EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

			ie treasury	. Social security numbers on this to	_	<u>-</u>	Open to Public
		al Reveni		w.irs.gov/Form990 for instructions		t information.	Inspection
	A F	or the	2018 calendar year, or tax year begin	ning a	nd ending		
	В	heck of	C Name of organization			D Employer identificat	ion number
g		pplicable ⊐Address					
2019	<u> </u>	_lchange ⊐Name		R VETERANS FOUNDATI	ON	01 17/	16076
4	<u> </u>	_change _Initial	Doing business as		Ta	81-174	102/0
_	H	_return  Final	Number and street (or P.O. box if ma	ill is not delivered to street address)	Room/suite 9 0 0	E Telephone number 816448	2101
>		√return/ termın-	2300 MAIN STREET		900	·	987,133.
NOV	_	ated  Amende		intry, and ZIP or foreign postal code 64108		G Gross receipts \$	
<b>~</b> .	,  -	⊥return ∏Applica	F Name and address of principal office	<del></del>		H(a) Is this a group retur	Yes X No
ž DAT	_	tión pending	SAME AS C ABOVE	CER.CALLED GACKBON		for subordinates?  H(b) Are all subordinates include	
35 X		ay-eyei	ppt status 501(c)(3)X 501(c)	( <b>4</b> ) <b>◄</b> (insert no )	1) or 527	If "No," attach a list	
ENVELOP Tmark [	JV		DAVIDWOODSKEMPERV			H(c) Group exemption n	
₹₹			ganization: X Corporation Trust			of formation: 2016 M S	
er Posti	Pa		Summary		Ti Ti	•	
<u> </u>		1 E	riefly describe the organization's mission	n or most significant activities TO	AID PRO	OGRAMS, PROJEC	CTS,
	Activities & Governance		ERVICES, RESEARCH A				<u> </u>
	rna	_	neck this box 🕨 🔲 if the organizat			e than 25% of its net asset	ts
	ve		umber of voting members of the govern			3	3
	Ğ		umber of independent voting members		b)	4	3
	S		otal number of individuals employed in		-,	5	1
	itie		• •			6	
	ţi		otal number of volunteers (estimate if no			<del></del>	0.
	Ac		otal unrelated business revenue from Pa	···		7a	0.
		p v	et unrelated business taxable income fr	rom Form 990-1, line 38		7b	<del> </del>
						Prior Year	Current Year
	e	8 C	ontributions and grants (Part VIII, line 1	h) RECENT		0.	0.
	ŭ	9 P	ogram service revenue (Part VIII, line 2	RECEIVE	:D L	0.	0.
	Revenue	10 Ir	vestment income (Part VIII, column (A),	lines 3, 4, a (2) d)	$\neg \circ \bot$	3,500,226.	237,272.
	Œ.	11 C	ther revenue (Part VIII, column (A), lines	5, 6d, 8c, 40, 10c, A/QV14) 9, 201		0.	0.
2 202(		12 T	ther revenue (Part VIII, column (A), lines otal revenue - add lines 8 through 11 (m rants and similar amounts paid (Part IX	iust equal Fart VIII, column (A), line 12		3,500,226.	237,272.
~		13 0	rants and similar amounts paid (Part IX	column (A), lines 1-3)		140,500.	122,750.
		14 B	enefits paid to or for members (Part IX,	column (A Line 4) OGDEN 11	7-1	0.	0.
-		15 S	alaries, other compensation, employee	henefits (Part IX, column (A), lines 5	<u> </u>	134,846.	134,808.
במ	Expenses				·/	0.	0.
IJ L.	e l		ofessional fundraising fees (Part IX, col	_	o.  -		
_	ă		otal fundraising expenses (Part IX, colur		<del></del> -	60 646	44,573.
i	_		ther expenses (Part IX, column (A), lines			60,646.	
2		18 T	otal expenses Add lines 13-17 (must ed	qual Part IX, column (A), line 25)	_	335,992.	302,131.
		19 F	evenue less expenses. Subtract line 18	from line 12		3,164,234.	-64,859.
	Assets or despended				В	eginning of Current Year	End of Year
ζ.	sets	20 T	otal assets (Part X, line 16)	•		6,527,039.	6,405,580.
	AB B B B	21 T	otal liabilities (Part X, line 26)			56,177.	0.
	캺	<b>22</b> N	et assets or fund balances. Subtract lin	e 21 from line 20		6,470,862.	6,405,580.
	Pa		Signature Block				-
	Unde	er penalt	es of perjury, I declare that I have examined	this return, including accompanying sched	ules and statem	nents, and to the best of my kn	lowledge and belief, it is
			and complete. Declaration of preparer (other				
		1	= 7 ////		minon property	11.14.19	
	C:		Signature of officer		<del></del> -	Date	
	Sigr		CALEB JACKSON				
	Her	e	Type or print name and title			<u> </u>	
			1		т	Date Check	PTIN
—	5-1-		rint/Type preparer's name	Frebarer's signature		11 /1-2-/1 ol # ====	.1
	Raid	- ⊢	OUGLAS L NELSON	Donales d. Nes		L1/12/19 self-employed	P00013354
	Prep		rm's name ► COMMERCE TRI			Firm's EIN ▶ 4	8-0962626
	Use	Only	rm's address PO BOX 4192	48			
			KANSAS CITY	, MO 64141-6248		Phone no. (816	
	May	the IR	discuss this return with the preparer s	hown above? (see instructions)			X Yes No
		01 12-31		Act Notice, see the separate instruc	ctions.		Form <b>990</b> (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission  TO AID PROGRAMS, PROJECTS, SERVICES, RESEARCH AND OTHER ENDEAVORS IN  KANSAS AND MISSOURI THAT PROMOTE THE WELL-BEING FOR VETERANS.  Did the organization undertake any significant program services during the year which were not listed on the pnor Form 990 or 990-E2?  If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  (code ) (Expenses S 124, 429 · including grants of S 122, 750 · ) (Revenue S TO HELP IMPROVE THE WELFARE OF U.S. VETERANS INCLUDING THEIR PHYSICAL AND MENTAL HEALTH, EMPLOYMENT, PRODUCTIVITY, SELF-RELIANCE AND FAMILY LIFE; AN IMPORTANT ASPECT OF THIS IS TO FACILITATE VETERANS' TRANSITION FROM ACTIVE DUTY TO CIVILIAN LIFE.
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LIFE; AN IMPORTANT ASPECT OF THIS IS TO FACILITATE VETERANS' TRANSITION
4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$
4b (Code) (Expenses \$
4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$
4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses > 124,429.
4e Total program service expenses ► 124,429. Form 990 (2018

<u>81-1</u>746276

Form 990 (2018) DAVID WOODS

Part IV Checklist of Required Schedules

DAVID WOODS KEMPER VETERANS FOUNDATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	•		x
_	If "Yes," complete Schedule A	1 2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors			<del>  ^</del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		x
	If "Yes," complete Schedule D, Part IV	9		<u>├</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			<del></del> -
••	as applicable			l j
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	44.3		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		<del>                                     </del>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<del>  ^</del>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			٦,-
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<del></del> _		- <u>x</u> -
00:	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<del>-</del>
р 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		_
<b>4</b> I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	The state of the s			

Page 4

DAVID WOODS KEMPER VETERANS FOUNDATION Form 990 (2018) DAVID WOODS KEMPER
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ļ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		[	
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	l		.,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			}
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			х
	Schedule L, Part I	25b		^
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L. Part II	26		х
27	•	_20_		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L., Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	i	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	77
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	ا مح. ا		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
30	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par		<del></del>		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			]
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	94		
	(gambling) winnings to prize winners?	1c		·
832004	4 12-31-18		990 (	2018)

Form 990 (2018) DAVID WOODS KEMPER VETERANS FOUNDATION

[Part V] Statements Regarding Other IRS Filings and Tax Compliance (continued)

			· <b>-</b> ·		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			· ş		
	filed for the calendar year ending with or within the year covered by this return	<b>2</b> a		<u> </u>	<u> </u>	<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			[	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		X
b	If "Yes," enter the name of the foreign country			ľ	[	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR)			لــــا
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		_	5a	<u> </u>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the control	ction	7	5b	_	Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	<del> </del>	
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie org	anization solicit	6-	<b>i</b>	х
<b>h</b>	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contribut	ione (	or aifte	6a		<del>                                     </del>
D	were not tax deductible?	10115	i girts	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			0.0		- 1
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rec	guired			
	to file Form 8282?		•	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Formation of the organization file Formation (in the organization file Formation) and the organization file Formation (in the organization file Formation) and the organization file Formation (in the organization) and the organization (in the or	om 8	899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ie		<u> </u>	لمعد
	sponsoring organization have excess business holdings at any time during the year?			8	ļ	
9	Sponsoring organizations maintaining donor advised funds.			1 0		قم
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9p	<u>a</u>	1
10	Section 501(c)(7) organizations. Enter.	10a	1	, <u>a</u>	, e	3 -
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		, etc.	7 to .	. 1
11	Section 501(c)(12) organizations. Enter	100	L	1.	`D ,	404
	Gross income from members or shareholders	11a	1	١٠٠	1 0	.°
	Gross income from other sources (Do not net amounts due or paid to other sources against			1'	, ° .	ļ
-	amounts due or received from them)	11b		, q.	ە يە	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		, `	į -	i - 0
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			دعد	; · · .	ι
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O			ŏ ŏ	ي رن	n° l
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	1 2	(A)	رة سو
	organization is licensed to issue qualified health plans	13b		ļ., ,	1 0	
	Enter the amount of reserves on hand	13c	<u> </u>	<u>) .</u>	1	٧
	Did the organization receive any payments for indoor tanning services during the tax year?	- ^		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or			Х
	excess parachute payment(s) during the year?			15		<u> </u>
16	If "Yes," see instructions and file Form 4720, Schedule N	t inco	ime?			۳ X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen If "Yes," complete Form 4720, Schedule O	it ii iGC	and t	16	7 .	1
	ii 163, complete Form 4120, conedule o			Form		(2018)

	•			
	990 (2018) DAVID WOODS KEMPER VETERANS FOUNDATION 81-17			age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	ra "No" i	respor	ıse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			_
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		<u> </u>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			3
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	ļ	Х
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			l
	of officers, directors, or trustees, or key employees to a management company or other person?	3	Ь	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	—	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	ļ	X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			٠,
	more members of the governing body?	7a	<del>                                     </del>	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1_		<sub>v</sub>
	persons other than the governing body?	7b	<b>├</b>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Ι÷	
	The governing body?	8a	X	├─
	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	<del>                                     </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		V	
40-	Did the assessment of heavy level observes have about a settle tags.	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	IUa	<del>                                     </del>	<del>  ^</del>
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
440	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?		X	<del> </del>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110	<del></del>	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	$\bar{\mathbf{x}}$	-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<del> </del>
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1.25	<del></del>	$\vdash$
·	in Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent		<del> </del>	<del> </del>
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			Ι.
а	The organization's CEO, Executive Director, or top management official	15a		X,
	Other officers or key employees of the organization	15b		Х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
. 50	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		]_ '	]
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MO			

17 List the states with which a copy of this Form 990 is required to be filed >	-MC	<u>_</u>
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18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Own website

		<del></del>			
19	Describe in Schedule O whether (and if so, how) the	organization made its gove	erning documents, conflict	of interest policy,	and financia
	statements available to the public during the tax year	r.			

State the name, address, and telephone number of the person who possesses the organization's books and records CALEB JACKSON - 8164483194

Form **990** (2018)

2300 MAIN STREET, SUITE 900, KANSAS CITY,

64108

DAVID WOODS	KEMPER	VETERANS	FOUNDATION	81-1746276
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# Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

## Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

week list any ours for related anizations below line) 40.00 0.00	X X X	Institutional trustee	X X	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)  125,000. 0.	organizations (W-2/1099-MISC)	compensation from the organization and related organizations  0
1.00	х						0.	156,628.	0
	х						0.	156,628.	0
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0.00									
	X						0.	0.	0
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Form **990** (2018)

Page 7

Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average hours per		not c		more	than		Reportable compensation	Reportable compensation	- 1	Estimat amount	
		week		cer an					from	from related	'	other	
		(list any hours for	rector						the	organizations	- 1	mpens	
		related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		from th rganiza	
		organizations	truste	al trus		e A	ошреп		(** 2, 1000 *********************************			nd rela	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensate employee	Former			or	ganızat	ions
	<u> </u>	iii ie,	를	SE .	<del>16</del>		분통	훈					
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1b	Sub-total	<u> </u>	l	l		l	L	▶	125,000.	156,628	-		0.
	Total from continuation sheets to Part VI	I, Section A						<b>•</b>	0.	0			0.
	Total (add lines 1b and 1c)							<u> </u>	125,000.	156,628	<u>.l</u>		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	no r	eceived more than \$100	0,000 of reportable			1
	compensation from the organization											Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	уее,	or	highest compensated e	mployee on	00	بمعاد	0 1 5
	line 1a? If "Yes," complete Schedule J for s										3	<u> </u>	X
4	For any individual listed on line 1a, is the su	•		-					·	the organization		$\frac{1}{x}$	<u>**</u>
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									idual for services	4	- 60 - A	
	rendered to the organization? If "Yes," com	•				-			o o ga maaron o man		5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co										nsatior	from	
	the organization. Report compensation for (A)	tne calendar y	ear	enaii	ng v	vitn	or w	Itnir	n the organization's tax (B)	year		(C)	
	Name and business	address	N	ONE	3				Description of s	ervices		ensatio	'n
								ĺ					
								$\dashv$					
										-			
	······································							$\dashv$					
_	Tabel and a second seco	- درجا - مرام رام م	-+ I		-d 4-	Ale -	I		d ob	oro than		o¢ .	<u> </u>
2	Total number of independent contractors (i		OT III	HITE	u 10	tho:	•	siec	above) who received in	iore man	۰,۰	o~	- 0

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under sections 512 - 514 Total revenue Related or Unrelated exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 10 c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code Program Service Revenue All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 163,875 163,875. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 823,258 assets other than inventory b Less: cost or other basis 749,861 and sales expenses 73,397 c Gain or (loss) 397 397 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 237,272. 0. 0. Total revenue. See instructions 12

832009 12-31-18

Form 990 (2018)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	SE or note to any line in (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	122,750.	122,750.	ļi.	
2	Grants and other assistance to domestic			-	
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				· <u>-</u>
•	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	125,000.		125,000.	
6	Compensation not included above, to disqualified	,			
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	9,808.		9,808.	<del> </del>
10	Payroll taxes			· · · · · ·	
11	Fees for services (non-employees)				
	Management				
b	Legal			-	
c	Accounting	3,500.		3,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	17,014.		17,014.	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	169.		169.	
12	Advertising and promotion				
13	Office expenses	33.	-	33.	
14	Information technology				
15	Royalties				
16	Occupancy	15,993.		15,993.	
17	Travel	1,233.		1,233.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	93.		93.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,350.		1,350.	
24	Other expenses. Itemize expenses not covered	" "n, " o'	,	2 0 3 0	n 4 :
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	80 , "		ું વર્ષ કી. ં	9 , 10
	amount, list line 24e expenses on Schedule 0.)	a	· ' • • • • • • • • • • • • • • • • • •	0 0 0	
а	ANNUAL SUBSCRIPTIONS	1,679.	1,679.	0.	
b	EVENTS	1,580.		1,580.	
С	PAYCHEX FEES	1,427.		1,427.	
d	BANK FEES	194.		194.	
е	All other expenses	308.		308.	
25	Total functional expenses Add lines 1 through 24e	302,131.	124,429.	177,702.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
				i i	
	educational campaign and fundraising solicitation.			ì	

832010 12-31-18

Ŗa	<u>π·χ</u> ξ	Balance Sheet				<u> </u>
		Check if Schedule O contains a response or note to any line in thi	s Part X	1	. •	
				(A) Beginning of year		(B) End of year
	,			1		1 -
	1	Cash - non-interest-bearing		17,077.	1	12,947
· <del>-</del> -	2	Savings and temporary cash investments		84,917.	2	278,964
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, dire			4.5	
		trustees, key employees, and highest compensated employees C	Complete	The same of the sa		100
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as d			12.4	[[] [] [] [] [] [] [] [] [] [] [] [] []
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and	-	· · · · · · · · · · · · · · · · · · ·		1. 二年 本田 本人 本 中 新
		employers and sponsoring organizations of section 501(c)(9) volui		U 1 . , , , , , , , , , , , , , , , , , ,	FF.	A A Maria Cara
ets		employees' beneficiary organizations (see instr) Complete Part II	of Sch L		6	
Assets	7	Notes and loans receivable, net		_	7	
	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges		CHI SCHOOL TOUR TENEDL BEING CHIE	9	B SPERSON TOTAL ECONOMIC DESCRIPTION
	10a	Land, buildings, and equipment cost or other			Fried States	
		basis Complete Part VI of Schedule D		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		N. T. F. F. 185 11 15 15
	I	Less accumulated depreciation [10b]		3,200,597.	10c	3,356,600
	11	Investments - publicly traded securities		3,224,448.	11	2,757,069
	12	Investments - other securities See Part IV, line 11		3,224,440.	12	2,737,003
	13	Investments - program-related See Part IV, line 11			14	
	14	Intangible assets			15	
	15	Other assets See Part IV, line 11		6,527,039.	16	6,405,580
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)		0,327,033.	17	0,103,300
	18	Accounts payable and accrued expenses Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedul	eD		21	
w	22	Loans and other payables to current and former officers, directors				TO THE PARTY OF THE
<u>e</u>		key employees, highest compensated employees, and disqualified				W 12.12
Liabilities		Complete Part II of Schedule L	- •		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related t	third			
		parties, and other liabilities not included on lines 17-24) Complete				
		Schedule D		56,177.	25	0
	26	Total liabilities. Add lines 17 through 25		56,177.	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶	and	N. S. L. S.		
S		complete lines 27 through 29, and lines 33 and 34.			-	HOLDER PROPERTY
Ĕ	27	Unrestricted net assets			27	
39	28	Temporanly restricted net assets			28	
Ď	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check h	ere 🕨 🗶			58 - 8 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -
ò		and complete lines 30 through 34.			E. H	
ets	30	Capital stock or trust principal, or current funds		0.	30	<u>C</u>
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		0.	31	0
ē	32	Retained earnings, endowment, accumulated income, or other fur	nds	6,470,862.	32	6,405,580
Z	33	Total net assets or fund balances		6,470,862.	33	6,405,580
	34	Total liabilities and net assets/fund balances		6,527,039.	34	6,405,580

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Pa	rt XI Reconciliation of Net Assets	•		
	Check if Schedule O contains a response or note to any line in this Part XI	•	·	<u>X</u> .
1	Total revenue (must equal Part VIII, column (A), line 12)	_1		7,272.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,131.
3	Revenue less expenses Subtract line 2 from line 1	3		1,859.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,470	7,862.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-423.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	6,405	5,580.
Pa	t'XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	_		<del>,      </del>
	<b>.</b>		[ <del>[:</del> ]	Yes No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		i  i	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	A
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	[: ]	li
	separate basis, consolidated basis, or both		]i  i	` 1!
	Separate basis Consolidated basis Both consolidated and separate basis		اخينا	<del></del>
b	Were the organization's financial statements audited by an independent accountant?		2b	A 7 7 71
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	' [' ].	i   .
	consolidated basis, or both		,	-
	Separate basis Consolidated basis Both consolidated and separate basis		<del></del>  -	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	1 1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	- 1 -401
_	If the organization changed either its oversight process or selection process during the tax year, explain in Scho			1 - 10
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igie Au	1 1	x
	Act and OMB Circular A-133?	rad	3a	- <del>  ^</del>
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	reu au	3b	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			990 (2018)

# Schedule R (Form 990) 2018 DAVID WOODS KEMPER VETERANS FOUNDATION

Metric Competed by the feet and organizations. Complete of the organization answered "Yes" on Form 990, Part IV, Inc 94, 535, or 35 Metric Competed for the expendance of the schedule of the organization of the schedule of the organization of the schedule of the organization of the schedule of the organization of the schedule of the organization	•	Yes		Ta X	th X		+	+	Te de la companya de			# X	± X	X [1]		1	= +	1	1	10 X	<b>A</b>	+	v   bl				(d) Method of determining amount involved	INCURRED				Schedule R (Form 990) 2018
citons With Relaced Organizations. Complete if the organization answeres to the any entity is listed in Parts II, III, or IV of this schedule.  The any entity is listed in Parts II, III, or IV of this schedule.  The any entity is listed in Parts II, III, or IV of this schedule.  The any entity is listed in Parts II, III, or IV of this schedule.  The any entity is listed in Parts II, III, or IV of this schedule.  The any entity is listed in Parts II, III, or IV of this schedule.  The any entity of the organization of any analysis of any and any of the following transaction of any analysis of organization of any elated organization of assets from related organization of assets with related organization of for expenses or membership or fundrasing solicitations by related organization of services or membership or fundrasing solicitations by related organization of services or membership or fundrasing solicitations by related organization of services or membership or fundrasing solicitations by related organization of or sexpenses or remembership or fundrasing solicitations for information on who in the above is "Yes," see the instructions for information on who is or cash or property from related organization  Name of related organization  ODDS KEMPER MEMORIAL FOUNDATION	d "Yes" on Form 990, Part IV, line 34, 35b, or 36		n one or more related organizations listed in Parts II-IV														(bn(s)	(6)								nust complete this line, including covered relationships	(b) (c) ransaction Amount involved type (a-s)	5,314.COST				26
	ctions With Related Organizations. Complete if the organization answered	ne 1 if any entity is listed in Parts II, III, or IV of this schedule.	y year, did the organization engage in any of the following transactions with	interest, (ii) annurties, (iii) royalties, or (iv) rent from a controlled entity	r capital contribution to related organization(s)	capital contribution from related organization(s)	Cultimate of the related organization (e)	ווטממימווינינים וכס וכס וכס וכס וכס וכס וכס וכס וכס וכס	n¦guarantees by related organization(s)	n related organization(s)	s to related organization(s)	assets from related organization(s)	j assets with related organization(s)	lites, equipment, or other assets to related organization(s)	(a) and because to declar most of above and the section and th	intes, equipment, of other assets from related organization (s)	or services of membership of fundaising solicitations for felated organizations by related organizations.	cities commont mains lists or other assets with related organization(s)	chines, equipment, manning hats, of other assets with related digalization(s)	aid employees with related organization(s)	and to related executions (a) and the second	eni para to related organization(s) for expenses	ent pard by related organization(s) for expenses	 	of cash or property from related organization(s)			KEMPER MEMORIAL FOUN				_

# SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047 18 Open to Public

Inspection

Name of the organization

DAVID WOODS KEMPER VETERANS FOUNDATION

Employer identification number 81-1746276

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (dunng year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	rt IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histori	cally important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	9
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser-	rvation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	
	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
-	conservation easements	f Art Listerical Transpures or Oth	or Similar Assats
Pa	rt III Organizations Maintaining Collections o		ier Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	c service, provide the following amounts
	relating to these items		▶ •
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X	and the second second for financial of	\$
2	•		jain, provide
	the following amounts required to be reported under SFAS 1	10 (ASC 938) relating to these items	<b>▶</b> ◆
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X  For Paperwork Reduction Act Notice, see the Instruction	s for Form 990	Schedule D (Form 990) 2018

832051 10-29-18

	dule D (Form 990) 2018 DAVID W	OODS KEMPE							46276		2
<u> </u>											—
3	Using the organization's acquisition, access (check all that apply)	ion, and other recon	us, check	any or the i	ollowing that are a	a Sigili	ilicarii	use oi its	Collection	Hems	
•	Public exhibition	,	d 🗀 Lo	oan or eveh	nange programs						
a	Scholarly research			ther	larige programs						
b		'			<del></del>						
C 4	Preservation for future generations	allastians and avala	un how tho	v firethor th	o organization's o	vomn	t nuro	nee in Dei	4 VIII		
4	Provide a description of the organization's c During the year, did the organization solicit of	•		-	-	-		JSE III Fai	LAIII		
5	to be sold to raise funds rather than to be m					liai as	5612		Yes		О
Par	t IV Escrow and Custodial Arran					on Fo	000	) Port IV		<u>ا لــــا</u>	<u> </u>
- Ca	reported an amount on Form 990, Pa	•	iete ii tile C	nganizatioi	Tallsweled Tes	01110	1111 330	o, raitiv,	iii le 3, 0i		
1a	Is the organization an agent, trustee, custod		diary for co	ontributions	s or other assets n	ot inc	luded	<del> </del>			_
10	on Form 990, Part X?	ian or outer interine	alary for o	or a real of the	3 01 011101 433013 1	100 1110	iaaca		Yes	□ N	•
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tal	hle					_ 103		Ū
J	Tes, explain the arrangement in rare xiii	and complete the it	onowing ta	OIC .		1			Amount	-	_
С	Beginning balance						1c		7 111104111		_
	Additions during the year						1d				-
e	Distributions during the year						1e				
f	Ending balance						1f				_
	Did the organization include an amount on F	orm 990 Part X line	21 for es	crow or cu	stodial account lia	ı hılıtv?			Yes	N	_
	If "Yes," explain the arrangement in Part XIII					-					•
	t V   Endowment Funds. Complete										_
		(a) Current year		or year	(c) Two years back		Three y	ears back	(e) Four	years bac	 k
1a	Beginning of year balance	, ,				1					_
b	Contributions										_
c	Net investment earnings, gains, and losses										_
d	Grants or scholarships								İ		_
e	Other expenditures for facilities					1					_
_	and programs										
f	Administrative expenses					1					_
g	End of year balance		<del> </del>		-						_
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g,	column (a)	) held as	-					
а	Board designated or quasi-endowment	ŕ	%		,						
ь	Permanent endowment	%	_								
С	Temporarily restricted endowment ▶	<del></del> %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse		ation that	are held an	nd administered fo	r the c	organiz	ation			
	by	_					_		Γ	Yes No	_
	(i) unrelated organizations								3a(ı)		_
	(ii) related organizations								3a(iı)		_
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sch	nedule R?					3b		_
4	Describe in Part XIII the intended uses of the										_
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV,	line 11a Se	ee Form 990, Part	X, line	10				_
•	Description of property	(a) Cost or o	other	(b) Cost of	or other (c)	Accu	mulate	ed	(d) Book	value	
		basis (investi	ment)	basis (d		lepred	ation				_
1a	Land .						•				_
b	Buildings										
С	Leasehold improvements										_
d	Equipment										_
е	Other										
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column	(B), line 10	Oc)					0	·
								Schedule	D (Form	990) 20	18

(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
Total. (Co

Part IX Other Assets.

Schedule D (Form 990) 2018

(1) Financial derivatives (2) Closely-held equity interests

VALUE ETF

(3) Other

(B)

(F) (G) (H)

Part VII Investments - Other Securities.

(A) ISHARES RUSSELL MIDCAP

Part VIII Investments - Program Related.

(a) Description of investment

COMMERCE MIDCAP GROWTH FUND INSTITUTIONAL #339

TIAA-CREF INSTITUTIONAL INTERNATIONAL EQUITY

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description		(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b></b>	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Book value	A Day Tana So ""
(1) Federal	Income taxes		
(2)			
(3)			الم المن المن المن المن المن المن المن ا
(4)			8 00 Q do 3 2 0 0 0 0 1
(5)			
(6)			
(7)			
(8)			0 7,40 5 4° 0 30 8 6 9 6 9 6 8
(9)			100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	12 25 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 DAVID WOODS KEMPER VETER		81-1746276 Page
Part XI Reconciliation of Revenue per Audited Financial State	ements With Revenue pe	r Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	<del>-</del>
c Recoveries of prior year grants	2c	<del>-</del>
	2d	<del> </del>
·		
e Add lines 2a through 2d		3
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 4. 1	I. I
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u></u> [`
b Other (Describe in Part XIII )	4b	<del></del>
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	1 APACAL E	5
Part XII Reconciliation of Expenses per Audited Financial Stat		ber Heturn.
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
1 Total expenses and losses per audited financial statements	•	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
<b>b</b> Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII )	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	4a	
a Investment expenses not included on Form 990, Part VIII, line 7b	4b	<del> </del>
	1 40 1	I I
b Other (Describe in Part XIII )	<u></u>	4-
c Add lines 4a and 4b		4c
<ul> <li>c Add lines 4a and 4b</li> <li>5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</li> </ul>		4c 5
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information.		5
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Prart XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, III.	Part IV, lines 1b and 2b, Part V, I	5
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information.	Part IV, lines 1b and 2b, Part V, I	5
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c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Prart XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, III.	Part IV, lines 1b and 2b, Part V, I	5

Part XIII | Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
VANGUARD INTERMEDIATE TERM INVESTMENT GRADE		
FUND ADM	565,499.	COST
COMMERCE BOND FUND #333	1,193,232.	COST
,		
	<u></u>	
	<u> </u>	
	-	· · · · · · · · · · · · · · · · · · ·
	-	
	<del></del>	Schodulo D (Form 990)

% ⊠ Employer identification number 81-1746276 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance \\_\_ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Go to www.irs.gov/Form990 for the latest information. ٥. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed VETERANS FOUNDATION (d) Amount of cash grant 122,750 (c) IRC section (if applicable) DAVID WOODS KEMPER "Part IP 음 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SEE STATEMENT SCHEDULE (Form 990)

Schedule I (Form 990) (2018)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 Schedule I (Form 990) (2018) (f) Description of noncash assistance 81-1746276 (e) Method of valuation (book, FMV, appraisal, other) Part IV. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance DAVID WOODS KEMPER VETERANS FOUNDATION (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2018) Part III, Grants and Other 832102 11-02-18

# David Woods Veterans Foundation Attachment of Fiscal Year Payments for IRS 990 December 31, 2018

Recipient Name and Address Fis					
<u>                                      </u>	Fiscal	Foundation	Purpose	Payment	Payment Payment Date
	Sponsor	Status of Recipient		Amount	
After Action Network Inc		PC	Used at the discretion of the Board of Directors or	35,000 00	8/31/2018
1300 Baltimore Ave, Apt 2215N			Trustees as they see fit for operating their organization		
Kansas City, MO 64105					
Caregivers on the Homefront		PC	Used at the discretion of the Board of Directors or	10,000 00	12/10/2018
8506 N Wayland Ave			Trustees as they see fit for operating their organization.		
Kansas City, MO 64153					
Johnson County Community College Foundation		PC	KC ReCon	5,000.00	10/11/2018
12345 College Blvd					
Overland Park, KS 66210-1299					-
Kansas Humanities Council Inc		PC	Used at the discretion of the Board of Directors or	7,500 00	4/25/2018
112 S W 6th Ave , Ste 400			Trustees as they see fit for operating their organization.		
Topeka, KS 66603-3895					
Kansas State University Foundation		PC	Office for Military and Veteran Affairs	20,000 00	4/25/2018
1800 Kimball Ave , Ste 200			(Fund #C22220)		
Manhattan, KS 66502					
Kansas University Endowment Assoc		PC	Used at the discretion of the Board of Directors or	5,250.00	7/16/2018
P O. Box 928			Trustees as they see fit for operating their organization.		
Lawrence, KS 66044-0928					
War Horses for Veterans Inc.		POF	Used at the discretion of the Board of Directors or	10,000 00	12/19/2018
18208 Nall Ave			Trustees as they see fit for operating their organization		
Stilwell, KS 66085					
Total Contributions for the Year:				122,750.00	

# 'SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection. Employer identification number

DAVID WOODS KEMPER VETERANS FOUNDATION

81-1746276

Pa	art,I Questions Regarding Compensation			
	<del></del>		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	-	7"	7 1
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		· .	<b> </b> '
	First-class or charter travel Housing allowance or residence for personal use		ļ' ,	
	Travel for companions Payments for business use of personal residence	<u> </u> '		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	ľ		
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	<u></u>	<u> </u>	l
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	l	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	است	<u></u>	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		Ĺ
		:		′
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	'	ľ	ļ. :
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to		<b> </b> .	ļ, i
	establish compensation of the CEO/Executive Director, but explain in Part III			ļ.
	Compensation committee Written employment contract			1:
	Independent compensation consultant Compensation survey or study			ľ
	Form 990 of other organizations  Approval by the board or compensation committee			ľ
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	İ		,
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		,	9
		' c Q	, 50 p	ga
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	اعد فا	÷ 0	્ય
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	186	1	À.
	contingent on the revenues of	<u> </u>	1 0	قيتا
а	The organization?	5a		X
b	Any related organization?	5b	_	X
	If "Yes" on line 5a or 5b, describe in Part III	80	, i	و نوم
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ا دُولِ ا	Ç.	۱,۰۰
	contingent on the net earnings of		<u>-</u>	ا نو د
а	The organization?	6a		X
p	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III	10 1	D <sub>e</sub>	004
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	1-4.5	<u></u>	<u> </u>
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	0.3	<u> </u>	19
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	,	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	انيا		لت
	Regulations section 53 4958-6(c)?	9		L
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedul	e J (Forn	n 990)	2018

DAVID WOODS KEMPER VETERANS FOUNDATION 81-1746276

Schedule J (Form 990) 2018

Page 2

Part II.1 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

			(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
( <b>A</b> )	(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denemts	(c)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) MARY KIRBY UPJOHN		Ξ	0	0	0	0	0	0	0
PRESIDENT/TRUSTEE		) (II)	146,60		9,961.		0	156,62	0
		Ξ							;
		(ii)							
		Ξ							
		(ii)			,				
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Schedule J (Form 990) 2018	0) 2018 DAVID WOODS KEMPER VETERANS FOUNDATION	81-1746276 Page 3
Part III Supplem	Provide the information, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information	
, 832113 10-26-18	22	Schedule J (Form 990) 2018

# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

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

2018

Open to Public

**Employer identification number** Name of the organization DAVID WOODS KEMPER VETERANS FOUNDATION 81-1746276 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: KANSAS AND MISSOURI THAT PROMOTE THE WELL-BEING FOR VETERANS. FORM 990, PART VI, SECTION B, LINE 11B: PREPARER PROVIDES TENTATIVE FORM 990 TO TRUSTEE'S ADMINISTRATIVE OFFICER FOR REVIEW AND APPROVAL PRIOR TO EXECUTION AND FILING OF FINAL FORM 990 WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION C, LINE 18: THE COMPLETE FORM 990 IS MADE AVAILABLE TO ANYONE UPON REQUEST DURING THE REQUIRED THREE YEAR PERIOD. IT IS ALSO AVAILABLE ON THE GUIDESTAR WEBSITE. FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS WILL BE MADE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: -423. ASSET ADJUSTMENT

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

Schedule O (Form 990 or 990-EZ) (2018)

SCHEDULE R (Form 990)

Department of the Treasur Internal Revenue Service

Vame of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

2018

OMB No 1545-0047

Open to Publication

(g) Section 5 12(b)(13) controlled entity? ٩ Employer identification number 81-1746276 × Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year entity Direct controlling entrty End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) Total income Exempt Code ਉ section 501(C)(3) Ē Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or Legal domicile (state or foreign country) foreign country) DAVID WOODS KEMPER VETERANS FOUNDATION MISSOURI AND CHARITABLE, RELIGIOUS, EDUCATIONAL CHARITIES Primary activity DPERATING TO SUPPORT Primary activity DAVID WOODS KEMPER MEMORIAL FOUNDATION -922 WALNUT, KANSAS CITY, MO Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 44-6012535, Part I Part II 64106

Schedule R (Form 990) 2018

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

81-1746276

Page 2

Schedule R (Form 990) 2018 DAVID WOODS KEMPER VETERANS FOUNDATION

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year 3 Yes Code V.UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ Disproportionate Š allocations? Ξ Yes Share of end-of-year assets <u>6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
| Direct controlling | entity (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Part IV

		tion X13) olled ty?	2			×							 	1 20 18
	=	Section 512(b)(13) controlled entity?	Yes				i							, 990)
	Ξ	Percentage ownership											ļ	Schedule R (Form 990) 2018
	(6)	Share of end-of-year	assets											Sche
	<b>(</b> )	Share of total income												
	(e)	Type of entity (C corp, S corp,	o unari											
	(p)	Direct controlling entity												
	(၁)	Legal domicile (state or foreign	(Kajunos)											25
ing the tax year	(q)	Primary activity												
טופמיוובמיוטווא נו כמיכט מא מייייסיומיוטון אי ויטאר טטוווופן נוופ נמא אכמו	(a)	Name, address, and EIN of related organization		THE DAVID WOODS KEMPER MEMORIAL FOUNDATION -	44-6012535, 922 WALNUT, KANSAS CITY, MO				:					
dammer of the second		- <u>R</u> -20		THE DAVID WOODS	44-6012535, 922	64106-1809								832162 10-02-18

Page 4

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27

[Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Country) Sections 512-514 Ass Income sections 512-514 Ass Income	Name, add of	(a) Name, address, and EIN of entry	Name, address, and EIN Primary activity Legal domicile Predominant income (related, unrelated, of entity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated,	(e) Are all partners sec 501(c)(3)	(f) Share of total	(g) Share of end-of-vear	(h) Dispropor- tionate	(i) Code V-UBI amount in box 20	(j) General o managing	(k) Percentage
				country)	sections 512-514)	(es No	income	assets	Yes No	(Form 1065)	Yes No	L
Schedule R Form 9800 2018						_						
Schedule R Form 950/2018												
Schedule R Form 9500 2018												
Schedule R Form 900 (2018)												
Schedule R (Form 900 2018												
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Schedule R	(Form 990) 2018	DAVID	WOODS	KEMPER	VETERANS	FOUNDATION	81-1746276	Page 5
Part VII	(Form 990) 2018  Supplemental Info	rmation.						
<del></del>	Provide additional inform	nation for reco	onese to au	actions on Sci	hadula B. Saa inst	nictions		
	Provide additional inform	nation for resp	orises to qu	estions on Sci	nedule in See inst	Idelions		
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