EXTENDED TO NOVEMBER 15,

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.

F	or calendar year 2018 or tax year beginning	, and e	nding
	Name of foundation	· · · · · · · · · · · · · · · · · · ·	A Employer identification number
	VAN KAMPEN BOYER MOLINARI		
_	CHARITABLE FOUNDATION		20-1190854
•	Number and street (or P O box number if mail is not delivered to street ac	idress)	Room/suite B Telephone number
_	5440 FARR ROAD	-1-1 1-	561-707-2337
	City or town, state or province, country, and ZIP or foreign po ${\tt FRUITPORT}$, ${\tt MI}$ 49415	ISTAI CODE	C If exemption application is pending, check here
_	Check all that apply: Initial return	Initial return of a former public of	charity D 1. Foreign organizations, check here
J	Final return	Amended return	
	Address change	Name change	2. Foreign organizations meeting the 85% test, check here and attach computation
H	Check type of organization: X Section 501(c)(3) ex	empt private foundation	E If private foundation status was terminated
_[Section 4947(a)(1) nonexempt charitable trust	Other taxable private foundation \(\sigma\)	under section 507(b)(1)(A), check here
1	Fair market value of all assets at end of year J Accounting	-	ual F If the foundation is in a 60-month termination
		ner (specify)	under section 507(b)(1)(B), check here
L.	Part Analysis of Revenue and Expenses		(d) Dishuramenta
י ב	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and (b) Net in expenses per books	
ク -	1 Contributions, gifts, grants, etc., received	1,000,000.	N/A
\mathcal{I}_{λ}	2 Check I If the foundation is not required to attach Sch B		
~\	Interest on savings and temporary cash investments	2,594.	2,594. STATEMENT 1
	4 Dividends and interest from securities	26,203. 2	6,203. STATEMENT 2
	5a Gross rents		
	b Net rental income or (loss)	02 856	
	6a Net gain or (loss) from sate of assets not on line 10 Gross sates price for all	83,756.	
	D assets on line 6a	R	3,756. PEOS
	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain		RECEIVED 1
	9 Income modifications		9 19 10
	Gross sales less returns 10a and allowances		S NOV & 3 2019 S
	b Less Cost of goods sold		
	c Gross profit or (loss)		OGDEN LIT
	11 Other income	1 110 550	2.552
_	12 Total. Add lines 1 through 11		2,553.
	13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	0.	0. 0.
	15 Pension plans, employee benefits		
	ا ا		
	b Accounting fees c Other professional fees	5,335.	5,335.
	c Other professional fees		
	y 17 Interest		
ത		272.	272. 0.
2019	19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings		
	20 Occupancy	275.	0. 0.
3 1	21 Travel, conferences, and meetings 22 Printing and publications	273.	0.
ب	23 Other expenses STMT 5	558,690. 1	3,342. 544,074.
DEC	24 Total operating and administrative	,	
	expenses Add lines 13 through 23	564,572. 1	8,949. 544,074.
¥	25 Contributions, gifts, grants paid	362,980.	362,980.
Ź	26 Total expenses and disbursements		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
SCANNED	Add lines 24 and 25	927,552. 1	8,949. 907,054.
S(27 Subtract line 26 from line 12:	185 001	
	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	185,001.	3,604.
	C. Adjusted net income (if negative enter -0-)		N/A

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions

Form **990-PF** (2018)

Department of the Treasury

<u></u>	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	of year
뜨	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		_	
	2	Savings and temporary cash investments	966,547.	276,138.	276,138.
	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	- +		<u> </u>
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts	-		
ets	8	Inventories for sale or use	040 353	044 762	006 557
Assets	9	Prepaid expenses and deferred charges	948,352.	844,763.	896,557.
_		Investments - U.S. and state government obligations Investments - corporate stock STMT 7	348,412.	1,060,142.	1,037,039.
	1		156,610.	418,989.	
		Investments - corporate bonds STMT 8 Investments - land, buildings, and equipment basis	130,010.	410,303.	377,300.
	"	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other		,, <u>, , , , , , , , , , , , , , , , , ,</u>	
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe)			
		Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	2,419,921.	2,600,032.	2,587,302.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ø	19	Deferred revenue			
abilitie	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
			,	•	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
ý	0.4	and complete lines 24 through 26, and lines 30 and 31.	2 410 021	2 600 032	
uces	24 25	Unrestricted Temporaryly contrated	2,419,921.	2,600,032.	
Balan		Temporarily restricted Permanently restricted			<u> </u>
9	20	Foundations that do not follow SFAS 117, check here			
Fund		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ass	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances	2,419,921.	2,600,032.	
_					
	31	Total liabilities and net assets/fund balances	2,419,921.	2,600,032.	
P	art	Analysis of Changes in Net Assets or Fund Ba	lances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30	· ·	T
		t agree with end-of-year figure reported on prior year's return)		1	2,419,921.
		amount from Part I, line 27a		2	185,001.
		increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	2,604,922.
		eases not included in line 2 (itemize)	SEE STA	ATEMENT 6 5	4,890.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	2,600,032.
					Form 990-PF (2018)

CHARITABLE FOUNDATION

П	Part IV Capital Gains	and Losses for Tax on In	vestment	Income		•			· ugo u
	(a) List and describe 2-story brick w	the kind(s) of property sold (for exar arehouse; or common stock, 200 shs	mple, real esta . MLC Co.)	te,	(b) H	low acquired - Purchase - Donation		acquired lay, yr.)	(d) Date sold (mo., day, yr.)
18	WELLS FARGO -	SHORT TERM				2011011		• •	
_	WELLS FARGO -	LONG TERM	•						
_	CAPITAL GAINS	DIVIDENDS			ļ				
_	<u> </u>								
_	<u> </u>			·	Ц,				
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss s (f) minus	(g))
				40,73					3,200.
_1				386,38	1.				74,068.
_		<u> </u>			\dashv				6,488.
_					\dashv				
_		ng gain in column (h) and owned by t	he foundation	on 12/31/69			I) Cause (C	Col. (b) gain	minus
_	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (1)			l. (k), but i	Col. (h) gain not less tha (from col. (n -0-) or
	1				<u> </u>				3,200.
									74,068.
_	;								6,488.
_	1								
_	9								
2	Capital gain net income or (net ca	apital loss) $ \begin{cases} & \text{if gain, also enter} \\ & \text{if (loss), enter } -0 \end{cases} $	n Part I, line In Part I, line	7 7	}	2	····		83,756.
3		ss) as defined in sections 1222(5) an	d (6):		٦.				
	If gain, also enter in Part I, line 8,				 			NT / 3	
П	If (loss), enter -0- in Part I, line 8 art V Qualification U	Inder Section 4940(e) for	Reduced	Tax on Net	nve	stment Inc	ome	N/A	
_		e foundations subject to the section 4							
			orola) lax on	net myestment m		,			
lf	section 4940(d)(2) applies, leave t	his part blank.							
W	as the foundation liable for the sec	tion 4942 tax on the distributable am	ount of any ye	ar in the base per	od?				Yes X No
		fy under section 4940(e). Do not com							
1	``````	each column for each year; see the in	structions bef	ore making any er	ntries.				14)
	(a) Base period years	ng in) Adjusted qualifying dist	tributions	Net value of no	(c)	table-use assets		Distrib	(d) outlon ratio
_	Calendar year (or tax year beginni			Net value of the				(col. (b) div	/ided by col. (c))
_	2017 2016		1,146. 9,073.			,931,373 ,337,798			.430339 .401691
_	2015		0,986.			095,686			.458554
_	2014		6,235.			249,584		=	.460634
_	2013		2,906.			482,932			.468360
		· · · · · · · · · · · · · · · · · · ·				<u> </u>			
2	Total of line 1, column (d)						2		2.219578
3	Average distribution ratio for the	5-year base period - divide the total of	on line 2 by 5.0), or by the numbe	er of y	ears			
	the foundation has been in existe	nce if less than 5 years					3		.443916
4	Enter the net value of noncharitat	ole-use assets for 2018 from Part X, I	ine 5				4	ļ	<u>2,457,737.</u>
_	M. D. L. L. A. A. L. L. A. A.						_		1 001 020
5	Multiply line 4 by line 3						5	-	1,091,029.
c	Enter 10/, of not investment incom	no / 19/, of Part I line 27h\							936.
0	Enter 1% of net investment incon	110 (170 UI FAIL I, IIIIE 270)					6	 	930.
7	Add lines 5 and 6						7		1,091,965.
•	mico o una o						<u> </u>	<u> </u>	_, -, -, -, -, -, -, -, -, -, -, -, -, -,
8	Enter qualifying distributions from						8	<u> </u>	907,054.
	If line 8 is equal to or greater that	n line 7, check the box in Part VI, line	1b, and comp	lete that part usin	g a 1%	6 tax rate.			

VAN KAMPEN BOYER MOLINARI

Form 990-PF (2018) CHARITABLE FOUNDATION [Part VI Excise Tax Based on Investment Income (Section 4)	20-119 940(a), 4940(b), 4940(e), or 4948 - see	90854 Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here a	and enter "N/A" on line 1.	
Date of ruling or determination letter: (attach copy of letter i	1 1 1	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1,872.
of Part I, line 27b		
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter	er 4% of Part I, line 12, col. (b).	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	y; others, enter -0-)	<u> </u>
3 Add lines 1 and 2	3	1,872.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations on	nly; others, enter -0-)	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	1,872.
6 Credits/Payments:		
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a 4,258.	
b Exempt foreign organizations - tax withheld at source	6b 0.	
c Tax paid with application for extension of time to file (Form 8868)	6c 0.	
d Backup withholding erroneously withheld	6d O.	4 050
7 Total credits and payments. Add lines 6a through 6d	7	4,258.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is		0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9	0.206
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpa		2,386.
11 Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ Part VII-A Statements Regarding Activities	2,386. Refunded ▶ 11	0.
<u> </u>		Yes No
1a During the tax year, did the foundation attempt to influence any national, state, or local	legislation or did it participate or intervene in	
any political campaign?		1a X
b Did it spend more than \$100 during the year (either directly or indirectly) for political pi		1b X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and cop	des of any materials published or	
distributed by the foundation in connection with the activities.		1c X
c Did the foundation file Form 1120-POL for this year?	a the warm	1c X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during (1) On the foundation. ▶ \$ 0 • (2) On foundation mana		
e Enter the reimbursement (if any) paid by the foundation during the year for political exp managers. > \$ 0 •	definiture tax imposed on foundation	
2 Has the foundation engaged in any activities that have not previously been reported to t	the IDS2	2 X
If "Yes," attach a detailed description of the activities.	me mo:	
3 Has the foundation made any changes, not previously reported to the IRS, in its govern	ung instrument articles of incorporation or	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3 X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the		4a X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b
5 Was there a liquidation, termination, dissolution, or substantial contraction during the y		5 X
If "Yes," attach the statement required by General Instruction T.		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfic	ed either:	
By language in the governing instrument, or		
By state legislation that effectively amends the governing instrument so that no mand	datory directions that conflict with the state law	
remain in the governing instrument?	•	6 X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," o	complete Part II, col. (c), and Part XV	7 X
	, , , ,	
8a Enter the states to which the foundation reports or with which it is registered. See instr	uctions. ►	_
IL,MI		_
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to t	the Attorney General (or designate)	1 1 1 1 1 1 1 1 1
of each state as required by General Instruction G? If "No," attach explanation		8b X
9 Is the foundation claiming status as a private operating foundation within the meaning		<u> </u>
year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,"		9 X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a se	chedule listing their names and addresses	10 X
		Form 990-PF (2018)

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P	It VII-A Statements Regarding Activities (continued)			
			Yes	No
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		X
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address VANKAMPENFOUNDATION.ORG			
14	The books are in care of ► KATIE PORTER Telephone no. ► 231-86	5-6	000	
	Located at ▶5440 FARR ROAD, FRUITPORT, MI ZIP+4 ▶49			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			$\overline{\Box}$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
-	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	rt 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?	1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	[
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	ľ		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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 X 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.)			
h	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		X
	Organizations relying on a current notice regarding disaster assistance, check here	- ''' -		 -
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
٠	before the first day of the tax year beginning in 2018?	1c		X
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)):	1		
2	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?	ŀ		
	If "Yes," list the years ▶			
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
Ī	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.) N/A	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.	<u></u>		
•	The provisions of seeding 4542(a/c) are being applied to any of the years hated in 2a, list the years here.			ľ
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		_	
-	during the year? Yes X No			
Ь	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.) N/A	3b		
An	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	70		**
u	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		Х
)_PF	(2018)

Part VII-	B Statements Regarding Activities for Which	Form 4720 May Be Re	equired _{(contin}	ued)		
5a During	the year, did the foundation pay or incur any amount to:				Ye	s No
	rry on propaganda, or otherwise attempt to influence legislation (secti	,		es X No		
(2) ' Inf	fluence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire				
	y voter registration drive?	_		es X No		
	ovide a grant to an individual for travel, study, or other similar purposi		Y	es X No		
	ovide a grant to an organization other than a charitable, etc., organizat	ion described in section		 		
	45(d)(4)(A)? See instructions			es X No		
٠,,	ovide for any purpose other than religious, charitable, scientific, literar	y, or educational purposes, or to		es X No		
	e prevention of cruelty to children or animals? inswer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify i	under the exceptions described :	—··	8 🕰 NO		
-	inswer is "Yes" to ba(1)-(b), did any of the transactions fail to qualify to 153.4945 or in a current notice regarding disaster assistance? See ins	·	n neguidiiUIIS	N/A	5b	+
	zations relying on a current notice regarding disaster assistance, check			→	-	
•	nswer is "Yes" to question 5a(4), does the foundation claim exemption		ned			
	liture responsibility for the grant?		// A □ γ	es 🔲 No		
•	attach the statement required by Regulations section 53.4945-5(d).					
	foundation, during the year, receive any funds, directly or indirectly, t	o pay premiums on				
	onal benefit contract?		Y	es 🗓 No		
b Did the	foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	X
If "Yes"	to 6b, file Form 8870.			[
-	time during the tax year, was the foundation a party to a prohibited tax		Y	es X No		4
	did the foundation receive any proceeds or have any net income attri			N/A	7b	
	oundation subject to the section 4960 tax on payment(s) of more than	\$1,000,000 in remuneration or				
excess Part VIII	parachute payment(s) during the year?	toon Compatition \$4		es X No		
rait VIII	Information About Officers, Directors, Trus Paid Employees, and Contractors	tees, roundation Mar	iagers, mignly			
1 List all	officers, directors, trustees, and foundation managers and	their compensation.				
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	xpense nt, other
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accoul	nt, other vances
KIMBER	RLY VAN KAMPEN BOYER		IRECTOR			
	SOUTHFIELDS ROAD					
	IGTON, FL 33414	0.20	0.	0.		0.
	L WILLIAM MOLINARI	DIRECTOR				
	SOUTHFIELDS ROAD					^
	IGTON, FL 33414	0.20	0.	0.		0.
	CK MOLINARI ESQ	_ATTORNEY				
	CHESTNUT AVE #903	- A AA		_		Λ
CHICAG	O, IL 60611	0.20	0.	0.	+	0.
		\dashv				
		\dashv				
2 Compe	nsation of five highest-paid employees (other than those in	ncluded on line 1). If none,	enter "NONE."	1		
				(d) Contributions to employee benefit plans and deferred compensation	(e) E	xpense
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	and deferred compensation	accou	xpense nt, other vances
	NONE					
			ļ		<u> </u>	
		_				
				 		
		\dashv				
			 	<u> </u>		
		-				
T-4-1	or of other ampleyees and over \$50,000	<u> </u>			1	0
i otal numb	er of other employees paid over \$50,000	<u> </u>		Carr	n 990-P	
				Fori	33U-F	(2018)

CHARITABLE FOUNDATION

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE	-	· · · · · · · · · · · · · · · · · · ·
	-	
		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	<u> </u>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 EVENT SPONSORSHIP FOR AMERICAN EQUESTRIANS GOT TALENT - TAX-EXEMPT ORGANIZATION'S FUNDRAISING EVENT		
EVENT SPONSORSHIP FOR MUSKEGON SUPPORT SERVICES - TAX-EXEMPT		97,161.
ORGANIZATION'S FUNDRAISING EVENT.	-	
	7	39,239.
3 EVENT SPONSORSHIP FOR UNITED STATES PRE ASSOCIATION -		
TAX-EXEMPT ORGANIZATION'S FUNDRAISING EVENT	_	00 005
4 EVENT SPONSORSHIP FOR DRESSAGE 4 KIDS - TAX-EXEMPT	+	99,995.
ORGANIZATION'S FUNDRAISING EVENT	\dashv	
		59,976.
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 <u>N/A</u>	-	
	\dashv	
2		
	\exists	
All other program-related investments. See instructions. 3		
<u> </u>		
Total. Add lines 1 through 3	▶	0.

ĮP.	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	5 ;	,
а	Average monthly fair market value of securities	1a	1,080,960.
b	Average of monthly cash balances	1b	569,441.
C	Fair market value of all other assets	1c	844,763.
d	Total (add lines 1a, b, and c)	1d	2,495,164.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) <u>1e</u> 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,495,164.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	37,427.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,457,737.
6	Minimum investment return. Enter 5% of line 5	6	122,887.
P	art·XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here ▶ and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	122,887.
2a	Tax on investment income for 2018 from Part VI, line 5		· · · · · · · · · · · · · · · · · · ·
b	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,872.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	121,015.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	121,015.
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 XIII, line 1	7	121,015.
P	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	907,054.
b	Program-related investments - total from Part IX-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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	907,054.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	907,054.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for	the section

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4940(e) reduction of tax in those years.

VAN KAMPEN BOYER MOLINARI

CHARITABLE FOUNDATION

Part XIII Undistributed Income (s	see instructions)			
	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				121,015.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only		.,,	0.	<u> </u>
b Total for prior years:				
Evenes distributions corrector if any to 2019:		0.	····	
3 Excess distributions carryover, if any, to 2018:				
a From 2013 b From 2014 1,040,679. 924,942.				
b From 2014 924,942. c From 2015 856,239.				
d From 2016 822, 486.				
e From 2017 735,381.				
f Total of lines 3a through e	4,379,727.			
4 Qualifying distributions for 2018 from	2,373,7276			
Part XII, line 4: ►\$ 907,054.				
a Applied to 2017, 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 2018 distributable amount				121,015.
e Remaining amount distributed out of corpus	786,039.		7	•
5 Excess distributions carryover applied to 2018	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below;				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,165,766.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		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		<u> </u>		
amount - see instructions		0.		
e Undistributed income for 2017. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				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 2013				
not applied on line 5 or line 7	1,040,679.			
9 Excess distributions carryover to 2019				
Subtract lines 7 and 8 from line 6a	4,125,087.			
10 Analysis of line 9:				
a Excess from 2014 924, 942.				
b Excess from 2015 856, 239.				
c Excess from 2016 822,486.				
d Excess from 2017 735,381.				
<u>e Excess from 2018</u> 786,039.	l l			

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Form 990-PF (2018) CHARIT	ABLE FOUNDAT	ION		20-11	90854 Page 10
Part XIV Private Operating			l-A, question 9)	N/A	
1 a If the foundation has received a ruling	or determination letter tha	t it is a private operating			$\overline{}$
foundation, and the ruling is effective	for 2018, enter the date of	the ruling	▶ <u></u>		
b Check box to indicate whether the fou	nd <u>ation is a private operatii</u>	ng foundation described i		4942(j)(3) or 49	42(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
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			<u> </u>		
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)			ļ		
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed	/		<u> </u>		
c "Support" alternative test - enter:					
 Total support other than gross investment income (interest, 					
dividends, rents, payments on					
securities loans√section					
512(a)(5)), or royalties)			<u> </u>		
(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 Inf	ormation (Comple	te this part only	if the foundation	had \$5 000 or mor	e in assets
at any time during			i die iodiidation	111aa 40,000 o 1 11101	c in docto
			- .		
 Information Regarding Foundat List any managers of the foundation w 	-	than 20% of the total cont	ributions received by th	a foundation hafore the clos	e of any tay
year (but only if they have contributed			indutions received by th	e louridation before the clos	5 Of ally lax
NONE	, , , , , , , , , , , , , , , , , , ,				
b List any managers of the foundation v	who own 10% or more of th	ne stock of a corporation	(or an equally large nor	on of the ownership of a na	rtnershin or
other entity) of which the foundation i			(or an oquany large poin	on or the ownership or a pa	oromp or
NONE	•				
2 Information Regarding Contribu	ition, Grant, Gift, Loan	Scholarship, etc., Pr	ograms:		
. 🗂			-	not accept unsolicited reque	ests for funds. If
the foundation makes gifts, grants, etc					
a The name, address, and telephone nu	mber or email address of the	he person to whom applic	cations should be addre	ssed:	
SEE STATEMENT 9					
b The form in which applications should	be submitted and informa	ition and materials they s	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awa	rds, such as by geographic	al areas, charitable fields	, kinds of institutions, o	r other factors:	

A Company Company Company		D		
3 Grants and Contributions Paid During the Y	If recipient is an individual,	Payment	- 	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
BROOKE USA	NONE	TAX-EXEMPT	GENERAL SUPPORT	
4089 IRON WORKS PKWY				
LEXINGTON, KY 40511				1,000.
DISCOVER DRESSAGE	NONE	TAX-EXEMPT	GENERAL SUPPORT	
12788 W FOREST HILL BLVD SUITE 1003				
WELLINGTON, FL 33414	 			6,480.
EQUESTRIAN AID FOUNDATION	NONE	TAX-EXEMPT	DISABLED SERVICES	
12773 FOREST HILLS	HONE	TAX-EXEMPT	PROGRAM	
WELLINGTON, FL 33414				8,500.
				
FIDELITY GIFT FUND	NONE	TAX-EXEMPT	INDEPENDENT PUBLIC	
PO BOX 770001			CHARITY	05 000
CINCINNATI, OH 45277-0053				25,000.
HANNAH AND FRIENDS	NONE	TAX-EXEMPT	GENERAL SUPPORT	
51250 HOLLYHOCK ROAD				
SOUTH BEND, IN 46637	<u> </u>			1,500.
Total SEE CO	NTINUATION SHEE	<u>T(S)</u>	► 3a	362,980.
b Approved for future payment				
MONE	,			
NONE				
			<u>'</u>	
	L			
Total			▶ 3b Fo	0. orm 990-PF (2018)

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iter gross amounts unless otherwise indicated.	Unrelated I	ousiness income		by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
	Couc		+		
			1 1		
				_	
d					
e			 		
g Fees and contracts from government agencies		<u>-</u>	 		<u></u>
Membership dues and assessments			+		
Interest on savings and temporary cash	+	···	† †		
			14	2 594	
Investments			14	2,594.	
Dividends and interest from securities			1 4	20,203.	
Net rental income or (loss) from real estate:		· .,	+ +	3	
a Debt-financed property			+ +-		
b Not debt-financed property			+		
Net rental income or (loss) from personal					
property			+ +		
Other investment income			 		· · · · · · · · · · · · · · · · · · ·
Gain or (loss) from sales of assets other				00 756	
than inventory			18	83,756.	
Net income or (loss) from special events			+		
Gross profit or (loss) from sales of inventory			 		
Other revenue:					
a			\vdash		
b			-		
			-		
C					
c			+ +		
de				440 550	
de Subtotal. Add columns (b), (d), and (e)		0.		112,553.	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0.		112,553.	112,55
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0.			112,55
de Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculati	ions.)			13	112,55
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate art XVI-B Relationship of Activity	ties to the Accom	plishment of Excolumn (e) of Part XVI-A	empt Pı	13	112,55
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate art XVI-B Relationship of Activit ne No. Explain below how each activity for whi	ties to the Accom	plishment of Excolumn (e) of Part XVI-A	empt Pı	13	112,55
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate art XVI-B Relationship of Activit ne No. Explain below how each activity for whi	ties to the Accom	plishment of Excolumn (e) of Part XVI-A	empt Pı	13	112,553
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate art XVI-B Relationship of Activit ne No. Explain below how each activity for whi	ties to the Accom	plishment of Excolumn (e) of Part XVI-A	empt Pı	13	112,55
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate art XVI-B Relationship of Activit ne No. Explain below how each activity for whi	ties to the Accom	plishment of Excolumn (e) of Part XVI-A	empt Pı	13	112,55
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate art XVI-B Relationship of Activit ne No. Explain below how each activity for whi	ties to the Accom	plishment of Excolumn (e) of Part XVI-A	empt Pı	13	112,55
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate art XVI-B Relationship of Activit ne No. Explain below how each activity for whi	ties to the Accom	plishment of Excolumn (e) of Part XVI-A	empt Pı	13	112,55
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate art XVI-B Relationship of Activit ne No. Explain below how each activity for whi	ties to the Accom	plishment of Excolumn (e) of Part XVI-A	empt Pı	13	112,55
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate art XVI-B Relationship of Activit ne No. Explain below how each activity for whi	ties to the Accom	plishment of Excolumn (e) of Part XVI-A	empt Pı	13	112,55
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate art XVI-B Relationship of Activit ne No. Explain below how each activity for whi	ties to the Accom	plishment of Excolumn (e) of Part XVI-A	empt Pı	13	112,55
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate art XVI-B Relationship of Activit ne No. Explain below how each activity for whi	ties to the Accom	plishment of Excolumn (e) of Part XVI-A	empt Pı	13	112,55
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate art XVI-B Relationship of Activit ne No. Explain below how each activity for whi	ties to the Accom	plishment of Excolumn (e) of Part XVI-A	empt Pı	13	112,55
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate art XVI-B Relationship of Activit ne No. Explain below how each activity for whi	ties to the Accom	plishment of Excolumn (e) of Part XVI-A	empt Pı	13	112,55
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate art XVI-B Relationship of Activit ne No. Explain below how each activity for whi	ties to the Accom	plishment of Excolumn (e) of Part XVI-A	empt Pı	13	112,55
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate art XVI-B Relationship of Activit ne No. Explain below how each activity for whi	ties to the Accom	plishment of Excolumn (e) of Part XVI-A	empt Pı	13	112,55
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate art XVI-B Relationship of Activit ne No. Explain below how each activity for whi	ties to the Accom	plishment of Excolumn (e) of Part XVI-A	empt Pı	13	112,55

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CHARITABLE FOUNDATION

Page 13

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

(C) a Ti (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	other than ransfers 1) Cash 2) Other ther tran 1) Sales 2) Purch 3) Renta 4) Reiml 5) Loans 6) Perfor haring of the ansy	n section 501(c)(3) organifrom the reporting foundar assets sactions: of assets to a noncharitate hases of assets from a noral of facilities, equipment, obursement arrangements or loan guarantees fracilities, equipment, mail wer to any of the above is	izations) or in section to a noncharitation to a noncharitation to a noncharitation of the exempt of the control of the contro	on 527, relating ble exempt org tion organization sing solicitation ets, or paid em following sche	ns	ways show the fair r	market value of the goo		X X X X X X X X X
		I) the value of the goods, o		·					
(a) Line	no	(b) Amount involved	(c) Name o		exempt organization	(d) Description	n of transfers, transactions,	and sharing arrangemen	ts
	\bot			N/A					
	\bot					1			
					• • • • • • • • • • • • • • • • • • • •				
	+								
	+								
	+	<u> </u>			-	+			
	+					+			
					<u> </u>	+			
						+	-	· <u> </u>	
				·					
	+					-			
	+								
							·		
	-+-							.,	
		ndation directly or indirect 501(c) (other than section	•		or more tax-exempt organi	zations described		Yes X	No
b If	"Yes," co	omplete the following sche	edule.			1			
		(a) Name of org	anization		(b) Type of organization		(c) Description of relat	tionship	
		N/A							
			$\overline{}$						
					,	 			
	Lindor	penalties of periliny Lideclare ti	hat I have everybard this	rotura including	accompanying schedules and st	estaments, and to the be	est of my knowledge		
Sigr Here	and be	ellet in True, correct, and com	plete Declaration of pre	eparer (other than	taxpayer) is this section all information of the Date	PRESII	as any knowledge	May the IRS discuss t return with the prepare shown below? See ins	er 📗
	•	Print/Type preparer's na	me	Preparer's s	gnature	Date	Check If P	TIN	
		JOHN P. PR	IDNIA,				self- employed		
Paic		CPA			. PRIDNIA,	11/04/19		P00024592	
-	oarer	Firm's name ► REH	MANN ROBS	ON LLC			Firm's EIN ► 38	-363 <u>5706</u>	- -
Use	Only								
		Firm's address ► 57		-					
		MU	SKEGON, M	II 4944	4		Phone no. 231		
								Form 990-PF	(2018)

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual,	Foundation	Purpose of great or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
			,	
HORSES AND HOUNDS FOUNDATION	NONE	TAX-EXEMPT	GENERAL SUPPORT	
11399 PIPING PLOVER ROAD				
LAKE WORTH, FL 33449				66,00
MUSKEGON MUSEUM OF ART	NONE	TAX-EXEMPT	ART MUSEUM PROGRAMS	
296 W WEBSTER			1	
MUSKEGON, MI 49440		ļ		31,00
PET HAVEN RESCUE	NONE	TAX-EXEMPT	GENERAL SUPPORT	
1128 ROYAL PALM BEACH BLVD				
WEST PALM BEACH, FL 33411		<u> </u>	-	1,50
UNITED STATES PRE ASSOCIATION	NONE	TAX-EXEMPT	EDUCATIONAL PROGRAMS	
11360 FORTUNE CIRCLE			1	
WELLINGTON, FL 33414				20,00
VINCEREMOS THERAPEUTIC RIDING CENTER	NONE	TAX-EXEMPT	DISABLED SERVICES	
1330 6TH COURT NORTH			PROGRAMS	10.00
LOXAHATCHEE, FL 33470			-	10,00
UNITED STATES EQUESTRIAN TEAM	NONE	TAX-EXEMPT	EQUESTRIAN TRAINING	
4047 IRON WORKS PKWY LEXINGTON, KY 40511			AND SUPPORT PROGRAM	65,00
MARINGTON, NI 40311				03,00
			annent avenage	
ANN ROMNEY FOUNDATION 75 FRANCIS STREET	NONE	TAX-EXEMPT	GENERAL SUPPORT	
BOSTON, MA 02115				5,00
DRESSAGE 4 KIDS .	NONE	TAX-EXEMPT	YOUTH DEVELOPMENT	
25 LAKE DR			PROGRAMS	
BEDFORD, NY 10506				85,00
BOYS & GIRLS CLUB MUSKEGON	NONE	TAX-EXEMPT	GENERAL SUPPORT	
PO BOX 1312				
MUSKEGON, MI 49443				25,00
AMERICAN LEGION	NONE	TAX-EXEMPT	GENERAL SUPPORT	
700 S HARBOR DR,				2,00
GRAND HAVEN, MI 49417 Total from continuation sheets	1	1		320,50

VAN KAMPEN BOYER MOLINARI CHARITABLE FOUNDATION

20-1190854

Part XV Supplementary Information 3 Grants and Contributions Paid During the				F
Recipient		Fau- 4-4	Dumans of seast an	
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
	Of Substantial Contributor	Toolpion		
KIDS FOOD BASKET	NONE	TAX-EXEMPT	GENERAL SUPPORT	
2055 OAK INDUSTRIAL DR NE	•			5
GRAND RAPIDS, MI 49505		<u> </u>	-	5,000.
BBBS OF WEST MICHIGAN	NONE	TAX-EXEMPT	GENERAL SUPPORT	
4265 GRAND HAVEN RD #201				
NORTON SHORES, MI 49441		<u> </u>	-	5,000.
		ļ		
		· · · · · · · · · · · · · · · · · · ·		
		}		
		 		
)			
		<u>.</u>		<u> </u>
•				
Total from continuation sheets				

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Name of the organization

n VAN KAMPEN BOYER MOLINARI

CHARITABLE FOUNDATION

Employer identification number

20-1190854

Organiza	ation type (check o	ne)
Filers of:	:	Section:
Form 990	or 990-EZ	501(c)() (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990)·PF	(7(a)(1) nonexempt charitable trust not treated as a private foundation political organization (a)(3) exempt private foundation (b)(3) exempt private foundation (c)(3) exempt private foundation (c)(3) taxable private foundation (c)(4) true General Rule or a Special Rule. (c)(4) organization can check boxes for both the General Rule and a Special Rule See instructions (c)(4) true for general Rule and a Special Rule See instructions (c)(5) true for general Rule See instructions for determining a contributor's total contributions. (c)(6) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (c)(4) (v), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; plete Parts I and II. (c) in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the entire training the for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box I contributions that were received during the year for an exclusively religious, charitable, etc., for the parts unless the General Rule applies to this organization because it received nonexclusively
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions
General	Ruĺe	
	-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special l	Rules	
	sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1 Complete Parts I and II.
	year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),
	year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 if this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
Caution:	: An organization th	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

VAN KAMPEN BOYER MOLINARI CHARITABLE FOUNDATION

Employer identification number

20-1190854

Part I	Contributors (see instructions) Use duplicate copies of Part I if ad	Iditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JUDITH VAN KAMPEN TRUST 407 S THIRD STREET, SUITE 230 GENEVA, IL 60134	\$ <u>1,000,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person, Payroll, Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)

Name of organization

VAN KAMPEN BOYER MOLINARI

CHARITABLE FOUNDATION

Employer identification number

20-1190854

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization **Employer identification number** VAN KAMPEN BOYER MOLINARI 20-1190854 CHARITABLE FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEMI	PORARY (CASH IN	VESTMENTS	STATEMENT 1
SOURCE	(A REVEI PER BO	NUE	(B) NET INVESTMENT INCOME		(C) T ADJUSTED NET INCOME	
FIFTH THIRD PRIVATE WELLS FARGO		1,472. 1,122. 2,594.		1,472. 1,122.		
TOTAL TO PART I, LI				2,594.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM	1 SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	REV	(A) JENUE BOOKS	(B) NET INVEST MENT INCOM	
WELLS FARGO WELLS FARGO	26,203 6,488			26,203.	26,20	3. 0.
TO PART I, LINE 4	32,691	6,48	8	26,203.	26,20	3.
FORM 990-PF		ACCOUNTI	NG FEES			STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INV MENT IN	VEST-	(C) ADJUSTED NET INCOM	(D) CHARITABLE E PURPOSES
ACCOUNTING FEES	_	5,335.		5,335.		0.
TO FORM 990-PF, PG	1, LN 16B	5,335.		5,335.		0.
FORM 990-PF		TAX	ES	_		STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INV MENT II	VEST-	(C) ADJUSTED NET INCOM	
FOREIGN TAXES		272.		272.		0.
TO FORM 990-PF, PG	1, LN 18	272.		272.		0.
TO FORM 990-PF, PG	= 1, LN 18	212.		414.		

FORM 990-PF	OTHER E	XPENSES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT EXPENSES EVENT SPONSORSHIP MISCELLANEOUS OFFICE SUPPLIES WEBSITE FEE MISC FEES	13,342. 541,614. 1,119. 2,245. 215.	0. 0. 0.		0. 541,614. 0. 2,245. 215.	
TO FORM 990-PF, PG 1, LN 23	558,690.	13,342.		544,074.	

FORM 990-PF OTHER DECREASES IN NET	ASSETS OR	FUND BALANCES	STATEMENT 6
DESCRIPTION			AMOUNT
BOOK TO TAX ADJUSTMENT - ACCRUED INTE	REST		4,890.
TOTAL TO FORM 990-PF, PART III, LINE	5		4,890.
FORM 990-PF CORPO	RATE STOCK		STATEMENT 7
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
COMMON STOCK - WELLS FARGO		1,060,142.	1,037,039.
TOTAL TO FORM 990-PF, PART II, LINE 1	.0В	1,060,142.	1,037,039.
FORM 990-PF CORPO	RATE BONDS		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS - WELLS FARGO		418,989.	377,568.
TOTAL TO FORM 990-PF, PART II, LINE 1	0C	418,989.	377,568.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 9

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JOAN M MACK 5440 FARR RD FRUITPORT, MI 49415

TELEPHONE NUMBER

231-865-6000

FORM AND CONTENT OF APPLICATIONS

A PRESCRIBED APPLICATION FORM REQUESTING INFORMATION PERTAINING ONLY TO THE APPLICANT'S CREDENTIALS AND PROJECT GOALS.

ANY SUBMISSION DEADLINES

APPLICATIONS FOR FUNDING MAY BE ACCEPTED THROUGHOUT THE YEAR.

RESTRICTIONS AND LIMITATIONS ON AWARDS

THERE ARE NO RESTRICTIONS OR LIMITATIONS ON GRANTS, OTHER THAN, THAT GRANTS ARE TO BE EXPENDED EXCLUSIVELY IN FURTHERANCE OF THOSE GOALS SPECIFIED IN THE GRANT APPLICATION.