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OMB No 1545-0052

2018

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

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

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 01-01-20)18 , ar	nd ending 12-31-	2018			
		ındatıon Deffenbaugh Foundation		A Employer ide	entification numbe	r		
c/	o Charle	es E Wetzler - Trustee ES E WETZLER		26-6095573				
		d street (or P O box number if mail is not delivered to street address) st 135th Street	Room/suite	B Telephone nu	B Telephone number (see instructions)			
			(913) 814-3830	(913) 814-3830				
		n, state or province, country, and ZIP or foreign postal code S 66224		C If exemption	application is pending	g, check here		
		that apply	former public charity	D.1 Foreign er	ganizations, check he	,		
G CI	теск ат	ll that apply	-		ganizations, crieck ne ganizations meeting	▶ ⊔		
		☐ Address change ☐ Name change			k here and attach cor			
H C	neck tv	pe of organization ✓ Section 501(c)(3) exempt private	foundation		indation status was t n 507(b)(1)(A), chec			
_	,	1 4947(a)(1) nonexempt charitable trust Other taxable		under section	11 307(b)(1)(A), cliec	Kilere - —		
			☐ Cash ☑ Accru		ition is in a 60-month			
		from Part II, col(c), ▶\$ 47,690,528 ☐ Other (specify)		under sectioi	n 507(b)(1)(B), chec	k here		
	,	(Part I, column (d) must	be on cash basis)					
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable		
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	income	income	purposes (cash basis only)		
	1	Contributions, gifts, grants, etc , received (attach				(cash basis only)		
		schedule)	6,042,486					
	2	Check ► ☐ If the foundation is not required to attach Sch B						
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities	938,761	934,794				
	5a	Gross rents						
Revenue	ь	Net rental income or (loss)	•					
	6a	Net gain or (loss) from sale of assets not on line 10	1,514,056					
	b	Gross sales price for all assets on line 6a 7,305,387						
Re	7	Capital gain net income (from Part IV, line 2)		1,514,056				
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less Cost of goods sold						
	C	Gross profit or (loss) (attach schedule)	M 1					
	11	Other income (attach schedule)	1,402	·				
	12	Total. Add lines 1 through 11	8,496,705					
	13 14	Compensation of officers, directors, trustees, etc Other employee salaries and wages	0					
v.	15	Other employee salaries and wages						
Se	16a	Legal fees (attach schedule)	380	0	0	380		
<u>e</u>	ь	Accounting fees (attach schedule)	4,750	47	0	4,703		
and Administrative Expenses	c	Other professional fees (attach schedule)	751,539	381,271		370,268		
tıve	17	Interest	2,375	2,375				
stra	18	Taxes (attach schedule) (see instructions)	119,506	30,172				
illi	19	Depreciation (attach schedule) and depletion						
e	20	Occupancy						
ΨD	21	Travel, conferences, and meetings						
an	22	Printing and publications	06.1					
ting	23	Other expenses (attach schedule)	23,447	23,428				
Operating	24	Total operating and administrative expenses.	001 007	427 202	_	275 254		
ă	25	Add lines 13 through 23	901,997	·	0	375,351 1,382,400		
	26	Total expenses and disbursements. Add lines 24 and	1,332,400			1,302,400		
		25	2,284,397	437,293	0	1,757,751		
	27	Subtract line 26 from line 12						
	а	Excess of revenue over expenses and disbursements	6,212,308					
	ь	Net investment income (If negative, enter -0-)		2,012,959				
	С	Adjusted net income (If negative, enter -0-)						
For	Paper	work Reduction Act Notice, see instructions.		Cat No 11289X	For	m 990-PF (2018)		

34,457,179

5,255,729

19,792

352,643

352,643

46,765,321

46,765,321

47,117,964

47,117,964

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35,356,394

4.531.614

47,693,528

10,025

10,025

47,683,503

47,683,503

47,693,528

2

3

4

5

46,765,321

6,212,308

52,977,629

5,294,126

47,683,503 Form 990-PF (2018)

11,298

35,356,394

4.528.614

11,298

47,690,528

Assets	

5

6

7

8 a

10a

b

C

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

28

29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

3

5

Less allowance for doubtful accounts

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Unrestricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize)

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Temporarily restricted

Grants payable

Receivables due from officers, directors, trustees, and other

Other notes and loans receivable (attach schedule)

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule) ▶

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

disqualified persons (attach schedule) (see instructions)

Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here ▶ ✓

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Analysis of Changes in Net Assets or Fund Balances

	e the kınd(s) of property sold (e g , ırehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a MERRILL LYNCH 4104			P		2018-12-31
b MERRILL LYNCH 4104			Р		2018-12-31
c CAPITAL GAIN DIVIDEND	os		Р		
d					
e					
	(f)	(9	1)	(1	h)
(e) Gross sales price	Depreciation allowed	Cost or ot			r (loss)
·	(or allowable)	plus exper) minus (g)
a 1,90	8,013		1,628,395		283,069
b 5,31	1,907		4,442,482		874,392
С					358,534
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation or	n 12/31/69	(1)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess o over col	fcol (ı)	Gains (Col (l col (k), but not	h) gain minus less than -0-) or om col (h))
	43 01 12/31/03	OVER COLL	()), ii aiiy	200000 (279,618
a b					869,425
					009,423
<u> </u>					
d					
e					
2 Capital gain net income	or (net capital loss)	If gain, also enter in Par If (loss), enter -0- in Pa		2	1,514,056
•	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	. , . ,	}	3	
Part V Qualification L	Jnder Section 4940(e) for Re	educed Tax on Net I	nvestment Inc	come	
	rivate foundations subject to the sec				
(· · · · · · · · · · · · · · · · · · ·				- ,	
If section 4940(d)(2) applies, le	eave this part blank				
	e section 4942 tax on the distributa ot qualify under section 4940(e) Do		n the base period?	γ	es 🔽 No
1 Enter the appropriate an	nount in each column for each year,	see instructions before r	making any entries	5	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable	-use assets	(d) Distribution rati (col (b) divided by c	
2017	731,215	;	38,457,776		0 019013
2016	135,790		28,797,123		0 004715
2015	1,878,536		21,371,981		0 087897
2014	1,138,700		17,662,034		0 064472
2013	2,325,321	:	16,049,206		0 144887
2 Total of line 1, column (c			2		0 320984
3 Average distribution ratio	ofor the 5-year base period—divide indetended in factorial for the following the following for the factorial factorial for the factorial f		′ ′ -		0 064197
	ncharıtable-use assets for 2018 fron		4		45,767,082
5 Multiply line 4 by line 3			5		2,938,109
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		20,130
			7		2,958,239
8 Enter qualifying distributi	ons from Part XII, line 4 ,		8		1,757,751
	eater than line 7, check the box in Pa		lete that part usin	g a 1% tax rate Se	
instructions				Fc	orm 990-PF (2018)

Page **6**

5a	During the year did the foundation p	pay o	r incur any amount to						Yes	No
	(1) Carry on propaganda, or otherw	vise a	ttempt to influence legisl	ation (section 4945(e))?		□ ves	✓ r	No.		
	(2) Influence the outcome of any sp		□ les	ا ت	10					
	on, directly or indirectly, any voter registration drive? Yes Vo							No.		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?									
	(4) Provide a grant to an organizati	ion ot	her than a charitable, etc	, organization described	4			•		
	ın section 4945(d)(4)(A)? See ir	nstrud	tions			☐ Yes	✓ 1	No l		
	(5) Provide for any purpose other to	han r	eligious, charitable, scien	tıfıc, lıterary, or				.		
	educational purposes, or for the	prev	ention of cruelty to childr	en or animals?		Yes	✓ r	No.		
b	If any answer is "Yes" to $5a(1)-(5)$,	did a	iny of the transactions fa	il to qualify under the ex	ceptions de	scribed in		-		
	Regulations section 53 4945 or in a	curre	nt notice regarding disas	ter assistance? See instr	uctions			5b		
	Organizations relying on a current n	otice	regarding disaster assist	ance check here		▶	П			
С	If the answer is "Yes" to question 5a	a(4),	does the foundation clain	n exemption from the						
	tax because it maintained expenditu	ıre re	sponsibility for the grant?	·		Yes		No O		
	If "Yes," attach the statement requi	red b	y Regulations section 53	4945-5(d)						
6а	Did the foundation, during the year,	, rece	ive any funds, directly or	indirectly, to pay premit	ums on					
	a personal benefit contract?				•	☐ Ves	✓ 1	No.		
b	Did the foundation, during the year,	, pay	premiums, directly or ind	lirectly, on a personal be	nefit contra			6b		No
	If "Yes" to 6b, file Form 8870									
7a	At any time during the tax year, wa	s the	foundation a party to a p	rohibited tax shelter trai	nsaction?	Yes	✓ r	No l		
b	If yes, did the foundation receive ar	ny pro	ceeds or have any net in	come attributable to the	transaction			7b		
В	Is the foundation subject to the sect	tıon 4	960 tax on payment(s) o	f more than \$1,000,000	ın remuner	ation or				
	excess parachute payment during th	he ye	ar ⁹			☐ Yes	✓ 1	No 📖		
Da	Information About (Offic	ers, Directors, Trust	ees, Foundation Ma	anagers, l			ployees	,	
Ра	and Contractors									
1	List all officers, directors, trustee	es, fo	undation managers an	d their compensation	. See instr	uctions				
1	·		b) Title, and average	(c) Compensation (If	(d) Co	ntributions t		(e) Expe	nse acc	ount.
1	(a) Name and address		b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Co employee	ntributions t benefit plans	and	(e) Expe	nse acc	
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Co employee deferred	ntributions t	and on			es
HAR	·		b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter	(d) Co employee deferred	ntributions t benefit plans	and			
HAR	(a) Name and address	TRUS	b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Co employee deferred	ntributions t benefit plans	and on			es
HAR 501 eawo	(a) Name and address LES E WETZLER West 135th Street bod, KS 66224 O ROSENAU	TRUS	b) Title, and average hours per week devoted to position TEE	(c) Compensation (If not paid, enter -0-)	(d) Co employee deferred	ntributions t benefit plans	and on			es
:HAR :501 eaw 1ARK :501	(a) Name and address LES E WETZLER West 135th Street bod, KS 66224 O ROSENAU West 135th Street	TRUS	b) Title, and average hours per week devoted to position TEE	(c) Compensation (If not paid, enter -0-)	(d) Co employee deferred	ntributions t benefit plans	and on 0			es 0
501 eawo 1ARK 501 eawo	(a) Name and address LES E WETZLER West 135th Street bod, KS 66224 O ROSENAU West 135th Street bod, KS 66224	TRUS	b) Title, and average hours per week devoted to position TEE	(c) Compensation (If not paid, enter -0-)	(d) Co employee deferred	ntributions t benefit plans	and on 0			0 0
HAR 501 eaw 1ARK 501 eaw GEOR	(a) Name and address LES E WETZLER West 135th Street bod, KS 66224 O ROSENAU West 135th Street bod, KS 66224 GE MCGREW	TRUS	b) Title, and average hours per week devoted to position TEE	(c) Compensation (If not paid, enter -0-)	(d) Co employee deferred	ntributions t benefit plans	and on 0			es 0
HAR 501 eaw 501 eaw EOR 501 eaw	(a) Name and address LES E WETZLER West 135th Street bod, KS 66224 O ROSENAU West 135th Street bod, KS 66224 GE MCGREW West 135th Street bod, KS 66224 GE MCGREW West 135th Street bod, KS 66224	TRUS 1 0 TRUS 1 0	b) Title, and average hours per week devoted to position TEE TEE	(c) Compensation (If not paid, enter -0-) 0	(d) Co employee deferred	ntributions t benefit plans compensati	s and on 0	other a	allowand	0 0
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CHAR 501 eawo 1ARK 501 eawo 502 2	(a) Name and address LES E WETZLER West 135th Street bod, KS 66224 O ROSENAU West 135th Street bod, KS 66224 GE MCGREW West 135th Street bod, KS 66224 Compensation of five highest-pa Name and address of each employee	TRUS 1 0 TRUS 1 0 TRUS 1 0	b) Title, and average hours per week devoted to position TEE TEE TEE TOTAL TITLE (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0	(d) Co employee deferred	ntributions t benefit plans compensati ructions). I ntributions t byee benefit	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other a	'NONE.	0 0 0 m
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CHAR 501 eawo 1ARK 501 eawo 502 2	(a) Name and address LES E WETZLER West 135th Street bod, KS 66224 O ROSENAU West 135th Street bod, KS 66224 GE MCGREW West 135th Street bod, KS 66224 Compensation of five highest-pa Name and address of each employee	TRUS 1 0 TRUS 1 0 TRUS 1 0	b) Title, and average hours per week devoted to position TEE TEE TEE TOTAL TITLE (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line	(d) Co employee deferred 1—see inst (d) Co employees	ntributions t benefit plans compensati ructions). I ntributions t byee benefit and deferred	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, enter	'NONE.	0 0 0 m
CHAR 501 eawo 1ARK 501 eawo 502 2	(a) Name and address LES E WETZLER West 135th Street bod, KS 66224 O ROSENAU West 135th Street bod, KS 66224 GE MCGREW West 135th Street bod, KS 66224 Compensation of five highest-pa Name and address of each employee	TRUS 1 0 TRUS 1 0 TRUS 1 0	b) Title, and average hours per week devoted to position TEE TEE TEE TOTAL TITLE (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line	(d) Co employee deferred 1—see inst (d) Co employees	ntributions t benefit plans compensati ructions). I ntributions t byee benefit and deferred	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, enter	'NONE.	0 0 0 m
CHAR 501 eawo 1ARK 501 eawo 502 2	(a) Name and address LES E WETZLER West 135th Street bod, KS 66224 O ROSENAU West 135th Street bod, KS 66224 GE MCGREW West 135th Street bod, KS 66224 Compensation of five highest-pa Name and address of each employee	TRUS 1 0 TRUS 1 0 TRUS 1 0	b) Title, and average hours per week devoted to position TEE TEE TEE TOTAL TITLE (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line	(d) Co employee deferred 1—see inst (d) Co employees	ntributions t benefit plans compensati ructions). I ntributions t byee benefit and deferred	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, enter	'NONE.	0 0 0 m
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CHAR 501 eawo 1ARK 501 eawo 502 2	(a) Name and address LES E WETZLER West 135th Street bod, KS 66224 O ROSENAU West 135th Street bod, KS 66224 GE MCGREW West 135th Street bod, KS 66224 Compensation of five highest-pa Name and address of each employee	TRUS 1 0 TRUS 1 0 TRUS 1 0	b) Title, and average hours per week devoted to position TEE TEE TEE TOTAL TITLE (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line	(d) Co employee deferred	ntributions t benefit plans compensati ructions). I ntributions t byee benefit and deferred	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, enter	'NONE.	0 0 0 m
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CHAR 501 eawo 1ARK 501 eawo 502 2	(a) Name and address LES E WETZLER West 135th Street bod, KS 66224 O ROSENAU West 135th Street bod, KS 66224 GE MCGREW West 135th Street bod, KS 66224 Compensation of five highest-pa Name and address of each employee	TRUS 1 0 TRUS 1 0 TRUS 1 0	b) Title, and average hours per week devoted to position TEE TEE TEE TOTAL TITLE (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line	(d) Co employee deferred	ntributions t benefit plans compensati ructions). I ntributions t byee benefit and deferred	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, enter	'NONE.	0 0 0 m
EHAR 501 eaw MARK 501 eaw EEOR 2	(a) Name and address LES E WETZLER West 135th Street bod, KS 66224 O ROSENAU West 135th Street bod, KS 66224 GE MCGREW West 135th Street bod, KS 66224 Compensation of five highest-pa Name and address of each employee	TRUS 1 0 TRUS 1 0 TRUS 1 0	b) Title, and average hours per week devoted to position TEE TEE TEE (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line:	(d) Coemployee deferred 1—see inst (d) Coemployees comployees com	ructions). I ntributions to pensation ructions). I ntributions to pensation and deferred appensation	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, enter	'NONE.	0 0 0 m

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

Form 990-PF (2018)		Page 7
Part VIII Information About Officers, Directors, Trus and Contractors (continued)	stees, Foundation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional	services (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
RDD FAMILY OFFICE	MANAGEMENT SERVICES	493,691
PO BOX 482146 KANSAS CITY, MO 64148		
MERRILL LYNCH	INVESTMENT SERVICES	126,037
540 W MADISON STREET STE 2020 CHICAGO, IL 60661		
TD AMERITRADE	INVESTMENT SERVICES	97,424
PO BOX 2209 OMAHA, NE 68103		
Total number of others receiving over \$50,000 for professional service.	s	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Incorganizations and other beneficiaries served, conferences convened, research paper 1		Expenses
2		
3		
4		
Part IX-B Summary of Program-Related Investments	(see instructions)	<u> </u>
Describe the two largest program-related investments made by the foundation	during the tax year on lines 1 and 2	Amount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		Form 990-PF (2018)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

3

4

5

2

3a 3h

4

5

1.757.751

1.757.751

Form 990-PF (2018)

a From 2013.

b From 2014. c From 2015. . . .

d From 2016. e From 2017.

4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 1,757,751 a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

d Applied to 2018 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

(If an amount appears in column (d), the

6 Enter the net total of each column as

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 e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

b Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. . .

Subtract lines 7 and 8 from line 6a

indicated below:

1,757,751

Form **990-PF** (2018)

490,344

Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) Years prior to 2017 2017 2018 Corpus Distributable amount for 2018 from Part XI, line 7 2,248,095 2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only. 2016, 2015, 2014 **b** Total for prior years

Excess distributions carryover, if any, to 2018 181.666 264,222 815 391

f Total of lines 3a through e.

770,935

1.261.279

490,344

770,935

770,935



nter gross	amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section		(e) Related or exempt
-	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
	and contracts from government agencies					
_	rship dues and assessments					
Interes investm	t on savings and temporary cash nents					
	ds and interest from securities			14	938,761	
	ital income or (loss) from real estate					
	financed property.					
	ebt-financed property					
	Ital income or (loss) from personal property					
	nvestment income					
invento	, ,			18	1,514,056	
	ome or (loss) from special events			16	1,314,030	
	profit or (loss) from sales of inventory					
1 Other r						
a OTHER	RINCOME			18	1,402	
b						
с						
2 Subtota	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				2,454,219	
3 Total.	Add line 13 columns (b) (d) cod (c)				3	2,454,219
/Coo.wa	Add line 12, columns (b), (d), and (e).					2,101,210
(See wo	orksheet in line 13 instructions to verify calcu	lations)			,	2,101,225
(See wo	orksheet in line 13 instructions to verify calculars Relationship of Activities to the	lations) le Accomplish	ment of Exem	pt Purposes		
(See wo	orksheet in line 13 instructions to verify calcu	lations) IE Accomplish Income is reporte	ment of Exem	ipt Purposes of Part XVI-A contribu	ted importantly to	
(See wo	i-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how explain below how each activity for which the accomplishment of the foundation's explain below the soundation.	lations) IE Accomplish Income is reporte	ment of Exem	ipt Purposes of Part XVI-A contribu	ted importantly to	
(See wo	i-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how explain below how each activity for which the accomplishment of the foundation's explain below the soundation.	lations) IE Accomplish Income is reporte	ment of Exem	ipt Purposes of Part XVI-A contribu	ted importantly to	
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(See wo	i-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how explain below how each activity for which the accomplishment of the foundation's explain below the soundation.	lations) IE Accomplish Income is reporte	ment of Exem	ipt Purposes of Part XVI-A contribu	ted importantly to	
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(See wo	i-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how explain below how each activity for which the accomplishment of the foundation's explain below the soundation.	lations) IE Accomplish Income is reporte	ment of Exem	ipt Purposes of Part XVI-A contribu	ted importantly to	
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(See wo	i-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how explain below how each activity for which the accomplishment of the foundation's explain below the soundation.	lations) IE Accomplish Income is reporte	ment of Exem	ipt Purposes of Part XVI-A contribu	ted importantly to	
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(See wo	i-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how explain below how each activity for which the accomplishment of the foundation's explain below the soundation.	lations) IE Accomplish Income is reporte	ment of Exem	ipt Purposes of Part XVI-A contribu	ted importantly to	
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(See wo	i-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how explain below how each activity for which the accomplishment of the foundation's explain below the soundation.	lations) IE Accomplish Income is reporte	ment of Exem	ipt Purposes of Part XVI-A contribu	ted importantly to	

Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharita Exempt Organizations	able	
Did the organ	nization directly or indirectly engage in any of the following with any other organization described in section 501		

Ŀ	art XVI	Exempt Org	ganizations						•				
1		organization directly or than section 501(c	or indirectly enga							on 501		Yes	No
а	Transfers	s from the reporting	foundation to a n	oncha	rıtable exe	empt organization	of			Ī			
	(1) Cash									. [la(1)		No
	(2) Oth	er assets								· [:	La(2)		No
b	Other tra	ansactions											
		es of assets to a nor	•	_							lb(1)		No
		chases of assets from									lb(2)		No
		ital of facilities, equi	•								lb(3)		No
		mbursement arrange									lb(4)		No
		ns or loan guarante									lb(5)		No
_		ormance of services	•		_					·	lb(6) 1c		No No
	_	of facilities, equipme swer to any of the a								· L			NO
	of the go	oods, other assets, o ansaction or sharing (b) Amount involve	r services given b i arrangement, sh	y the ow in	reporting t column (d	foundation If the	foundations for goods, o	on receive other asse	d less than fair mai	ket value ved		ngemen	ts
_													
2a		undation directly or	•								No		
		d in section 501(c) (n 501(c)(3)) or i	n section 52/7.			⊔ _Y	es 🖭	No		
b	If "Yes,"	complete the follow (a) Name of organ	_		(1) Type of organizat	on	1	(c) Description	of relation	shin		
		(a) Name or organ	mzation		(,) Type of organizat	011		(C) Description	1 Of Telacion	эшр		
۰.	of wh	der penalties of per my knowledge and l uch preparer has an	belief, it is true, co										
	gn ere	*****				2019-11-15		*****		May the return with the below		scuss th er show	
		Signature of office	r or trustee	ı		Date	, , , , , , , , , , , , , , , , , , ,	Tıtle		(see ins	tr)? 🕻	✓ Yes	□No
		Print/Type prepa	arer's name	Prepa	arer's Sigr	nature	Date		Check if self- employed ▶ □	PTIN F	00787	170	
_	id enare	Megan Mallen							employed F				
	epare e Onl		BKD LLP							Fırm's EII	N		
		Firm's address	1201 Walnut S	uite 17	700								
			Kansas City, M	0 641	1062246					Phone no	(816)) 221-6	5300

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or cubetantial contributor

	or substantial contributor			
a Paid during the year				
PASTORS 411 FOUNDATION	NONE	PC	FOR PROGRAM SUPPORT	72,000

PO BOX 19510 LENEXA, KS 66285				
CRAIG HOSPITAL FOUNDATION 3425 S CLARKSON ST	NONE	PC	CAMPUS EXPANSION AND REVITALIZATION PROJECT	100,000

CRAIG HOSPITAL FOUNDATION 3425 S CLARKSON ST ENGLEWOOD, CO 80113	NONE	PC	CAMPUS EXPANSION AND REVITALIZATION PROJECT	100,000
WOMEN'S EMPLOYMENT NETWORK	NONE	PC	GENERAL OPERATIONS	20,000

ENGLE NOOD, CO COIIS				
WOMEN'S EMPLOYMENT NETWORK 920 MAIN ST SUITE 100 KANSAS CITY, MO 64105	NONE	PC	GENERAL OPERATIONS	20,000

920 MAIN ST SUITE 100 KANSAS CITY, MO 64105		SENERALE OF ENVIRONMENT	20,000
Total	 	▶ 3a	1,382,400

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE LIGHT HOUSEPO BOX 22553 NONE PC. 54,000 GENERAL OPERATIONS KANSAS CITY, MO 64113 PC 15,000 MUSEUM AT PRAIRIEFIRE FOUNDATION NONE GENERAL OPERATIONS 5801 W 135TH ST

OVERLAND PARK, KS 66223				
CATHOLIC CHARITIES FOUNDATION 2050 Ballenger Ave Suite 400 Alexandria, VA 22314	NONE	PC	GENERAL OPERATIONS	85,000

Total . .

1,382,400

▶ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

	or substantial contributor			
a Paid during the year				
3930 Troost Foundation Inc	none	PC	general operations	25,000

3930 TROOST AVE KANSAS CITY MO, MO 64110				
Academy for the Integrated Arts (AFIA) 7910 TROOST AVE KANSAS CITY, MO 64131	NONE	PC	GENERAL OPERATIONS	50,000

Academy for the Integrated Arts (AFIA) 7910 TROOST AVE KANSAS CITY, MO 64131	NONE	PC	GENERAL OPERATIONS	50,000
Arts & Recreation Foundation of OP P O Box 26392	NONE	PC	GENERAL OPERATIONS	50,000

KANSAS CITY, MO 64131				
Arts & Recreation Foundation of OP P O Box 26392 Overland Park, KS 66225	NONE	PC	GENERAL OPERATIONS	50,000

Total .

· ·				
Arts & Recreation Foundation of OP P O Box 26392 Overland Park, KS 66225	NONE	PC	GENERAL OPERATIONS	50,000
				1

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
Boys Hope Girls Hope of Kansas City	NONE	PC	GENERAL OPERATIONS	15,000

Leawood, KS 66209				
Brain Injury Assn of Kansas and KC 6701 W 64th St 120	NONE	PC	GENERAL OPERATIONS	5,000

Brain Injury Assn of Kansas and KC 6701 W 64th St 120 Shawnee Mission, KS 66202	NONE	PC	GENERAL OPERATIONS	5,000
Carry the Cross Ministries	NONE	PC	GENERAL OPERATIONS	30,000

Shawnee Mission, KS 66202				
Carry the Cross Ministries 5517 Freeman Ave B Kansas City, KS 66102	NONE	PC	GENERAL OPERATIONS	30,000

Foundation Purpose of grant or Recipient If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Christmas in October3261 Roanoke Rd NONE PC. 10,000 GENERAL OPERATIONS Kansas City, MO 64111 Community Living Opportunities Inc NONE PC GENERAL OPERATIONS 50,000 11627 W 79th St Lenexa, KS 66214

PC

GENERAL OPERATIONS

25.000

1,382,400

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

NONE

Developing Potential Inc (DPI)

251 NW Executive Way Suite 200 Lees Summit. MO 64063

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

Kansas Citv. KS 66102

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
Donnelly College608 N 18 St	NONE	PC	GENERAL OPERATIONS	10,000

**				
Drumm Center for Children (Drumm Farm)	NONE	PC	GENERAL OPERATIONS	54,400
3210 S Lees Summit Rd				

Farm) 3210 S Lees Summit Rd Independence, MO 64055				
Emmanuel Baptist Church 300 N PENNSYLVANIA ST	NONE	PC	GENERAL OPERATIONS	5,000

П	Independence, MO 64055				
П	Emmanuel Baptist Church 300 N PENNSYLVANIA ST WEBB CITY, MO 64870	NONE	PC	GENERAL OPERATIONS	5,000

Emmanuel Baptist Church 300 N PENNSYLVANIA ST WEBB CITY, MO 64870	NONE	PC	GENERAL OPERATIONS	5,000
Total			> 3a	1,382,400

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Family Conservancy NONE PC. GENERAL OPERATIONS 25,000 444 Minnesota Avenue Suite 200 Kansas City, KS 66101

	Kansas City, MO 64114	NONE	PC	GENERAL OPERATIONS	100,000
,	FosterAdopt Connect 18600 E 37th Terrace S Independence, MO 64057	NONE	PC	GENERAL OPERATIONS	10,000

Total . .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Gilda's Club Kansas City21 43rd St NONE PC GENERAL OPERATIONS 5.000 Kansas City, MO 64111

Gordon Parks Elementary School 3715 Wyoming St Kansas City, MO 64111	NONE	PC	GENERAL OPERATIONS	10,000
Inclusion Connections 2073 E Santa Fe St	NONE	PC	GENERAL OPERATIONS	5,000

1,382,400

Olathe, KS 66062

Total . .

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Job One Inc1085 S Yuma Ave NONE PC. 100,000 GENERAL OPERATIONS Independence, MO 64056 PC 50,000 Kansas City Scholars NONE GENERAL OPERATIONS 8080 Ward Pkwv 402

Kansas City, MO 64114				
Kauffman Center for the Performing Arts 1601 Broadway Blvd Kansas City, MO 64108	NONE	PC	GENERAL OPERATIONS	40,000

Total . .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year KC Healthy Kids650 Minnesota Ave 2 NONE PC **GENERAL OPERATIONS** 10,000 Kansas Citv. KS 66101

Literacy KC3036 Troost Ave Kansas City, MO 64109	NONE	PC	GENERAL OPERATIONS	25,000
Lorraines House117 N Cooper St	NONE	PC	GENERAL OPERATIONS	10.000

Kansas City, MO 64109				
Lorraines House117 N Cooper St	NONE	PC	GENERAL OPERATIONS	10,000

Lorraines House117 N Cooper St	NONE	PC	GENERAL OPERATIONS	10,000
Olathe, KS 66061				

Lorranies riouserry in cooper st	NONE	10	GENERAL OF ERATIONS	10,00
Olathe, KS 66061				

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Medical Missions Foundation NONE PC GENERAL OPERATIONS 10,000

Lenexa, KS 66214				
Mesner Puppet Theater 1006 Linwood Blvd Kansas City, MO 64109	NONE	PC	GENERAL OPERATIONS	

8363 Melrose Dr

Total .

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

1006 Linwood Blvd Kansas City, MO 64109				
Metropolitan Community College Foundation 3200 Broadway	NONE	PC	GENERAL OPERATIONS	10,000

10,000

Metropolitan Community College	NONE	PC	GENERAL OPERATIONS	10,000
Foundation				l
3200 Broadway				1
Kansas City, MO 64111				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Metropolitan Lutheran Ministry	NONE	PC	GENERAL OPERATIONS	80,000

3031 Holmes Street Kansas City, MO 64109				
Pastors 411 Foundation 2 7329 HALSEY ST	NONE	PC	GENERAL OPERATIONS	77,000

Pastors 411 Foundation 2 7329 HALSEY ST SHAWNEE, KS 66216	NONE	PC	GENERAL OPERATIONS	77,000
Performing Arts Foundation	NONE	PC	GENERAL OPERATIONS	10,000

SHAWNEE, KS 66216				
Performing Arts Foundation 1020 Central Suite 200 Kansas City, MO 64105	NONE	PC	GENERAL OPERATIONS	10,000

Total			▶ 3a	1,382,400	
1020 Central Suite 200 Kansas City, MO 64105					
Performing Arts Foundation	NONE	PC	GENERAL OPERATIONS	10,00	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year				
Santa Fe Waystation Inc 6422 Santa Fe Dr Mission, KS 66202	NONE	PC	GENERAL OPERATIONS	5,000
Sherwood Autism Center 8030 Ward Parkway Plaza	NONE	PC	GENERAL OPERATIONS	20,000

recipient

Sherwood Autism Center 8030 Ward Parkway Plaza Kansas City, MO 64114	NONE	PC	GENERAL OPERATIONS	20,000
Special Olympics Kansas 5280 Foxridge Dr Mission KS 66202	NONE	PC	GENERAL OPERATIONS	20,000

Kansas City, MO 64114				
Special Olympics Kansas 5280 Foxridge Dr Mission, KS 66202	NONE	PC	GENERAL OPERATIONS	20,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Veterans Community Project NONE PC GENERAL OPERATIONS 20,000 8900 Troost Ave Kansas City, MO 64131

Wildwood Outdoor Education Center 7095 W 399th St Lacygne, KS 66040	NONE	PC	GENERAL OPERATIONS	30,000
William Jewell College500 College Hill	NONE	PC	GENERAL OPERATIONS	15,000

Lacygne, KS 66040				
William Jewell College500 College Hill Liberty, MO 64068	NONE	PC	GENERAL OPERATIONS	15,000

Total

1,382,400

▶ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or business)	or substantial contributor	i corpient		
a Paid during the year				
Wonderscope Childrens Museum	NONE	PC	GENERAL OPERATIONS	10,000

1,382,400

ı	Wonderscope Childrens Museum	NONE	PC	GENERAL OPERATIONS	
ı	5700 King St				
	Shawnee, KS 66203				
ł					

Total

efile GRAPHIC print - DO NOT TY 2018 Accounting F		As Filed Data edule	ı -		DLN: 93491319025029		
	Namoi	Popald D.D	offonbaugh Four	udation			
Name: Ronald D Deffenbaugh Foundation c/o Charles E Wetzler - Trustee							
EIN: 26-6095573							
Category	Amo	ount N	let Investment Income	Adjusted Net Income	Disbursements for Charitable		

4,750

	EIN: 26-
Category	Amount

BKD, LLP

Income Income

Purposes

lefile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491319025029 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2018 Depreciation Schedule **Name:** Ronald D Deffenbaugh Foundation c/o Charles E Wetzler - Trustee

EIN: 26-6095573

TY 2018 Investments Corporate Stock Schedule

Name: Ronald D Deffenbaugh Foundation

c/o Charles E Wetzler - Trustee

EIN: 26-6095573

Investments Corporation Stock Schedule				
Name of Stock	End of Year Book Value	End of Year Fair Market Value		
ISHARES JPM USD EMRG MKT BND	300,301	300,301		
DFA INTL REAL ESTATE	428,075	428,075		
DFA EMERGING MKTS VALUE	1,906,190	1,906,190		
DFA EMERGING MKTS SMALL	1,197,909	1,197,909		
DFA INTL SMALL CAP VALUE	1,686,822	1,686,822		
DFA US SMALL CAP VALUE	1,347,254	1,347,254		
DFA US LARGE CAP VALUE	2,030,543	2,030,543		
DFA INTL VALUE PORT	2,451,929	2,451,929		
VANGUARD REIT INDEX	358,482	358,482		
VANGUARD TOTAL BOND	2,673,762	2,673,762		
VANGUARD EMRG MKTS GOVT	123,555	123,555		
VANGUARD SHORT TERM INFL	709,801	709,801		
VANGUARD TOTAL INTL BD	1,181,242	1,181,242		
COMM SERVICES SELECT	1,189,979	1,189,979		
CONSUMER DISCRETIONARY	1,376,635	1,376,635		
FIRST TR EXCHANGE TRADED	0	0		
FIRST TRUST DOW JONES	733,675	733,675		
FIRST TRUST CLOUD	738,537	738,537		
HEALTH CARE SELECT SPDR	1,000,748	1,000,748		
ISHARES MSCI CDA ETF	314,283	314,283		
ISHARES MSCI SWITZERLAND	198,828	198,828		
ISHARES MSCI SWEDEN	67,070	67,070		
ISHARES NASDAQ BIOTECH	525,254	525,254		
ISHARES MSCI PACIFIC	635,237	635,237		
ISHARES MSCI EUROZONE	871,381	871,381		
ISHARES MSCI JAPAN ETF	945,825	945,825		
ISHARES MSCI U K ETF SHS	622,514	622,514		
ISHARES INC CORE MSCI	846,767	846,767		
PIMCO INVESTMENT GRADE	0	0		
PIMCO INCOME FUND CL	1,421,328	1,421,328		

Name of Stock

PIMCO SHORT TERM FD
REAL ESTATE SELECT

VANGUARD CONSUMER

SPDR US FINANCIAL SECTOR

VANGUARD MATERIALS ETF

VANGUARD INFORMATION

VANGUARD INDUSTRIAL ETF

CROSSFIRST BANKSHARES

Investments Corporation Stock Schedule

End of Year Book

Value

704,398

294,655

611,888

697,693

205,367

1,418,889

1,314,396

2,000,016

225,166

End of Year Fair

Market Value

704,398

294,655

611,888

697,693

205,367

1,418,889

1,314,396

2,000,016

225,166

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TY 2018 Investments - Other Schedule

Name: Ronald D Deffenbaugh Foundation

c/o Charles E Wetzler - Trustee

ETNI. 26 600EE72

EIN: 26-6095573						
Investments Other Schedule 2						
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value			
BLACKSTONE STRAT VII		749,279	749,279			
STRATEGIC V		176,763	176,763			
CQS DIRECTIONAL		515,747	515,747			
EMSO SAQUARO LTD		437,669	437,669			
AG MORTGAGE VALUE		441,914	441,914			
BEACH POINT ACCESS LTD		526,213	523,213			
MONARCH DEBT RECOVERY		386,040	386,040			
OZOFII ACCESS LTD		565,129	565,129			
RENAISSANCE ACCESS		732,860	732,860			
ABBEY CAPITAL		0	0			
CARLSON DOUBLE BLACK		0	0			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491319025029
TY 2018 Legal Fees Schedule				
		effenbaugh Founda E Wetzler - Truste		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	380			380

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319025029
TY 2018 Other Assets Schedule	•	

11,298

11,298

Name: Ronald D Deffenbaugh Foundation c/o Charles E Wetzler - Trustee

EIN: 26-6095573

OTHER RECEIVABLES

Other Assets Schedule					
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value		

19,792

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491319025029			
TY 2018 Other Decreases Schedule						
Name:	Ronald D Deff	enbaugh Foundation				
	c/o Charles E	Wetzler - Trustee				
EIN:	26-6095573					
Dr	escription		Amount			
UNREALIZED LOSS			5,294,126			

efile GRAPHIC print - DO NOT PROCESS	S As Filed Data -		DLN	N: 93491319025029	
TY 2018 Other Expenses Schedule					
Nam	e: Ronald D Deffen	nbaugh Foundatio	n		
c/o Charles E Wetzler - Trustee					
EII	EIN: 26-6095573				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
BANK SERVICE FEES	681	681			
OTHER PORTFOLIO DEDUCTIONS	22,747	22,747			
NONDEDUCTIBLE EXPENSES	19				

TY 2018 Other Income Schedule					
Name:	Ronald D Deffenbaugh Foundation c/o Charles E Wetzler - Trustee				
EIN:	26-6095573				
Other Income Schedule	<u> </u>				

DLN: 93491319025029

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Other Income Schedule				
	Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
0	ther income	1,402	1,402	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DI	LN: 93491319025029	
TY 2018 Other Liabilities Schedule					
Name:	Ronald D Deffe	enbaugh Fou	ndation		
	c/o Charles E Wetzler - Trustee				
EIN: 26-6095573					
Description		Beginning of Year - Book Value	End of Year - Book Value		
OTHER LIABILITIES			352,643	10,025	

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DL	N: 93491319025029	
TY 2018 Other Professiona	TY 2018 Other Professional Fees Schedule				
Name: Ronald D Deffenbaugh Foundation c/o Charles E Wetzler - Trustee EIN: 26-6095573					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
INVESTMENT FEES	257,848	257,848			
MANAGEMENT FEES	493,691	123,423		370,268	

efile GRAPHIC print - DO NOT PROCE	ESS As Filed Data	-	DL	N: 93491319025029
TY 2018 Taxes Schedule				
Name: Ronald D Deffenbaugh Foundation c/o Charles E Wetzler - Trustee EIN: 26-6095573				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID	30,172	30,172		
EXCISE TAX	89,334			

efile GRAPHIC print - De	NOT PROCESS As Filed Data	-		DLN: 93491319025029
Schedule B	Sched	dule of Contributors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF gov/Form990 for the latest inform	ation	2018
Name of the organization	ndation			dentification number
c/o Charles E Wetzler - Tru Organization type (chec			26-6095573	
Filance of	Ocations			
Filers of:	Section:			
Form 990 or 990-EZ				
	4947(a)(1) nonexempt ch	arıtable trust not treated as a pr	ıvate foundatıon	
	☐ 527 political organization			
Form 990-PF	501(c)(3) exempt private t	foundation		
	4947(a)(1) nonexempt ch	arıtable trust treated as a prıvate	ofoundation	
	501(c)(3) taxable private f	foundation		
	ion filing Form 990, 990-EZ, or 990 property) from any one contributor			
Special Rules				
under sections 50 received from any	on described in section 501(c)(3) fili 9(a)(1) and 170(b)(1)(A)(vi), that ch one contributor, during the year, to 1h, or (ii) Form 990-EZ, line 1 Coi	necked Schedule A (Form 990 o otal contributions of the greater of	r 990-EZ), Part II, line 13,	16a, or 16b, and that
during the year, to	on described in section 501(c)(7), (8 stal contributions of more than \$1,00 se prevention of cruelty to children of	00 <i>exclusively</i> for religious, char	ritable, scientific, literary, c	
during the year, of If this box is check purpose Don't co	on described in section 501(c)(7), (8) contributions exclusively for religious ked, enter here the total contribution implete any of the parts unless the 6 e, etc., contributions totaling \$5,00	s, charitable, etc., purposes, but ns that were received during the General Rule applies to this org	no such contributions total year for an exclusively re anization because it recei	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>
990-EZ, or 990-PF), but	that isn't covered by the General R must answer "No" on Part IV, line rm 990PF, Part I, line 2, to certify th	2, of its Form 990, or check the	box on line H of its	
For Paperwork Reduction Ag for Form 990, 990-EZ, or 990	t Notice, see the Instructions PF	Cat No 30613X	Schedule B (Form 990), 990-EZ, or 990-PF) (2018)

Name of organization	ugh Foundation	Employer identification 26-6095573	number
c/o Charles E Wetz	Contributors (See instructions) Use duplicate copies of Part I if ac	dditional space is needed	
(a)	(b)	(c)	(d)
Νο.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	RONALD DEFFENBAUGH SR MANAGEMENT TR		Person 🗸
<u>1</u>	2345 GRAND BLVD STE 2400		Payroll
		\$ 17,000	Noncash
	KANSAS CITY, MO 64108		Ш
			(Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	RONALD D DEFFENBAUGH SR CLT DTD 5-1		Person 🗸
2	PO BOX 482146		Payroll
		\$ 6,025,486	Noncash
	KANSAS CITY, MO 64148		
			(Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
-			Payroll
			Noncash
			(Complete Part II for noncash
(-)	//5>	(-)	contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
	-		Noncasii
			(Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
Νο.	Name, address, and ZIP + 4	Total contributions	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
NO.	Name, address, and ZIF + 4	Total contributions	Person
<u>-</u>			
			Payroll
		\$	Noncash
			(Complete Part II for noncash
			contributions)

Schedule B (Form 99	90, 990-EZ, or 990-PF) (2018)		Page 3	
Name of organization Ronald D Deffenbaugh Foundation		Employer identification number		
c/o Charles E Wetzler	- Trustee	26-60	95573	
Part II	Noncash Property		_	
(a) No. from Part I	(See instructions) Use duplicate copies of Part II if additional space is needed (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 9	990, 990-EZ, or 990-PF) (2018)	

Schedule B (Form 9	990, 990-EZ, or 990-PF) (2018)		Page 4
Name of organizat Ronald D Deffenbaug c/o Charles E Wetzle	gh Foundation		Employer identification number 26-6095573
than \$1, organiza the year	000 for the year from any one contributo	r. Complete columns (a) throu of exclusively religious, charit ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
	Transièree's frame, audress, and		telationship 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	` ,	Relationship of transferor to transferee

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