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As Filed Data -

Return of Private Foundation

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

DLN: 93491195020110 OMB No 1545-0052

2019

Form 990-PF Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

| For | caler | ndar year 2019, or tax year beginning 01-01-2 | 019 , aı | nd ending 12-31- | 2019 | |
|-----------------------------|---------|--|-------------------------|---------------------------|--|---|
| | | Indation FOUNDATION INC | | | entification numbe | r |
| | | R FOUNDATION INC | | 46-3394129 | | |
| | | d street (or P O box number if mail is not delivered to street address RTH WEBB RD | Room/suite | B Telephone nu | ımber (see ınstructior | ns) |
| | | | | (316) 291-976: | 1 | |
| | | n, state or province, country, and ZIP or foreign postal code IS 67206 | | C If exemption | application is pending | g, check here |
| G Cl | neck al | ll that apply 🔲 Initial return 🔲 Initial return of a | a former public charity | D 1. Foreign or | ganızatıons, check he | ere . \square |
| | | ☐ Final return ☐ Amended return | 1 | | ganizations meeting | |
| | | \square Address change \square Name change | | | k here and attach cor | · - |
| H C | neck ty | $ \nabla$ pe of organization $ \nabla$ Section 501(c)(3) exempt private | foundation | | undation status was t n 507(b)(1)(A), chec | |
| | | n 4947(a)(1) nonexempt charitable trust U Other taxab | | | | |
| of | year (f | xet value of all assets at end from Part II, col (c), ☐ Other (specify) | ☐ Cash ☑ Accru | | ation is in a 60-month n 507(b)(1)(B), chec | |
| line | e 16) | ►\$ 238,846 | t be on cash basis) | | | |
| Pa | rt I | Analysis of Revenue and Expenses (The total | (a) Revenue and | | | (d) Disbursements |
| | | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) | expenses per books | (b) Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , received (attach | 2,338,000 | | | (easi: basic emy) |
| | 2 | schedule) Check ▶ ☐ If the foundation is not required to attach | 2,338,000 | , | | |
| | | Sch B | | | | |
| | 3 | Interest on savings and temporary cash investments | | | | |
| | 4 | Dividends and interest from securities | 13 | 13 | | |
| | 5a | Gross rents | | | | |
| ne | Ь | Net rental income or (loss) | | | | |
| | 6a | Net gain or (loss) from sale of assets not on line 10 | | | | |
| Revenue | b | Gross sales price for all assets on line 6a | | | | |
| æ | 7 | Capital gain net income (from Part IV, line 2) | | 0 | | |
| | 8 | Net short-term capital gain | | | | |
| | 9 | Income modifications | | | | |
| | 10a | Gross sales less returns and allowances | | | | |
| | ь | Less Cost of goods sold | | | | |
| | С | Gross profit or (loss) (attach schedule) | | | | |
| | 11 | Other income (attach schedule) | 378 | 3 | | |
| | 12 | Total. Add lines 1 through 11 | 2,338,391 | . 13 | | |
| | 13 | Compensation of officers, directors, trustees, etc | 638,958 | 3 | | 638,958 |
| | 14 | Other employee salaries and wages | 253,792 | 2 | | 253,792 |
| es | 15 | Pension plans, employee benefits | 119,913 | | | 119,913 |
| ens | 16a | Legal fees (attach schedule) | 51,609 | | _ | 51,609 |
| and Administrative Expenses | b | Accounting fees (attach schedule) | 14,084 | | 0 | ., |
| /e E | С | Other professional fees (attach schedule) | 7,974 | 1 | | 7,974 |
| atīv | 17 | Interest | | | | |
| Str | 18 | Taxes (attach schedule) (see instructions) | | | | |
| <u> </u> | 19 | Depreciation (attach schedule) and depletion | | | | |
| Ē | 20 | Occupancy | 19,632 | | | 19,632 |
| Į pu | 21 | Travel, conferences, and meetings | 65,969 | | | 65,969 |
| | 22 | Printing and publications | 1,278 | | | 1,278 |
| Š | 23 | Other expenses (attach schedule) | 286,043 | 928 | | 286,291 |
| Operating | 24 | Total operating and administrative expenses. | 1 150 | , | _ | |
| ă |] | Add lines 13 through 23 | 1,459,252 | | 0 | 1,452,458 |
| _ | 25 | Contributions, gifts, grants paid | 839,175 | <u>'</u> | | 839,175 |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 2,298,427 | 7,970 | 0 | 2,291,633 |
| | 27 | Subtract line 26 from line 12 | | | | |
| | a | Excess of revenue over expenses and disbursements | 39,964 | ı | | |
| | ь | Net investment income (If negative, enter -0-) | | 0 | | |
| | c | Adjusted net income (If negative, enter -0-) | | | | |
| For | Paper | work Reduction Act Notice, see instructions. | 1 | Cat No 11289) | K For | m 990-PF (2019) |

41,696

52,058

55,483

124,800

180,283

-128,225

-128,225

52,058

1,507

9

41,696

238.846

54,307

272,800

327,107

-88.261

-88,261

238,846

-128.225

39,964

-88,261

-88,261 Form **990-PF** (2019)

1

2

3

4

5

1,507

41,696

1,507

238 846

Other notes and loans receivable (attach schedule) ▶

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

Less accumulated depreciation (attach schedule) ▶

Less accumulated depreciation (attach schedule) ▶

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

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

Mortgages and other notes payable (attach schedule).

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Foundations that follow FASB ASC 958, check here ▶

Capital stock, trust principal, or current funds

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

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ ___

Less allowance for doubtful accounts

Land, buildings, and equipment basis ▶ _

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

Net assets with donor restrictions . . .

and complete lines 26 through 30.

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

Decreases not included in line 2 (itemize)

Other increases not included in line 2 (itemize)

Net assets without donor restrictions . . .

Other assets (describe -

Other liabilities (describe -

Grants payable

| | 5 |
|--------|-----|
| | 6 |
| | 7 |
| 2 | 8 |
| Assets | 9 |
| As | 10a |

b

C

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27 28

29

30

Part III

2

3

Liabilities

Fund Balances

ö

Assets

Net

Page **3**

| - CILU | Capital Gaills | and Losses for Tax on Theese | illelit Tilcolle | | | | | | |
|------------|---|--|--|--|--|-------------------------------------|--|--|--|
| | | e the kınd(s) of property sold (e g , arehouse, or common stock, 200 shs | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) | | | |
| 1 a | 9 | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | Cost or | (g) other basis ense of sale | other basis Gain or (loss) | | | | |
| a | | | | | | | | | |
| b | | | | | | | | | |
| С | | | | | | | | | |
| d | | | | | | | | | |
| е | | | | | | | | | |
| | Complete only for assets | s showing gain in column (h) and ow | ned by the foundation | on 12/31/69 | (| 1) | | | |
| | (i) F M V as of 12/31/69 | Excess | (k) s of col (ı) l (j), ıf any | Gains (Col (col (k), but not | h) gain minus less than -0-) or om col (h)) | | | | |
| a | | | | | | | | | |
| b | | | | | | | | | |
| С | | | | | | | | | |
| d | | | | | | | | | |
| e | | | | | | | | | |
| 3 | | gain or (loss) s defined in sections : rt I, line 8, column (c) (see instructi | . , | Part I, line 7 | 3 | | | | |
| | | | | <u> </u> | | | | | |
| Par | t V Qualification U | Jnder Section 4940(e) for Re | educed Tax on Net | Investment In | come | | | | |
| (For o | ptional use by domestic p | rivate foundations subject to the sec | ction 4940(a) tax on ne | et investment incom | e) | | | | |
| Was th | | eave this part blank le section 4942 tax on the distributa ot qualify under section 4940(e) Do | | | · | es 🗹 No | | | |
| | | nount in each column for each year, | | | 5 | | | | |
| | (a) se period years Calendar (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitab | ole-use assets | (d) Distribution rat (col (b) divided by c | | | | |
| | 2018 | 1,774,945 | | 125,214 | | 14 175292 | | | |
| | 2017 | 1,797,532 | | 4,881,660 | | 0 368221 | | | |
| | 2016 | 1,361,174 | | 5,021,162 | 0 271087 | | | | |
| | 2015 | 1,070,809 | | 4,755,351 | 0 22518 | | | | |
| | 2014 | 955,615 | | 167,751 | | 5 696628 | | | |
| 2 | Total of line 1, column (| d) | | 2 | | 20 736408 | | | |
| | Average distribution rationumber of years the not walke of no | <u>3</u> | | 4 147282 | | | | | |
| | | ncharitable-use assets for 2019 fron | • | 4 | | 79,761 | | | |
| | Multiply line 4 by line 3 | (10) (5) (11) | | 5 | | 330,791 | | | |
| | | ent income (1% of Part I, line 27b) | | 6 | | 0 | | | |
| - | | | | 7 | | 330,791 | | | |
| | | ions from Part XII, line 4 , | | 8 | - 10/ have made 5 | 2,291,633 | | | |
| | If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions | | | | | | | | |

| Form | 990-PF (2019) | | | | | F | Page 6 | |
|----------|--|--|---|--|-----------------------|--|---------------|--|
| Pa | rt VIII-B Statements Regard | ding Activities for Whic | h Form 4720 May Be | Required (continued) | | | | |
| 5a | During the year did the foundation i | pay or incur any amount to | | | | Yes | No | |
| | (1) Carry on propaganda, or otherv | vise attempt to influence legis | slation (section 4945(e))? | ☐ Yes 🗸 | No | | | |
| | • • | | fic public election (see section 4955), or to carry | | | | | |
| | on, directly or indirectly, any vo | - | | · · 🗌 Yes 🗸 | No | | | |
| | (3) Provide a grant to an individual | • | | ☐ Yes 🗸 | No | | | |
| | (4) Provide a grant to an organizati in section 4945(d)(4)(A)? See ii | | | | | | | |
| | (5) Provide for any purpose other t | han religious, charitable, scie | ntıfıc, lıterary, or | ▼ Yes □ | No | | | |
| | educational purposes, or for the | e prevention of cruelty to child | dren or animals? | 🗌 Yes 🗸 | No | | | |
| b | If any answer is "Yes" to $5a(1)-(5)$, | , did any of the transactions f | ail to qualify under the ex | ceptions described in | 110 | | | |
| | Regulations section 53 4945 or in a | current notice regarding disa | ster assistance? See instr | uctions | 5 b | | No | |
| | Organizations relying on a current n | notice regarding disaster assis | tance check here | ▶ □ | | | | |
| C | If the answer is "Yes" to question 5a | a(4), does the foundation clai | m exemption from the | _ | | | | |
| | tax because it maintained expenditure responsibility for the grant? Yes I No If "Yes," attach the statement required by Regulations section 53 4945–5(d) \$\mathref{9}\$. | | | | | | | |
| 6a | Did the foundation, during the year, | · - | | ims on | | | | |
| • | a personal benefit contract? | | | | | | | |
| ь | Did the foundation, during the year, | | | I I Yes I▼I | No 6b | | No | |
| | If "Yes" to 6b, file Form 8870 | , | ,, | | | | | |
| 7a | At any time during the tax year, wa | s the foundation a party to a | prohibited tax shelter trai | nsaction? Yes | . | | | |
| b | If "Yes", did the foundation receive | | | ∟ tes 💌 | No 7b | | | |
| 8 | Is the foundation subject to the sec | tion 4960 tax on payment(s) | of more than \$1,000,000 | in remuneration or | | | | |
| | excess parachute payment during the year? | | | | | | | |
| | Information About 0 | Officers, Directors, Trus | | | | | | |
| Pa | rt VIIII and Contractors | | , | | | , | | |
| 1 | List all officers, directors, truste | es, foundation managers a | nd their compensation | . See instructions | | | | |
| | ,,,,, | (b) Title, and average | (c) Compensation (If | (d) Contributions to | (a) Eypoi | 250 266 | | |
| | (a) Name and address | hours per week | not paid, enter | employee benefit plans and | | e) Expense account, other allowances | | |
| <u></u> | Addıtıonal Data Table | devoted to position | -0-) | deferred compensation | | | | |
| <u> </u> | Additional Data Table | + | | | | | | |
| | | | | | | | | |
| | | - | | | | | | |
| | | | | | | | | |
| | | - | | | | | | |
| | | | | | | | | |
| | | - | | | | | | |
| 2 | Compensation of five highest-pa | id employees (other than t | those included on line : | ı L—see instructions). If noı | ne, enter " | NONE | ." | |
| | · · · | | | (d) Contributions to | • | | | |
| (a) | Name and address of each employee more than \$50,000 | paid (b) Title, and average hours per week devoted to position | (c) Compensation | employee benefit plans and deferred | (e) Expen other al | | | |
| SANI | DRA L PARR | SENIOR ASSOCIATE | 70,31 | compensation 2,945 | | | 0 | |
| | L N WEBB RD | 40 0 | | | | | | |
| | HITA, KS 67206 | | | | | | | |
| | SHERMAN | SENIOR ASSOCIATE 40 0 | 73,18 | 3,090 | | | 0 | |
| | LN WEBB ROAD HITA, KS 67206 | 100 | | | | | | |
| **101 | 11111,113 07200 | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Tota | I number of other employees paid ov | rer \$50.000 . | | | | | | |
| | | | | | Form 99 | 0-PF | (2019) | |

| Form 990-PF (2019) | Page 7 |
|---|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued) | Paid Employees, |
| 3 Five highest-paid independent contractors for professional services (see instructions). If none, en | ter "NONE". |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total number of others receiving over \$50,000 for professional services | • |
| Part IX-A Summary of Direct Charitable Activities | |
| List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the nun organizations and other beneficiaries served, conferences convened, research papers produced, etc | nber of Expenses |
| 1 ACTIVITIES IN THE COUNTRY OF MYANMAR TO DEVELOP COMMUNITY LEADERS | 255,125 |
| 2 DOCUMENTARY ON HISTORY OF MYANMAR | 64 |
| 3 | |
| | |
| | |
| 4 | |
| | |
| | |
| Part 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 | |
| 3 | |
| | |
| | |
| Total. Add lines 1 through 3 | . • |
| | Form 990-PF (2019) |

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

3.988

2,291,633

2,291,633

2.291.633

Form **990-PF** (2019)

1a

1b

2

За 3h

4

5

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

Part XII

1

2

3

4

5

Page 9

3,988

3,988

Form **990-PF** (2019)

| Form | 990-PF | (2 | 019 |
|------|--------|----|-----|
| Pa | rt XII | 7 | ī |

| 0-PF (2 | 019) |
|---------|------|
| YTTT | Undi |

| 0-PF (20 | 019) |
|----------|---|
| XIII | Undistributed Income (see instructions) |

1 Distributable amount for 2019 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only.

(a)

Corpus

6.223.768

2,287,645

8,511,413

947,227

7,564,186

833.674

1,110,316 1.563.867

1,768,684

2.287.645

947,227

(b)

Years prior to 2018

(c)

2018

- 2017, 2016, 2015
- **b** Total for prior years a From 2014. **b** From 2015.
- Excess distributions carryover, if any, to 2019
- c From 2016. . . d From 2017. e From 2018.
- 833,674 1.110.316 1.563.867 1,768,684 f Total of lines 3a through e.

- 4 Qualifying distributions for 2019 from Part XII, line 4 🕨 \$

e Remaining amount distributed out of corpus

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not

indicated below:

5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the

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

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. .

b Excess from 2016. .

c Excess from 2017. . . .

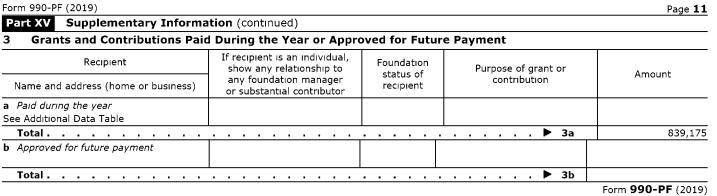
d Excess from 2018. . .

e Excess from 2019. . .

- a Applied to 2018, but not more than line 2a
- **b** Applied to undistributed income of prior years (Election required—see instructions).
- c Treated as distributions out of corpus (Election
- **d** Applied to 2019 distributable amount.

same amount must be shown in column (a))

| | art XIV Private Operating Found | ations (see instr | uctions and Part \ | /II-A, question 9) | | |
|----|---|----------------------|---|------------------------------|-----------------------------------|-------------|
| 1a | If the foundation has received a ruling or de foundation, and the ruling is effective for 20 | | | erating | | |
| b | Check box to indicate whether the organizat | on is a private oper | atıng foundatıon des | scribed in section \square |] 4942(j)(3) or 🗀 | (5)(ر) 4942 |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | (-) T-1-1 |
| | income from Part I or the minimum | (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 | (e) Total |
| | Investment return from Part X for each year listed | (-, | (-, | (-, | (17, 1111 | |
| ь | 85% of line 2a | | | | | |
| | Qualifying distributions from Part XII, | | | | | |
| | line 4 for each year listed | | | | | |
| d | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e | Qualifying distributions made directly | | | | | |
| | for active conduct of exempt activities Subtract line 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the | | | | | |
| _ | alternative test relied upon "Assets" alternative test—enter | | | | | |
| а | (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying | | | | | |
| | under section 4942(j)(3)(B)(i) | | | | | |
| b | "Endowment" alternative test— enter 2/3 of minimum investment return shown in | | | | | |
| | Part X, line 6 for each year listed | | | | | |
| С | "Support" alternative test—enter (1) Total support other than gross | | | | | |
| | investment income (interest, | | | | | |
| | dividends, rents, payments | | | | | |
| | on securities loans (section | | | | | |
| | 512(a)(5)), or royalties) (2) Support from general public | | | | | |
| | and 5 or more exempt | | | | | |
| | organizations as provided in | | | | | |
| | section 4942(j)(3)(B)(III) | | | | | |
| | (3) Largest amount of support from an exempt organization | | | | | |
| | (4) Gross investment income | | | | | |
| | Supplementary Information | (Complete this | part only if the | foundation had | \$5,000 or more | in |
| Pa | assets at any time during th | | tructions.) | | | |
| 1_ | Information Regarding Foundation Man | | 20/ -f-b | | | _ |
| а | List any managers of the foundation who have before the close of any tax year (but only if | they have contribut | than 2% of the tota ted more than \$5.00 | 0) (See section 507 | ved by the foundation (d)(2)) | Π |
| | JACK DEBOER | and, have continued | | o) (500 5000.050) | (4)(2) / | |
| h | List any managers of the foundation who ow | 10% or more of th | ne stock of a corpora | ation (or an equally la | arge portion of the | |
| - | ownership of a partnership or other entity) | | | | ange portion or the | |
| | NA | | | | | |
| 2 | Information Regarding Contribution, Gr | ant, Gift, Loan, Sc | holarship, etc., Pro | ograms: | | |
| | Check here \blacktriangleright \square if the foundation only mak | es contributions to | preselected charitab | le organizations and | does not accept | |
| | unsolicited requests for funds If the founda | tion makes gifts, gr | ants, etc to individu | ials or organizations | under | |
| | other conditions, complete items 2a, b, c, a | nd d See instruction | ns | | | |
| a | The name, address, and telephone number | or e-mail address of | the person to whom | n applications should | be addressed | |
| | DEBOER FOUNDATION INC | | · | | | |
| | 2121 N WEBB RD | | | | | |
| | WICHITA, KS 67206 | | | | | |
| _ | (316) 291-9761 | | | harriet and the second | | |
| b | The form in which applications should be sul | omitted and informa | ation and materials t | ney should include | | |
| | NONE | | | | | |
| С | Any submission deadlines | | | | | |
| | NONE | | | | | |
| d | Any restrictions or limitations on awards, su | ch as by geographic | cal areas, charitable | fields, kinds of instit | utions, or other | |
| | factors | | | | | |
| | NONE | | | | | |



| Part XVI-A Analysis of Income-Producin | g Activities | | | | ruge La |
|---|----------------------|----------------------|-----------------------|----------------------|--|
| Enter gross amounts unless otherwise indicated | <u>-</u> | usiness income | Excluded by section | 512, 513, or 514 | (e) Related or exempt |
| 1 Program service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | | 14 | 13 | |
| 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income 8 Gain or (loss) from sales of assets other than | | | | | |
| inventory | | | | | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue a | | | | | |
| b | | | | | |
| c | | | | | |
| e | | | | | |
| 12 Subtotal Add columns (b), (d), and (e). | | | | 13 | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | 1 | 3 | 13 |
| (See worksheet in line 13 instructions to verify calc Part XVI-B Relationship of Activities to t | | h | D | | |
| Explain below how each activity for which the accomplishment of the foundation's eight instructions) | n income is report | ed in column (e) o | f Part XVI-A contribu | | , |
| instructions) | | | | | |
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| | | | | | orm 990-PF (2019) |
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| Form 990-PF (2019) | | | | | | |
|--|--|---|--|--|--|--|
| Part XVII | Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations | 2 | | | | |
| 1. Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 | | | | | | |

| Part | XVII | Exempt Organi | zations | | | ono una i | ittora tro | | cirar itabic | | |
|----------------|--------------------|--|------------------------------|----------------------|----------------------------|-----------------------------|------------------------|--------------------------------|--------------------------|----------|------|
| | | ganization directly or in than section 501(c)(3) | directly enga | | | | | | n 501 | Yes | No |
| a Trai | nsfers f | rom the reporting foun | dation to a r | oncharitable exe | empt organizatioi | n of | | | | | |
| (1) | Cash. | | | | | | | | 1a(1) | | No |
| (2) | Other | assets | | | | | | | . 1a(2) | | No |
| b Oth | er trans | sactions | | | | | | | | | |
| | | of assets to a nonchar | • | - | | | | | . 1b(1) | | No |
| (2) | Purch | ases of assets from a n | oncharitable | exempt organiz | zation | | | | | | No |
| | | l of facilities, equipmer | • | | | | | | . 1b(3) | | No |
| ٠, | | oursement arrangemen | | | | | | | 1b(4) | | No |
| | | or loan guarantees. | | | | | | | . 1b(5) | | No |
| | | mance of services or m | | | | | | | | | No |
| | - | facilities, equipment, n | | | | | | | | | No |
| of t | ne good ny tran | ver to any of the above ds, other assets, or ser- lisaction or sharing arra (b) Amount involved | vices given b ngement, sh | y the reporting | foundation If the | e foundation e goods, ot | n receive ther asse | d less than fair mark | et value ed | naemen | ts |
| (a) Line | 110 | (B) ranount involved | (c) Hame of | Tionenaritable exer | impe organizacion | (4) 505 | cription or | cransiers, transactions, t | and sharing arra | ngemen | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| 2a Is t | ne foun | idation directly or indire | ctly affiliate | d with, or relate | d to, one or more | tax-exem | pt organi | zations | | | |
| des | cribed i | n section 501(c) (other | than section | n 501(c)(3)) or ı | in section 527? . | | | 🗆 Yes | s 🗹 No | | |
| b If "\ | es," co | omplete the following so | chedule | | | | | | | | |
| | • | (a) Name of organization | n | (t |) Type of organizat | ion | | (c) Description o | of relationship | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | er penalties of perjury, v knowledge and belief | | | | | | | | | |
| Sign | | h preparer has any kno | wledge | | | | | 1 , , | May the IRS di | scuss th | ıs |
| Here | | **** | | | 2020-05-15 | | ***** | | return with the prepa | rer show | /n |
| | 9 | Signature of officer or to | nature of officer or trustee | | Date | | ītle | | below (see instr) | Yes 🗆 |] No |
| | | Print/Type preparer's | name | Preparer's Signature | | 1 | | Check if self- employed ▶ □ | TIN P01663 | 3908 | |
| Paid | | SHAWNELL LINOT | | | | | | | | | |
| Prep Use (| | Firm's name ► BKD | LLP | | | | | Fı | ırm's EIN ▶ | | |
| | | Firm's address ► 15 | 51 N WATER | RFRONT PKWY S | TE 300 | | | | | | |
| | _ | W | ICHITA, KS | 672066601 | | | | Pl | hone no (316 |) 265-2 | 2811 |

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account. hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation PENNY DEBOER Director 0 10 2121 NORTH WEBB RD WICHITA, KS 67206 Jack DeBoer CHAIRMAN 10 2121 NORTH WEBB RD WICHITA, KS 67206 Marilyn DeBoer Director 10 2121 NORTH WEBB RD WICHITA, KS 67206 Skyler Scott DeBoer Director 0 10 2121 NORTH WEBB RD WICHITA, KS 67206 PAUL F KLING PRESIDENT 25,500 7,368 638,958 40 0 2121 NORTH WEBB RD WICHITA, KS 67206 Cary Paine Director 10 2121 NORTH WEBB RD WICHITA, KS 67206 DAVID DENMARK Director 0 10 2121 NORTH WEBB RD WICHITA, KS 67206 Chris Herink Director 10

2121 NORTH WEBB RD WICHITA, KS 67206

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

| - 1 65 - 316 | | | | |
|-------------------------------------|--|-----------|--------------|--|
| a Paid during the year | | | | |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| | 1 Show any relationship to | Julius of | Contribution | |

| Friends of Burma INC 548 HOME AVENUE FORT WAYNE, IN 46807 | N/A | PC | General fund | 85,400 |
|---|-----|----|--------------|--------|
| | | 1 | | |

| FORT WAYNE, IN 46807 | | | | |
|--|-----|----|--------------|--------|
| His Helping Hands inc 1441 E 37th St North WICHITA, KS 67219 | N/A | PC | General fund | 10,000 |

| His Helping Hands inc 1441 E 37th St North WICHITA, KS 67219 | N/A | PC | General fund | 10,000 |
|--|-----|----|--------------|--------|
| Homeless Outreach Team 455 N Main 4th Floor | N/A | PC | General fund | 5,000 |

| His Helping Hands inc 1441 E 37th St North WICHITA, KS 67219 | N/A | PC | General fund | 10,000 |
|---|-----|----|--------------|---------|
| Homeless Outreach Team 455 N Main 4th Floor WICHITA, KS 67202 | N/A | PC | General fund | 5,000 |
| Total | | | ▶ 3a | 839,175 |

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

| a Paid during the year | | | | |
|--|-----|----|--------------|-------|
| Hope Home Repair inc 2100 N Anderson Avenue Ste 123 Newton, KS 67114 | N/A | PC | General fund | 2,500 |

| Newton, KS 67114 | | | | |
|---|-----|----|--------------|-------|
| Presbyterian Counseling Center 564 New Ravenna Blvd SEATTLE, WA 98119 | N/A | PC | General fund | 5,000 |

| Presbyterian Counseling Center 564 New Ravenna Blvd SEATTLE, WA 98119 | N/A | PC | General fund | 5,000 |
|---|-----|----|--------------|--------|
| Sustain Liberia1331 S Eads St 1016 ARLINGTON, VA 22202 | N/A | PC | General fund | 10,000 |

839,175

| SEATTLE, WA 98119 | | | | |
|---|-----|----|--------------|--------|
| Sustain Liberia1331 S Eads St 1016 ARLINGTON, VA 22202 | N/A | PC | General fund | 10,000 |
| | | | | |

Total .

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

recipient

839,175

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

| Name and address (home or business) | or substantial contributor | | | |
|---|----------------------------|----|--------------|--------|
| a Paid during the year | | | | |
| U-turn Sports2101 Maywill Street Richmond, VA 23230 | N/A | PC | General fund | 4,000 |
| Wichita Community Foundation 301 N Main Suite 100 WICHITA, KS 67202 | N/A | PC | General fund | 10,000 |
| Moegyo Humanitarian Foundation | N/A | PC | General Fund | 15,000 |

| Wichita Community Foundation 301 N Main Suite 100 WICHITA, KS 67202 | N/A | PC | General fund | 10 |
|---|-----|----|--------------|----|
| Moegyo Humanitarian Foundation 295 Madison Ave 12th Floor | N/A | PC | General Fund | 15 |

New York, NY 10017

Total .

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

| CENTED OF HODE 400 N EMBORTA | 21/2 | 20 | CENEDAL FUND | 40.000 |
|---|------|----|--------------|--------|
| The Salvation Army350 N Market Wichita, KS 67202 | N/A | PC | General Fund | 30,000 |
| a Paid during the year | | | | |

| CENTER OF HOPE400 N EMPORIA WICHITA, KS 67202 | N/A | PC | GENERAL FUND | 10,000 |
|--|-----|----|--------------|--------|
| CRICKET ALLEY MINISTRIES 1308 N LAKE EDGE ST | N/A | PC | GENERAL FUND | 2,500 |

839,175

| CENTER OF HOPE400 N EMPORIA WICHITA, KS 67202 | N/A | PC | GENERAL FUND | 10,00 |
|--|-----|----|--------------|-------|
| CRICKET ALLEY MINISTRIES 1308 N LAKE EDGE ST GODDARD, KS 67052 | N/A | PC | GENERAL FUND | 2,50 |

Total . .

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

| a Paid during the year | | | | |
|--|-----|----|--------------|-------|
| DOCTORS WITHOUT BORDERS 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006 | N/A | PC | GENERAL FUND | 5,000 |
| | | | | 1 |

| GREATER WICHITA YMCA402 N MARKET WICHITA, KS 67202 | N/A | PC | GENERAL FUND | 200 |
|---|-----|----|--------------|-----|
| NEW YORK, NY 10006 | | | | |

| WICHITA, KS 67202 | N/A | PC | GENERAL FUND | 200 |
|--|-----|----|--------------|--------|
| HOPENET2501 E CENTRAL STE 2 WICHITA, KS 67214 | N/A | PC | GENERAL FUND | 16,000 |

839,175

| | | | I . | · |
|--|-----|----|--------------|-----|
| HOPENET2501 E CENTRAL STE 2 WICHITA, KS 67214 | N/A | PC | GENERAL FUND | 16, |
| | | | | (|

Total . .

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

a Paid during the year

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Foundation status of recipient

Purpose of grant or contribution

| UNION RESCUE MISSION 2800 N HILLSIDE WICHITA, KS 67219 | N/A | PC | GENERAL FUND | 14,000 |
|---|-----|----|--------------|--------|
| YOUNG LIFE - WICHITA 6505 EAST CENTRAL WICHITA KS 67206 | N/A | PC | GENERAL FUND | 10,000 |

| 6505 EAST CENTRAL WICHITA, KS 67206 | IN/A | PC | GENERAL FUND | 10,000 |
|---|------|----|--------------|---------|
| AMERICAN FRIENDS OF PROSPECT BURMA PO BOX 257 ACCORD, NY 12404 | N/A | PC | GENERAL FUND | 4,000 |
| Total | | | ▶ 3a | 839,175 |

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMERICAN RED CROSSPO BOX 7706 N/A PC GENERAL FUND 5,000 WICHITA, KS 67277

| BARD COLLEGE - PARAMI INSTITUTE PO BOX 5000 ANNONDALE ON HUDSON, NY 12504 | N/A | PC | GENERAL FUND | 4,000 |
|--|-----|----|--------------|-------|
| CHATTANOOGA HOUSE OF PRAYER 3912 DAYTON BLVD STE 200 CHATTANOOGA, TN 37415 | N/A | PC | GENERAL FUND | 5,000 |

839,175

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CHILD ADVOCACY CENTER N/A PC **GENERAL FUND** 5,000 1211 SOUTH EMPORIA WITCHITTA NO 67314

| WICHITA, KS 67211 | | | | |
|---|-----|----|--------------|--------|
| COMMUNITY PARTNERS INTERNATIONAL 2560 NINTH ST SUITE 315B BERKELEY, CA 94710 | N/A | PC | GENERAL FUND | 30,000 |
| FAMILY PROMISE OF GREATER WICHITA PO BOX 75001 | N/A | PC | GENERAL FUND | 15,000 |

WICHITA, KS 67209

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year D.C 4 000

| 16 FRANKLIN STREET NE WASHINGTON, DC 20002 | IN/A | PC | GENERAL FUND | 4,000 |
|---|------|----|--------------|-------|
| GRACE MULTIPLIED FOUNDATION 9435 W WINCROFT COURT WICHITA, KS 67205 | N/A | PC | GENERAL FUND | 2,500 |

| GRACE MULTIPLIED FOUNDATION 9435 W WINCROFT COURT WICHITA, KS 67205 | N/A | PC | GENERAL FUND | 2,500 |
|---|-----|----|--------------|-------|
| HOPE COMMUNITY DEVELOPMENT CORPORATION 1502 N DELLROSE WICHITA, KS 67208 | N/A | PC | GENERAL FUND | 2,500 |

| WICHITA, KS 67205 | | | | |
|---|-----|----|--------------|---------|
| HOPE COMMUNITY DEVELOPMENT CORPORATION 1502 N DELLROSE WICHITA, KS 67208 | N/A | PC | GENERAL FUND | 2,500 |
| Total | | | ▶ 3a | 839,175 |

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

| HUTCHINSON COMMUNITY FOUNDATION 1 NORTH MAIN SUITE 501 HUTCHINSON, KS 67504 | N/A | PC | GENERAL FUND | 15,000 |
|--|-----|----|--------------|--------|
| PARTNERS ASIA | N/A | PC | GENERAL FUND | 5,300 |

| HUTCHINSON, RS 67504 | | | | |
|---|-----|----|--------------|-------|
| PARTNERS ASIA 436 14TH STREET SUITE 700 OAKLAND, CA 94612 | N/A | PC | GENERAL FUND | 5,300 |
| RAISE MY HEAD FOUNDATION PO BOX 49321 | N/A | PC | GENERAL FUND | 7,500 |

839,175

| PARTNERS ASIA 436 14TH STREET SUITE 700 OAKLAND, CA 94612 | N/A | PC | GENERAL FUND | 5,3 |
|---|-----|----|--------------|-----|
| RAISE MY HEAD FOUNDATION PO BOX 49321 WICHITA. KS 67201 | N/A | PC | GENERAL FUND | 7,5 |

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| REAL MEN REAL HEROES 1847 N CHAUTAUQUA AVE WICHITA, KS 67214 | N/A | PC | GENERAL FUND | 7,500 |
|--|-----|----|--------------|--------|
| RISE UP FOR YOUTHPO BOX 1256 | N/A | PC | GENERAL FUND | 12.500 |

| RISE UP FOR YOUTHPO BOX 1256 WICHITA, KS 67201 | N/A | PC | GENERAL FUND | 12,500 |
|--|-----|----|--------------|--------|
| SERVANTS OF MARY 1303 MILWAUKEE DR NEW HOLSTEIN WI 53062 | N/A | PC | GENERAL FUND | 10,000 |

| WICHITA, KS 67201 | | | | |
|---|-----|----|--------------|--------|
| SERVANTS OF MARY 1303 MILWAUKEE DR NEW HOLSTEIN, WI 53062 | N/A | PC | GENERAL FUND | 10,000 |
| | | | | |

Total .

839,175

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SILENT IMAGES INCPO BOX 667 N/A GENERAL FUND 12,500 MATTHEWS, NC 28106

| ST PAUL UNIVERSITY PARISH 1810 N ROOSEVELT ST WICHITA, KS 67208 | N/A | PC | GENERAL FUND | 30,000 |
|---|-----|----|--------------|--------|
| STUDENT STARTUP 4206 EAGLE LAKE COURT BEL AIRE, KS 67220 | N/A | PC | GENERAL FUND | 7,500 |

839,175

▶ 3a

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year TRUSTBRIDGE1901 ULMERTON ROAD N/A PC GENERAL FUND 7.975 CLEARWATER, FL 33762

| UNITED WAY OF THE PLAINS 245 N WATER ST WICHITA, KS 67202 | N/A | PC | GENERAL FUND | 15,000 |
|--|-----|----|--------------|--------|
| VIA CHRISTI HEALTH INTERNATIONAL 707 NORTH EMPORIA WICHITA, KS 67214 | N/A | PC | GENERAL FUND | 35,800 |

Total . .

839,175

▶ 3a

Recipient If recipient is an individual, show any relationship to Status of Status of Recipient If recipient is an individual, show any relationship to Status of Stat

| Name and address (home or business) | or substantial contributor | recipient | | |
|--|----------------------------|-----------|--------------|-------|
| a Paid during the year | | | | |
| WICHITA INDOCHINESE CENTER 2502 E DOUGLAS WICHITA, KS 67214 | N/A | PC | GENERAL FUND | 7,500 |
| WICHITA POLICE FOUNDATION PO BOX 782736 WICHITA, KS 67278 | N/A | PC | GENERAL FUND | 2,500 |
| YOD ASSOCIATES INC 3801 S BUTTERNUT AVE BROKEN ARROW, OK 74011 | N/A | PC | GENERAL FUND | 1,000 |

Total . .

Recipient If recipient is an individual, show any relationship to status of contribution

Name and address (home or business) any foundation manager recipient Amount

| Name and address (nome or business) | or substantial contributor | | | |
|--|----------------------------|----|--------------|---------|
| a Paid during the year | | | | |
| DEBOER FELLOWSHIP MYANMAR COMPANY LIMITED 608 MERCHANT ROAD CORNER OF 31ST YANGON, YANGON 11141 BM | N/A | NC | GENERAL FUND | 350,000 |
| Total | | | ▶ 3a | 839,175 |

| Category Amount Net Investment Adjusted Net Disbursements Income Income for Charitable | | | | | | | |
|--|-----------------|--------|----|--------------------|--|--|--|
| Name: DEBOER FOUNDATION INC | | | | | | | |
| TY 2019 Accounting Fe | ees Schedule | | | | | | |
| efile GRAPHIC print - DO NOT P | ROCESS As Filed | Data - | Di | LN: 93491195020110 | | | |

14,084

PROFESSIONAL FEES - ACCOUNTING

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491195020110 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2019 Depreciation Schedule Name: DEBOER FOUNDATION INC

EIN: 46-3394129

DLN: 93491195020110

TY 2019 Expenditure Responsibility Statement

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: DEBOER FOUNDATION INC

| EIN: 46-3394129 | | | | | | | | | |
|--|---|------------|-----------------|--|----------------------------------|---------------------------------|-----------------------------------|-------------------------|---|
| Grantee's Name | Grantee's Address | Grant Date | Grant Amount | Grant Purpose | Amount Expended By Grantee | Any Diversion By Grantee? | Dates of Reports By Grantee | Date of Verification | Results of Verification |
| DEBOER FEILOWSHIP MYANMAR COMPANY LTD | 608 MERCHANT ROAD CORNER OF 31ST YANGON, YANGON 11141 BM | 2019-06-06 | 150,000 | IMPROVING WORKPLACES AND COMMUNITIES IN MYANMAR BY EMPOWERING & EQUIPPING CITIZEN LEADERS | 150,000 | NO | 02/04/2020 | 2020-02-04 | ALL \$150,000 WAS EXPENDED FOR THE PURPOSES OF IMPROVING WORKPLACES AND COMMUNITIES IN MYANMAR, BY EMPOWERING AND EQUIPPING CITIZEN LEADERS THROUGH EDUCATIONAL PROGRAMS, INCLUDING THE DEBOER FELLOWSHIP |

| efile GRAPHIC print - DO NOT PROCESS | | | | | | | |
|--------------------------------------|-----------------------|--------------------------|------------------------|---|--|--|--|
| TY 2019 Legal Fees Schedule | | | | | | | |
| | | | | | | | |
| Name: DEBOER FOUNDATION INC | | | | | | | |
| E | IN: 46-3394129 | | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | | |

51,609

PROFESSIONAL FEES - LEGAL

| TY | 2019 | Other | Assets | Schedule |
|----|------|-------|---------------|----------|

Name: DEBOER FOUNDATION INC.

SECURITY DEPOSITS

| | FII4. 40-3334123 | |
|-----------------------|------------------|--|
| Other Assets Cabadala | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

| Other Assets Schedule | |
|-----------------------|---------------------|
| Description | Beginning of Year - |

| End of Year - Book | |
|--------------------|--|
| Value | |

1,507

End of Year - Fair Market Value

1,507

Book Value

ETN: 46-3304120

1,507

DLN: 93491195020110

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491195020110 | | | | | | | | |
|--|--------------------------------------|--------------------------|------------------------|---|--|--|--|--|
| TY 2019 Other Expenses Schedule | | | | | | | | |
| | | | | | | | | |
| Name: DEBOER FOUNDATION INC | | | | | | | | |
| EIN: 46-3394129 | | | | | | | | |
| Other Expenses Schedule | | | | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | | | |
| INSURANCE EXPENSE | 1,248 | | | 1,248 | | | | |
| MEALS AND ENTERTAINMENT | 3,501 | | | 3,501 | | | | |

255,125

2,501

833

64

695

124

928

928

13,486

255,125

2,501

833 64

695

1,300

OFFICE EXPENSE

BURMA PROJECT COSTS

DUES/MEMBERSHIP FEES

BANK FEES

MARKETING

DOCUMENTARY

MISCELLANEOUS

HR EXPENSE

| • | | | t and the second | | 4 |
|-------------|-----------------------------|--------------------------|--|---------------------------------|---|
| Description | Revenue and Expenses per | Net Investment Income | Adjusted Net Income | Disbursements for Charitable | |
| | Books | 1 | l | Purposes | 1 |

Other Expenses Schedule

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491195020110 |
|--------------------------------------|-----------------|---------------------|
| TY 2019 Other Income Schedul | le | |
| Name: [| DEBOER FOUNDAT | TION INC |

EIN: 46-3394129

| Other Income Schedule | | | | | | | |
|-----------------------|-----------------------------------|--------------------------|---------------------|--|--|--|--|
| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income | | | | |
| FEDERAL TAX REFUND | 378 | | | | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | nta - DLN: 93491195020110 | | | | | | | |
|---|--|---------------------------|------------------------|---|--|--|--|--|--|
| TY 2019 Other Professional F | TY 2019 Other Professional Fees Schedule | | | | | | | | |
| | | | | | | | | | |
| Name: DEBOER FOUNDATION INC EIN: 46-3394129 | | | | | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | | | | |

OTHER

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491195020110 | | | | | | | |
|--|------------------------|------------|-------------|-------------|--------|--|--|
| TY 2019 TransfersToControlledEntities | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Name: | DEBOEK FOO | NDATION INC | | | | |
| | EIN: 46-3394129 | | | | | | |
| | | | | | | | |
| Name | US / Foreign Addr | ess | EIN | Description | Amount | | |

| Name | US / Foreign Address | EIN | Description | Amount |
|--|--|-----|---|---------|
| DEBOER FELLOWSHIP MYANMAR COMPANY LTD | 608 MERCHANT ROAD CORNER OF 31ST YANGON, YANGON 11141 BM | | GRANT MADE TO DEBOER FELLOWSHIP MYANMAR COMPANY LIMITED | 350,000 |
| Total | | | | 350,000 |

| efile GRAPHIC print - DO | NOT PROCESS As Filed Data - | | DLN: 93491195020110 | | |
|---|---|---|---|--|--|
| Schedule B | Schedule of Contributors | | OMB No 1545-0047 | | |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | ► Attach to Form 990, 990-EZ, or 990-PF ► Go to <u>www ırs gov/Form990</u> for the latest information | | 2019 | | |
| Name of the organization DEBOER FOUNDATION INC | | Employer id | lentification number | | |
| Organization type (check | one) | 46-3394129 | | | |
| Filers of: | Section: | | | | |
| riiers oi. | Section. | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | ☐ 527 political organization | | | | |
| Form 990-PF | ☑ 501(c)(3) exempt private foundation | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| | ☐ 501(c)(3) taxable private foundation | | | | |
| | on filing Form 990, 990-EZ, or 990-PF that received, during the year, contribut roperty) from any one contributor. Complete Parts I and II. See instructions for | | | | |
| Special Rules | | | | | |
| under sections 509 received from any | n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ 3% (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pone contributor, during the year, total contributions of the greater of (1) \$5,000 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II | Part II, line 13, | 16a, or 16b, and that | | |
| during the year, tot | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recall contributions of more than \$1,000 exclusively for religious, charitable, scient prevention of cruelty to children or animals. Complete Parts I, II, and III | | | | |
| during the year, co If this box is check purpose Don't con | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recentributions exclusively for religious, charitable, etc., purposes, but no such contend ed, enter here the total contributions that were received during the year for an inplete any of the parts unless the General Rule applies to this organization beto, etc., contributions totaling \$5,000 or more during the year | ntributions tota exclusively re ecause it recei | aled more than \$1,000 ligious, charitable, etc , ved <i>nonexclusively</i> | | |
| 990-EZ, or 990-PF), but it | that isn't covered by the General Rule and/or the Special Rules doesn't file Sci must answer "No" on Part IV, line 2, of its Form 990, or check the box on line I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (F | H of its Form | | | |
| For Paperwork Reduction Act for Form 990, 990-EZ, or 990-F | | ule B (Form 990 | , 990-EZ, or 990-PF) (2019) | | |

(Complete Part II for noncash

| orm 990, 990-EZ, or 990-PF) (2019) | | Page | | |
|--|---|---|--|--|
| | | Employer identification number | | |
| in \$1,000 for the year from any one cont ganizations completing Part III, enter the year. (Enter this information once. See | ributor. Complete columns (a) t total of exclusively religious, cl instructions.) > \$ | hrough (e) and the following line entry. For | | |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| Transferee's name, address, and a | (e) Transfer of gift | Relationship of transferor to transferee | | |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| Transferee's name, address, and 2 | (e) Transfer of gift | Relationship of transferor to transferee | | |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| (e) Transfer of Transferee's name, address, and ZIP 4 | | it Relationship of transferor to transferee | | |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | | | |
| | an \$1,000 for the year from any one contiganizations completing Part III, enter the year. (Enter this information once. See e duplicate copies of Part III if additional sp. (b) Purpose of gift Transferee's name, address, and a transferee's name, address name, a transferee's name, address name, a transferee's name, a tr | (e) Transfer of gift Transferee's name, address, and ZIP 4 (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Purpose of gift (e) Transfer of gift (f) Use of gift (h) Purpose of gift | | |