIES

LAWN MAINTENANCE

REPAIRS AND MAINTENANCE

TELEPHONE EXPENSE

efile GRAPHIC print	Submission Date -	2024-07-16		DLN: 93491198003294
		VOLLAND FOUNDATION I 82-3782472	NC	
	Description	n	Beginning of Year - Book Value	End of Year - Book Value
OTHER LIABILITIES			648	100

efile GRAPHIC print	Submission D	ate - 2024-07-16		DL	N: 93491198003294
		me: VOLLAND FO			
Categor	у	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING FEES		75	0	0	75
GRANT CONSULTING		475	0	0	475

efile GRAPHIC print	Submission Date - 2024-07-16	DLN: 93491198003294
	Name: VOLLAND EIN: 82-37824	
	Name	Address
PATRICIA REECE		2021 BROOKWOOD RD MISSION HILLS, KS 662081224
JERRY REECE		2021 BROOKWOOD RD MISSION HILLS, KS 662081224
SUNDERLAND FOUNDATION	ı	5700 W 112TH ST STE 320 LEAWOOD, KS 66211

efile GRAPHIC print	Submission	Date - 2024-07-16	DLN: 9349119800329				
Name: VOLLAND FOUNDATION INC EIN: 82-3782472							
Category		Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
PROPERTY TAXES		15,262	0	0	15,262		