Form 990-PF

Department of the Treasury

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.

Open to Public Inspection

► Go to www.irs.gov/Form990PF for instructions and the latest information. Internal Revenue Service 2019, and ending For calendar year 2019 or tax year beginning A Employer identification number Name of foundation 46-1464426 Seaboard Foundation B Telephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) Room/suite 913-676-8751 9000 West 67th St. City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here. 66202 Merriam, KS Initial return Initial return of a former public charity G Check all that apply D 1 Foreign organizations, check here. Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach. Address change Name change computation H Check type of organization X | Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . J Accounting method X Cash Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col (c), line Other (specify) under section 507(b)(1)(B), check here . **16)** ▶ \$ 2,640,352.27 (Part I, column (d), must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and for charitable (b) Net investment (c) Adjusted net total of amounts in columns (b), (c), and (d) expenses per purposes income ıncome may not necessarily equal the amounts in books (cash basis only) column (a) (see instructions)) 2,119,953.62 Contributions, gifts, grants, etc., received (attach schedule) . if the foundation is not required to 2 attach Sch B. 3 Interest on savings and temporary cash investments. 35,064.99 35,064.99 Dividends and interest from securities 4 b Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Revenue Gross sales price for all assets on line 6a 'n Capital gain net income (from Part IV, line 2). Net short-term capital gain. OGDEN. UT Income modifications 10a Gross sales less returns and allowances . . . **b** Less Cost of goods sold . Gross profit or (loss) (attach schedule) Other income (attach schedule) 11 2,155,018.61 35,064.99 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc . . . Expenses 15 16 16 Other employee salaries and wages Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting fees (attach schedule) B33 Q= 442.40 442.40 c Other professional fees (attach schedule) . . . Taxes (attach schedule) (see instructions). . . Depreciation (attach schedule) and depletion. 히20 21 Travel, conferences, and meetings ᄪ 22 Printing and publications perating 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. 442.40 442.40 Add lines 13 through 23. 531,000.00 531,000.00 ō 25 Contributions, gifts, grants paid 531,442.40 531,442.40 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 1,623,576.21 a Excess of revenue over expenses and disbursements 35,064.99 b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-).

_	art II	Balance Sheets	Attached schedules and amounts in the	Beginning of year	End o	f year
			description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 \	Cash - non-interest-bear	ing	794,073.25	29,000.00	29,000.00
			cash investments			
			btful accounts ▶			_
	4					
		Less allowance for dou	btful accounts ▶			
	5					
	6		officers, directors, trustees, and other			-
	•		tach schedule) (see instructions)			
	7		receivable (attach schedule)			· .
			btful accounts ▶			
ß	8		se			
ssets	9		leferred charges			
As	_		te government obligations (attach schedule)			
			e stock (attach schedule)		2,376,074.43	2,611,352.27
- 1			bonds (attach schedule)			
	11	investments - land, building:	s, >			
		and equipment basis Less accumulated deprecia				
	42	(attach schedule)	loans			
- 1	12 13		ach schedule)			-
	14	Land, buildings, and	•			'
		equipment basis Less accumulated deprecia	ation			
			·			
	16	Total assets (to be	completed by all filers - see the			
			page 1, item I)	794,073.25	2,405,074.43	2,640,352.27
┪	17		accrued expenses			1
	18	· •]
Ş	19	• •				
:≗	20		ors, trustees, and other disqualified persons.]
Liabilities	21	·	otes payable (attach schedule)			1
Ë	22	• •		·		[
		0.1101 1100 1100 (0.000110				
	23	Total liabilities (add line	es 17 through 22)			
<u>_</u>			w FASB ASC 958, check here			
ces		and complete lines 24,				1
au	24	Net assets without done	or restrictions			į
<u>3a</u>	25		estrictions · · · · · · · · · · · · · · · · · · ·			1
핗	24 25 26		ollow FASB ASC 958, check here			1
5		and complete lines 26 thr	·			
닐	26	Capital stock trust prin	cipal, or current funds			1
S	27	· ·	r land, bldg , and equipment fund			
set	28		ulated income, endowment, or other funds	794,073.25	2,405,074.43	,]
As	27 28 29 30	•	d balances (see instructions)	794,073.25	2,405,074.43	1
et	30		net assets/fund balances (see			<u> </u>
Z		instructions)		794,073.25	2,405,074.43	
P	art II		nges in Net Assets or Fund Bala	nces		
			palances at beginning of year - Part		must agree with	
			ed on prior year's return)		, ,	794,073.25
2			line 27a			1,623,576.21
			ded in line 2 (itemize) ▶			
						2,417,649.46
5			n line 2 (itemize) ► Realı			12,575.03
			palances at end of year (line 4 minus			2,405,074,43
Ť			4			Form 990-PF (2019)

·Pai	t IV. Capital Gains	and Losses for Tax on Inve	estment Income			
	(a) List and de	(b) How acquired	(c) Date acquired	(d) Date sold		
	2-story b	rick warehouse, or common stock, 200 s	shs MLC Co)	P - Purchase D - Donation		(mo , day, yr)
1 a	Common sto	ck and mutual funds		D	VAR	VAR
<u>b</u>				_		
<u> </u>		<u> </u>				
<u>d</u>						
<u>e</u>						
	(e) Gross sales price	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))			
a	5,252,384.74		5,264,959.77		(12,575.	03)
<u>b</u>						
<u>c</u>						
<u>d</u>						
<u>e</u>			40/04/00			<u>.</u>
	Complete only for assets s	howing gain in column (h) and owned			Gains (Col (h) g	
((i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	(k), but not less t Losses (from co	
<u>a</u>						-
b						
<u>c</u>					<u> </u>	
<u>d</u>			<u> </u>			
<u>e</u>						
2	Capital gain net income	or (not capital loce)	ain, also enter in Part I, line 7 bss), enter -0- in Part I, line 7	2	(12,575	5.03)
3		ain or (loss) as defined in sections				
	If gain, also enter in F	Part I, line 8, column (c) See inst	tructions If (loss), enter -0- in			
	Part I, line 8	<u> </u>	<u> </u>	3		
Par		Under Section 4940(e) for Rec				
(For	optional use by domesti	c private foundations subject to the	e section 4940(a) tax on net investi	ment inco	me)	
If se	ction 4940(d)(2) applies,	leave this part blank				
	11	Alexander ADAO Anno an Alexandra dicatorile	de all a second of agent page in the		₄₂	Yes X No
		the section 4942 tax on the distribution to qualify under section 4940(e)		ase perior] Tes [] NO
1		mount in each column for each yea		ng anv er	ntries	
<u>'</u>	(a)			ing any cr	(d)	·
Cala	Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
Care	2018	215,000.00	958,641.32		(20. (2) 22	0.2243
	2017	217,650.32	99,062.64			2.1971
	2016	163,279.00	30,652.28		·	5.3268
	2015	194,546.50	15,419.88			12.6166
	2014	113,257.50	12,658.19		-	8.9474
	2011					
2	Total of line 1 column ((d)		2		29.3122
3		io for the 5-year base period - divide				
3		foundation has been in existence i		3		5.8624
	the number of years the	Touridation has been in existence i	ricos man e yeare			
4	Enter the net value of n	oncharitable-use assets for 2019 fr	rom Part X, line 5	4	2,28	6,535.20
				5	13 //	4,583.96
5	Multiply line 4 by line 3			-		9, 303. 20
6	Enter 1% of net investm	nent income (1% of Part I, line 27b).		6		350.65
				_	10 4	04 024 61
7	Add lines 5 and 6			7	13,4	04,934.61
8	Enter qualifying distribu	tions from Part XII, line 4		8		31,442.40
-	If line 8 is equal to or g	greater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% ta	x rate See the

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Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ction	<u>s)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary · see instructions)		701	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		701.	30
	here and enter 1% of Part I, line 27b			1
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3	Add lines 1 and 2		701	30
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		701	.30
6	Credits/Payments			1
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a			
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868)			1
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		701.	30
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		_	
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the]		
	Instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ►\$ (2) On foundation managers ►\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$			X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> </u>
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	-		X
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	-	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 4b		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	5		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			. 1
_	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that 			
		6	X	
-	conflict with the state law remain in the governing instrument?	7	Х	
7	Enter the states to which the foundation reports or with which it is registered. See instructions.			1
8a	Kansas			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			<u> </u>
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			^
•	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes,"			
	complete Part XIV	9		_ x '
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
10	names and addresses	10		Х
		om 99	n-PF	(2019)

Pai	t VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions			Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualifier			
-	person had advisory privileges? If "Yes," attach statement See instructions	1		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	` —	Х	
	Website address ► http;//giving.seaboardcorp.com/seaboard-foundation/			
14	The books are in care of ▶ David Rankin Telephone no ▶ 913-676	-875.		
14	Located at ▶ 9000 West 67th Street, Merriam, KS ZIP+4 ▶ 66202			
4.5	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		_	\Box
15		i		ш
46	and enter the amount of tax-exempt interest received or accrued during the year	•	Yes	No
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other author	1	 	X
	over a bank, securities, or other financial account in a foreign country?	• —	1	<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name	"		
Par	the foreign country ► tVII-B Statements Regarding Activities for Which Form 4720 May Be Required			
Par			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	163	140
1a	During the year, did the foundation (either directly or indirectly) (1) Engage in the sale or exchange or leasing of property with a disqualified person?			
	(v) anguigo in the sale of shellanger of foreign and an area and a shellanger of the sale	-		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	diodacinica person			
	(b) I difficill goods, services, or rediffices to (or decept triefly a disqualified person			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		1	
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in		·	ļ ——-
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	. <u> 1b</u>		
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2019?	. <u>1c</u>	 	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	Į.		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			ĺ
	If "Yes," list the years		1	
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	1		
	all years listed, answer "No" and attach statement - see instructions)	. 2b		X
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	.	,	
	>			
3а	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	١,	1	[]
	at any time during the year? Yes X No			į.
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation of			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of		[' '	
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			لــــا
	foundation had excess business holdings in 2019)	. 3b	<u> </u>	<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		<u></u>	<u> </u>
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		Х

	TOL MAINCH LOUN	4720 May Be Reg	uirea (conunaea)			
5a During the year, did the foundation pay or incur any am	ount to			- }	Yes	No
(1) Carry on propaganda, or otherwise attempt to influ	ence legislation (sectio	on 4945(e))?	. Yes X N	lo		
(2) Influence the outcome of any specific public el	ection (see section	4955), or to carry or	n,			Ì
directly or indirectly, any voter registration drive?			. Yes X N	lo		
(3) Provide a grant to an individual for travel, study, or	other similar purposes?		. Yes X N	lo		
(4) Provide a grant to an organization other than a	a charitable, etc., org	janization described i	n	,		
section 4945(d)(4)(A)? See instructions			. Yes X N	lo	}	
(5) Provide for any purpose other than religious, of	haritable, scientific,	literary, or educations			۱۰	
purposes, or for the prevention of cruelty to children	or animals?		. Yes X N	lo ,	_	
b If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions described	ın <u> </u>		
Regulations section 53 4945 or in a current notice rega	rding disaster assistan	ce? See instructions.		5b		
Organizations relying on a current notice regarding disa	ister assistance, check	here		- ∐	li	
c If the answer is "Yes" to question 5a(4), does the	foundation claim e	exemption from the t	ax			İ
because it maintained expenditure responsibility for the	grant?		. L Yes N	lo		ĺ
If "Yes," attach the statement required by Regulations	section 53 4945-5(d)			ŀ		
6a Did the foundation, during the year, receive any fu	nds, directly or indir	ectly, to pay premiun	ns			- {
on a personal benefit contract?			. Yes X N	lo		لب
b Did the foundation, during the year, pay premiums, dir	ectly or indirectly, on a	personal benefit contra	ct?	. 6b		X
If "Yes" to 6b, file Form 8870						. [
7a At any time during the tax year, was the foundation a	party to a prohibited ta	x shelter transaction?	. Yes X N	lo		
b If "Yes," did the foundation receive any proceeds or ha	-		on?	. 7b		
8 Is the foundation subject to the section 4960 tax on pa	lyment(s) of more that	ın \$1,000,000 ın		-		j
remuneration or excess parachute payment(s) during the	e year?		Yes X N			1
Part VIII Information About Officers, Director and Contractors	ors, Trustees, Fol	indation Managers	s, Hignly Paid Em	ipioyees,		
1 List all officers, directors, trustees, and founda						
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens		
Steven J. Bresky	President				_	0.0
9000 West 67th Street, Merriam, KS 66202	and Director	0.00	0.00		0.	.00
Ellen Bresky	VP and					
	1	0 00	0.00		•	00
9000 West 67th Street, Merriam, KS 66202	Director	0.00	0.00		0.	.00
Michelle Clark	VP, Secretary					
Michelle Clark 9000 West 67th Street, Merriam, KS 66202	VP, Secretary	0.00	0.00			.00
Michelle Clark 9000 West 67th Street, Merriam, KS 66202 David Rankin	VP, Secretary and Director VP, Treasurer	0.00	0.00		_0.	.00
Michelle Clark 9000 West 67th Street, Merriam, KS 66202 David Rankin 9000 West 67th Street, Merriam, KS 66202	VP, Secretary and Director VP, Treasurer and Director	0.00	0.00		0	.00
Michelle Clark 9000 West 67th Street, Merriam, KS 66202 David Rankin 9000 West 67th Street, Merriam, KS 66202 2 Compensation of five highest-paid employees	VP, Secretary and Director VP, Treasurer and Director	0.00	0.00		0	.00
Michelle Clark 9000 West 67th Street, Merriam, KS 66202 David Rankin 9000 West 67th Street, Merriam, KS 66202	VP, Secretary and Director VP, Treasurer and Director	0.00	0.00		O . One, e	. 00 . 00 enter
Michelle Clark 9000 West 67th Street, Merriam, KS 66202 David Rankin 9000 West 67th Street, Merriam, KS 66202 2 Compensation of five highest-paid employees "NONE." (a) Name and address of each employee paid more than \$50,000	VP, Secretary and Director VP, Treasurer and Director (other than those (b) Title, and average hours per week	0.00 0.00 se included on line	0.00 0.00 1 - see instruct (d) Contributions to employee benefit plans and deferred	tions). If no	O . One, e	. 00 . 00 enter
Michelle Clark 9000 West 67th Street, Merriam, KS 66202 David Rankin 9000 West 67th Street, Merriam, KS 66202 2 Compensation of five highest-paid employees "NONE." (a) Name and address of each employee paid more than \$50,000	VP, Secretary and Director VP, Treasurer and Director (other than those (b) Title, and average hours per week	0.00 0.00 se included on line	0.00 0.00 1 - see instruct (d) Contributions to employee benefit plans and deferred	tions). If no	O . One, e	. 00 . 00 enter
Michelle Clark 9000 West 67th Street, Merriam, KS 66202 David Rankin 9000 West 67th Street, Merriam, KS 66202 2 Compensation of five highest-paid employees "NONE."	VP, Secretary and Director VP, Treasurer and Director (other than those (b) Title, and average hours per week	0.00 0.00 se included on line	0.00 0.00 1 - see instruct (d) Contributions to employee benefit plans and deferred	tions). If no	O . One, e	. 00 . 00 enter
Michelle Clark 9000 West 67th Street, Merriam, KS 66202 David Rankin 9000 West 67th Street, Merriam, KS 66202 2 Compensation of five highest-paid employees "NONE." (a) Name and address of each employee paid more than \$50,000	VP, Secretary and Director VP, Treasurer and Director (other than those (b) Title, and average hours per week	0.00 0.00 se included on line	0.00 0.00 1 - see instruct (d) Contributions to employee benefit plans and deferred	tions). If no	O . One, e	. 00 . 00 enter
Michelle Clark 9000 West 67th Street, Merriam, KS 66202 David Rankin 9000 West 67th Street, Merriam, KS 66202 2 Compensation of five highest-paid employees "NONE." (a) Name and address of each employee paid more than \$50,000	VP, Secretary and Director VP, Treasurer and Director (other than those (b) Title, and average hours per week	0.00 0.00 se included on line	0.00 0.00 1 - see instruct (d) Contributions to employee benefit plans and deferred	tions). If no	O . One, e	. 00 . 00 enter
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Michelle Clark 9000 West 67th Street, Merriam, KS 66202 David Rankin 9000 West 67th Street, Merriam, KS 66202 2 Compensation of five highest-paid employees "NONE." (a) Name and address of each employee paid more than \$50,000	VP, Secretary and Director VP, Treasurer and Director (other than those (b) Title, and average hours per week	0.00 0.00 se included on line	0.00 0.00 1 - see instruct (d) Contributions to employee benefit plans and deferred	tions). If no	O . One, e	. 00 . 00 enter
Michelle Clark 9000 West 67th Street, Merriam, KS 66202 David Rankin 9000 West 67th Street, Merriam, KS 66202 2 Compensation of five highest-paid employees "NONE." (a) Name and address of each employee paid more than \$50,000	VP, Secretary and Director VP, Treasurer and Director (other than those (b) Title, and average hours per week	0.00 0.00 se included on line	0.00 0.00 1 - see instruct (d) Contributions to employee benefit plans and deferred	tions). If no	O . One, e	. 00 . 00 enter
Michelle Clark 9000 West 67th Street, Merriam, KS 66202 David Rankin 9000 West 67th Street, Merriam, KS 66202 2 Compensation of five highest-paid employees "NONE." (a) Name and address of each employee paid more than \$50,000	VP, Secretary and Director VP, Treasurer and Director (other than those (b) Title, and average hours per week	0.00 0.00 se included on line	0.00 0.00 1 - see instruct (d) Contributions to employee benefit plans and deferred	tions). If no	O . One, e	. 00 . 00 enter
Michelle Clark 9000 West 67th Street, Merriam, KS 66202 David Rankin 9000 West 67th Street, Merriam, KS 66202 2 Compensation of five highest-paid employees "NONE." (a) Name and address of each employee paid more than \$50,000	VP, Secretary and Director VP, Treasurer and Director (other than those (b) Title, and average hours per week devoted to position	0.00 0.00 se included on line (c) Compensation	0.00 0.00 1 - see instruct (d) Contributions to employee benefit plans and deferred compensation	tions). If no	O . One, e	. 00 . 00 enter

	JIIS. II HOHE, CHICH HOH	∟.
Five highest-paid independent contractors for professional services. See instruction (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
10.12		
		1
otal number of others receiving over \$50,000 for professional services		
art IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform	nation such as the number of	
organizations and other beneficianes served, conferences convened, research papers produced, etc	ation such as the number of	Expenses
		<u> </u>
1		
2		
3		
	 -	
4		
art IX-B Summary of Program-Related Investments (see instructions)		
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		
		I
3		

	<u> </u>		
·Pai	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign fo	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		<u> </u>
	purposes		1,923,818.90
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	397,536.63
С	Fair market value of all other assets (see instructions)	1c	
d		1d	2,321,355.53
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,321,355.53
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	34,820.33
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,286,535.20
6	Minimum investment return. Enter 5% of line 5	6	114,326.76
Pai	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four	ndatior	ns
	and certain foreign organizations, check here ▶ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	114,326.76
2 a	Tax on investment income for 2019 from Part VI, line 5 2a 701.30		
b	Income tax for 2019 (This does not include the tax from Part VI) 2b		701 20
	Add lines 2a and 2b	2c	701.30
3	Distributable amount before adjustments Subtract line 2c from line 1	3	113,625.46
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	113,625.46
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	113,625.46
_			
Pal	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	<u></u>	
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	531,442.40
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	531,442.40
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4		531,442.40
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		ng whether the foundation
	qualifies for the section 4940(e) reduction of tax in those years		

Form **990-PF** (2019)

Part XIII Undistributed Income (see Instr	uctions)			Page 9
Part•XIII Undistributed Income (see Instr				(4)
1 Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
line 7			······································	113,625.46
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only				<u> </u>
b Total for prior years 20,20,20				<u> </u>
3 Excess distributions carryover, if any, to 2019				1
a From 2014				
b From 2015				1
c From 2016 161,746.39	1			
d From 2017				!
e From 2018 167, 067. 93				
f Total of lines 3a through e	847,831.61			<u> </u>
4 Qualifying distributions for 2019 from Part XII,				
line 4 ▶ \$531,442.40				1
a Applied to 2018, but not more than line 2a				1
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
				113,625.46
d Applied to 2019 distributable amount	417,816.94			1
e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2019				'
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,265,648.55			
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)	1			
tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				[
amount - see instructions				
e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see				
Instructions				1
f Undertebuted income for 2010. Subtract lines				
f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2020			<u></u>	
7 Amounts treated as distributions out of corpus				1
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 2014 not	110 (04 50			
applied on line 5 or line 7 (see instructions)	112,624.59			1
9 Excess distributions carryover to 2020.	1 153 003 06		 	
Subtract lines 7 and 8 from line 6a	1,153,023.96			
10 Analysis of line 9				
a Excess from 2015 193,775.51				
b Excess from 2016 161,746.39	,			
010 (17 10]
167 063 00	·	ı		
417 016 04				
e Excess from 2019 417,816.94				Form 990-PF (2019)

Pa	rt XIV. Private Op	erating Foundations	(see instructions a	nd Part VII-A, questi	on 9)	
1 a	If the foundation has foundation, and the ruling	•		· · · · · · · · · · · · · · · · · · ·	- 1	
b	Check box to indicate v)(3) or 4942(J)(5)
	Enter the lesser of the ad-	Tax year	is a private specialing	Prior 3 years		
	justed net income from Part	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	I or the minimum investment	(4) 23 10	(2)2010	<u> </u>	/ /	· —
	return from Part X for each					
	year listed					
D	85% of line 2a				<u>-</u>	
С	Qualifying distributions from Part					
d	XII, line 4, for each year listed . Amounts included in line 2c not					
u	used directly for active conduct					
	of exempt activities			/		
е	Qualifying distributions made directly for active conduct of		/	ľ		
	exempt activities Subtract line					
3	2d from line 2c					
3	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)		,			
þ	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed					
C	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on secunties loans (section 512(a)(5))					
	or royalties) / .					
	(2) Support from general public and 5 or more					
	exempt organizations as					
	provided in Section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt					
	organization					
De	(4) Gross investment income.	ton Information //	Complete this part	only if the founds	tion had \$5 000 a	r more in assets at
	any time d	uring the year - see	instructions.)	only if the lounds		
	Information Regarding					
а	List any managers of					red by the foundation
	before the close of any	tax year (but only if th	ey nave contributed n	101e (nan \$5,000) (36	ee section 507(a)(2))	
		 	4004			
b	List any managers of ownership of a partner					/ large portion of the
	ownership of a partner	ship of other entity) of	Willell the loundation	nas a 1070 or greater	interest	
2	Information Regarding	Contribution Grant	Gift, Loan, Scholarsh	ip. etc Programs		
_	_ 	=			table areanizations o	and doos not assent
	unsolicited requests for	ne roundation only r or funds. If the found:	nakes contributions ation makes difts dra	ito preselected chari ints etc. to individua	lable organizations ur	and does not accept nder other conditions,
	complete items 2a, b, c			into, oto, to marrida	is or organizations ar	idor otrior doriditione,
a	The name, address, a			e person to whom app	olications should be add	Iressed
-		private value of		,		
b	The form in which appl	ications should be sub	mitted and informatio	n and materials they	should include	·
	Any cubmission doc di-	200				
С	Any submission deadli	103				
d	Any restrictions or li	mitations on awards,	such as by geogra	aphical areas, charita	ble fields, kinds of	institutions, or other
	factors					

Form 990-PF (2019)			<u></u>	Page 11
Part XV- Supplementary Information (continued)			
3 Grants and Contributions Paid Dur	ing the Year or App	roved for	Future Payment	
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	show any relationship to	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Communication	
a Paid during the year]	531,000.00
See attached detail - Stmt 2			.	
			}	
			<u> </u>	
Total	<u> </u>		▶ 3a	531,000.00
b Approved for future payment				
Total	-	•		

Part-XVI	-A Analysis of Income-Prod	ucing Act	ivities			
	amounts unless otherwise indicated	Unrela	ated business income	Excluded b	y section 512, 513, or 514	(e) Related or exempt
1 Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
*						
		,				·
						-
						-
f						
	and contracts from government agencies					
•	·					
	ship dues and assessments					
	on savings and temporary cash investments.	· · · · · · · · · · · · · · · · · · ·				
	al income or (loss) from real estate			•]
	-financed property					
	debt-financed property	l				
	al income or (loss) from personal property		_	1 "		
	vestment income	-				
,	loss) from sales of assets other than inventory	-				
	ome or (loss) from special events · · · rofit or (loss) from sales of inventory		··· — —			
	venue a					
_		-				
		-				-
e						
	Add columns (b), (d), and (e)	1				
	dd line 12, columns (b), (d), and (e)				13	
	heet in line 13 instructions to verify calci					
Part XVI-	B Relationship of Activitie	s to the A	ccomplishment of E	xempt Pur	poses	
Line No.	Explain below how each activit	v for which	n income is reported	ın column (e) of Part XVI-A contrib	uted importantly to the
	accomplishment of the foundation					
	accomplianment of the foundation		r par poode (ourier unan			
						<u> </u>
			<u> </u>			
			· · · -			
			<u>-</u>			<u>. </u>
				<u> </u>		
			_ 			
				<u> </u>		
				_	· · · · · · · · · · · · · · · · · · ·	

Part	XVII	Information Re Organizations	egarding Trar	sfers to and	d Transaction	ns and F	Relationshi	ps With	Noncha	ritabl	e Ex	empt
11	n sec	organization direct tion 501(c) (other cations?								*	Yes	No
a 1	Transfe	ers from the reportin	ig foundation to	a noncharitable	e exempt orga	nization of						
	•	sh										<u>X</u>
•	•	er assets		• • • • • • •						1a(2)	-	X
		ransactions										
		es of assets to a no										X
	•	chases of assets fro									1	X
•	•	ntal of facilities, equi mbursement arrang	•									X
•	•	ins or loan guarantee								I .	1	X
	•	formance of service										Х
•	•	of facilities, equipm		-	-							X
٧	alue c	answer to any of the fifthe goods, other on any transaction or	assets, or servi	ces given by th	ne reporting fo	undation	If the found	lation rec	eived less	than	fair m	arket
(a) Line	e no	(b) Amount involved	(c) Name of r	oncharitable exemp	ot organization	(d) Desc	cription of trans	fers, transact	ions, and sha	anng ama	angeme	nts
								_				
			ļ. <u> </u>	- 								
	-+											—
				-								
		······································						_				
					_							
							•				-	
										_		
		·	<u> </u>									
											_	
		foundation directly election 501(c)	•					t organiza	ations		es X] No
b l	f "Yes,	" complete the follo	wing schedule								_	
		(a) Name of organization	n	(b) Týp	e of organization			(c) Descripti	on of relation	ship	_	
							_					
					<u></u>							
	 ,				·							
Cian	Under	penalties of perjury, I declar, and complete Declaration of	are that I have examine f preparer (other than to	axpayer) is based on all	I information of which	chedules and preparer has a	statements, and ny knowledge	to the best o				
Sign		Javri Ka		04/2	9/2020	Trea	surer		May the IR with the pr			
Here	Sign	ature of officer or trustee		Date		Title			See instruction	ns	Yes	No
							T					
Paid		Print/Type preparer's na	me	Preparer's sign	nature		Date	Che	~ <u> </u>	PTIN		
Prepa	arer						1	1	-employed			
		Firm's name			.			Firm's EIN				
Use (Uniy	Firm's address						Dhore :-				
		<u> </u>						Phone no		004)_DE	(2010)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

Seaboar	d Foundation				46-1464426
Organiz	zation type (check o	ne):			
Filers o	f:	Section:			
Form 990 or 990-EZ		☐ 501(c)() (enter number) organization		
		4947(a)(1) no	nexempt charitable trust not treated as a private for	oundation	
		☐ 527 political	organization		
Form 99	90-PF	✓ 501(c)(3) exe	mpt private foundation	RECEIVE	
		4947(a)(1) no	nexempt charitable trust treated as a private found	ation	NOV 2 3 2020
		501(c)(3) taxa	able private foundation		OGDEN, U
Check i	f your organization is	covered by the Ge	eneral Rule or a Special Rule.		
	only a section 501(c)(nization can check boxes for both the General Rule	and a Specia	al Rule. See
Genera	l Rule				
Ø		or property) from a	90-EZ, or 990-PF that received, during the year, co ny one contributor. Complete Parts I and II. See ins		
Special	Rules				
	regulations under s 13, 16a, or 16b, and	ections 509(a)(1) ai d that received fror	on 501(c)(3) filing Form 990 or 990-EZ that met the nd 170(b)(1)(A)(vi), that checked Schedule A (Form 9 any one contributor, during the year, total contributor, or (ii) Form 990-EZ, line	990 or 990-E outions of the	Z), Part II, line greater of (1)
	contributor, during	the year, total cont	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the cributions of more than \$1,000 exclusively for religions the prevention of cruelty to children or animals. C	us, charitable	e, scientific,
	contributor, during contributions totale during the year for a General Rule appli	the year, contributind and more than \$1,00 an <i>exclusively</i> religing es to this organiza	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the sons exclusively for religious, charitable, etc., purpo 0. If this box is checked, enter here the total contributions, charitable, etc., purpose. Don't complete any tion because it received nonexclusively religious, chart	ses, but no soutions that wonders the parts of the parts of the parts of the parts of the sections.	uch vere received unless the ., contributions
Caution	n: An organization tha	at isn't covered by	the General Rule and/or the Special Rules doesn't	file Schedule	B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number Seaboard Foundation 46-1464426

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Seaboard Corporation 9000 West 67th Street Merriam, KS 66202	\$\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$ 	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		s	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$ 	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		

Employer identification number

Seaboard Foundation

46-1464426

Part II	Noncash Property (see instructions). Ose duplicate copi	ies of Part II iI additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	Stock Donation	\$ 2119953.62	4/30/2019
(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
		 \$	

Part III

Employer identification number

		ations completing Pa	rt III, enter the tot	Complete columns (a) through (e) and all of exclusively religious, charitable, etc., See instructions.) > \$	
	Use duplicate copies of Part III if ad			,	
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held	
-		(e) Trans	fer of gift		
	Transferee's name, address, and ZIP + 4		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	
	(e) Trans Transferee's name, address, and ZIP + 4		fer of gift Relatio	nship 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) Trans Transferee's name, address, and ZIP + 4		fer of gift Relatio	enship 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, a	(e) Trans		enship of transferor to transferee	

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

Seaboard Foundation 46-1464426 2019 Form 990-PF

Part I - Line 16a - Legal Fees Schedule

none	0.00
Total Line 16a Legal Fees	0.00

Part I - Line 16c - Other Professional Fees Schedule

Wells Fargo Custodial Fee	442.40
Total Line 16c Other Professional Fees	442.40

. Seaboard Foundation 46-1464426 2019 Form 990-PF

Part XV - Line 3 - Contributions Name and address	Foundation status of recipient	Purpose of grant or contribution	Amount
American Royal Association 1701 American Royal Court Kansas City, MO 64102	PC	Agricultural education	\$20,000 00
Animal Agriculture Alliance 2101 Wilson Blvd Suite 810-B Arlington, VA 22201	PC	Agricultural education	\$20,000 00
Children's Mercy Hospital Department of Philanthropy 2401 Gillham Road Kansas City, MO 64108	PC	Health Care	\$25,000 00
Friends of the Zoo, Inc. of Kansas City 6800 Zoo Dr Kansas City, MO 64132	PC .	Animal Health and Husbandry, Education	\$10,000 00
Giving the Basics 3150 Mercier, Suite 270-D2 Kansas City, MO 64111	PC	Human Dignity - basic necessities	\$10,000 00
Guymon Community Enrichment Foundation Attn Peggy Keenan, President PO BOX 481 Guymon, OK 73942	PC	Education & Recreation	\$239,000 00
Harvesters Attn Nancy Steinacker, Corporate Gifts 3801 Topping Avenue Kansas City, MO 64129	PC	General Purpose	\$10,000 00
Hope House P O Box 577 Lee's Summit, MO 64063	PC	Domestic violence shelter and services	\$5,000 00
Humane Society of Greater Kansas City 5445 Parallel Parkway Kansas City, KS 66104	РС	Anımal welfare	\$50,000 00
KC Scholars 8080 Ward Parkway - #402 Kansas City, MO 64114	РС	Education	\$20,000 00
Loaves and Fishes of Northwest Oklahoma Inc 701 E Maine Ave Enid, OK 73701	РС	Food assistance	\$2,000 00
Miles of Smiles 5536 NE Antioch Road Kansas City, MO 64119	PC	Children's Dental Health	\$10,000 00
Operation BBQ Relief PO Box 3825 Shawnee, KS 66203	PC	Food assistance	\$25,000 00
Operation Breakthrough 3039 Troost Ave Kansas City, MO 64109	PC	Preschool education	\$10,000 00
Phoenix Family Housing Corporation 3908 Washington Kansas City, MO 64111	PC	Shelters/Housing	\$5,000 00
Regional Food Bank of Oklahoma 3355 S Purdue, PO Box 270968 Oklahoma City, OK 73137-0968	PC	Food Assistance	\$5,000 00
Samuel Rodgers Health Foundation 825 Euclid Ave Kansas City, MO 64124	PC	Family Health Care	\$10,000 00

Page 1 of 2 Stmt 2

Name and address Sunflower House 15440 W 65th St Shawnee, KS 66217	Foundation status of recipient PC	Purpose of grant or contribution Children's advocacy		Amount \$5,000 00
Synergy Services, Inc 400 E 6th Street Parkville, MO 64152	PC	Safe haven - victims of violence		\$5,000 00
Truman Medical Center Charitable Foundation 2310 Holmes St - #735 Kansas City, MO 64108	PC	Medical services		\$25,000 00
VCP-Veterans Community Project 8900 Troost Ave Kansas City, MO 64131	PC	Shelters/Housing (Tiny Houses for Vets)		\$10,000 00
Vibrant Health (Turner House Children's Clinic) 444 Minnesota Ave Kansas City, KS 66101	PC	Family Health Care		\$10,000 00
			Total Contibutions	\$531,000.00

Page 2 of 2 Stmt 2

Seaboard Foundation EIN: 46-1464426 Form 990-PF

Reasonable Cause Statement

The Form 990 was timely filed but Schedule B was erroneously omitted. We respectfully request that you waive any penalties due to the omission of this schedule, as the omission was not due to willful neglect.

The only contributor was Seaboard Corporation. Upon receipt of your notice, we further reviewed the Schedule requirements, and have now completed the Schedule B to reflect the contributions from the sole contributor.

We have made a notation in our files regarding the Schedule B requirements for future years, so that we do not repeat the omission.

Thank you for your consideration of this information.

