2020 29**491**043**005**00

Form **990-PF** Department of the Treasury Internal Revenue Service EXTENDED TO NOVEMBER 16, 202
Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

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

For calendar year 2019 or tax year beginning		, and ending		
Name of foundation			A Employer identification	number
ALI FOUNDATION			46-3395719	
Number and street (or P O box number if mail is not delivered to street	et address)	Room/suite	8 Telephone number	
4323 N BARTON CREEK CIRCLE	₹		316-209-57	25
City or town, state or province, country, and ZIP or foreign	postal code		C If exemption application is pe	anding, check here
WICHITA, KS 67226				
G Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organizations,	, check here
Final return	Amended return		Foreign organizations mee check here and attach con	ating the 85% test,
H Check type of organization: X Section 501(c)(3) 6	Name change exempt private foundation		7	
	Other taxable private founda	ρ_{O}	E If private foundation state under section 507(b)(1)(
	ting method: Cash	X Accrual	F If the foundation is in a 6	
, I =	Other (specify)		under section 507(b)(1)(
	mn (d), must be on cash basi	s.)		
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	30540.			(cash basis only)
2 Check If the foundation is not required to attach Sch. B	30340.		-	-
Interest on savings and temporary cash investments				
4 Dividends and interest from securities				
5a Gross rents		· · · · · · · · · · · · · · · · · · ·		
Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	165.			·
D assets on line 6a 103.		1.55		
7 Capital gain net income (from Part IV, line 2)		165.		 .
8 Net short-term capital gain 9 Income modifications			-	
Gross sales less returns				
b Less Cost of goods sold	†····-	*** ****		
c Gross profit or (loss)				
11 Other income				
12 Total Add lines 1 through 11	30705.	<u> </u>	0.	
13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0
14 Other employee salaries and wages				
15 Pension plans, employee benefits				. 3
16a Legal fees b Accounting fees			Internal Revert	uc Service ——
c Other professional fees			Received US	lenk - USB
9 17 Interest			73\$	
18 Taxes			5£P 0 8	ZU20
19 Depreciation and depletion			- Jaci - V	— - 4.5
20 Occupancy			Kansas Ci	ty, MO
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses STMT 1	823.	0.	0.	0
b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 1 24 Total operating and administrative expenses. Add lines 13 through 23	823.	0.	0.	^
expenses. Add lines 13 through 23 Contributions, gifts, grants paid	19052.			0 19052
26 Total expenses and disbursements.	19052.		1	13032
Add lines 24 and 25	19875.	0.	0.	19052
27 Subtract line 26 from line 12:				
Excess of revenue over expenses and disbursements	10830.			
b Net investment income (if negative, enter -0-)		165.		
C Adjusted net income (if pegative enter -0-)			0.	

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

10	1111 93	30-PF (2019) ALL FOUNDATION			3393/19 Page 2
F	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
_	_		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	18967.	14682.	<u>14682.</u>
	2	Savings and temporary cash investments			. <u>. </u>
	3	Accounts receivable	_	_	,
		Less: allowance for doubtful accounts			
	4	Pledges receivable >			
		Less: allowance for doubtful accounts	•		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	'				,
					· · · · · · · · · · · · · · · · · · ·
Assets	l °	Inventories for sale or use			· · · · · · · · · · · · · · · · · · ·
Ass	1.9				
-		Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis		-	-
	1	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 2	10032.	25147.	28062.
	14	Land, buildings, and equipment: basis ▶		_	1
		Less accumulated depreciation		······································	
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
	İ	instructions. Also, see page 1, item I)	28999.	39829.	42744.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ş	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
apį	21	Mortgages and other notes payable			,
ت	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow FASB ASC 958, check here			
ģ		and complete lines 24, 25, 29, and 30.			1
Š	24	Net assets without donor restrictions			
<u>a</u>	25	Net assets with donor restrictions			
Net Assets or Fund Balances		Foundations that do not follow FASB ASC 958, check here ▶ 🗶			
٦		and complete lines 26 through 30.			
5	26	Capital stock, trust principal, or current funds	0.	0.	
ţ	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	;
SSE	28	Retained earnings, accumulated income, endowment, or other funds	28999.	39829.	
<u>ج</u>	29	Total net assets or fund balances	28999.	39829.	
ž					
	30	Total liabilities and net assets/fund balances	28999.	39829.	
P	art	Analysis of Changes in Net Assets or Fund Ba	lances		-
1		net assets or fund balances at beginning of year - Part II, column (a), line 29	9		00000
	•	at agree with end-of-year figure reported on prior year's return)		1	28999.
		amount from Part I, line 27a		2	10830.
		increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	39829.
		eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	ımn (b), line 29	6	39829.
					Form 990-PF (2019)

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Part IV Capital Gains	and L	osses for Tax on Inv	vestmen	t Income					
(a) List and describe 2-story brick wa	the kindi arehouse	s) of property sold (for exam ; or common stock, 200 shs.	ple, real esta MLC Co.)	ite,	(b)	How acquire - Purchase - Donation	ed (c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a CAPITAL GAINS	DIVI	DENDS							
<u>b</u> .					-				
<u>c</u>				· · · · · · · · · · · · · · · · · · ·	1				
e									
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale			((h) Gain or (loss (e) plus (f) minus	(g))
a 165.			·					<u>.</u>	<u> </u>
<u> </u>	_		<u> </u>			-			
<u>d</u>									
е									
Complete only for assets shown	ig gain ir	- r	e foundation	on 12/31/69.				Gains (Col. (h) gain	
(i) FMV as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (I) col. (J), If any				k), but not less tha Losses (from col. ((h))
<u>a</u>									165.
<u>b</u>									
d	_			 -					
e									
2 Capital gain net income or (net ca	oital loss	If gain, also enter i	n Part I, line	7 7	}	2			165.
3 Net short-term capital gain or (los	•	•							
If gain, also enter in Part I, line 8,	•				}			37/3	
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder 9	Section 4940(e) for I	Reduced	Tay on Net	Inv	<u>3 </u> estment	tinco	N/A	•
If section 4940(d)(2) applies, leave the Was the foundation liable for the section "Yes," the foundation doesn't qualification to the section of the section	tion 4942 y under s	2 tax on the distributable amo section 4940(e). Do not comp	lete this par	t					Yes X No
1 Enter the appropriate amount in (a)	each colu		tructions be	fore making any e				ī	(4)
Base periód years Calendar year (or tax year beginni	ng in)	(b) Adjusted qualifying distr		Net value of no	(c) nchai	ritable-use a		(col. (b) div	oution ratio rided by col. (c))
2018		1	3950.				667. 612.		.836983
2017			4300. 1350.				781.		.340945 .173500
2015							/ 0 I •		• • • • • • • • • • • • • • • • • • • •
2014				(-					<u> </u>
2 Total of line 1, column (d)								2	1.351428
3 Average distribution ratio for the the foundation has been in existe			line 2 by 5.0), or by the numb	er of y	/ears		3	.450476
4 Enter the net value of noncharitab	le-use as	sets for 2019 from Part X, Iır	ne 5					4	30952.
5 Multiply line 4 by line 3								5	13943.
6 Enter 1% of net investment incom	ne (1% o	f Part I, line 27b)						6	2.
7 Add lines 5 and 6								7	13945.
8 Enter qualifying distributions from	n Part XII	, line 4						8	19052.
If line 8 is equal to or greater than See the Part VI instructions.			b, and comp	lete that part usin	g a 19	% tax rate.			
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_	J		_	_	
-	n 990-PF (2019) ALI FOUNDATION 46-33			Page 4	-
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	ee mst	ucuc	msj	-
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)			2	
D	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%			<u> 2.</u>	-
_	of Part I, line 27b				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	-		0.	
	Add lines 1 and 2			2.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			2.	
6	Credits/Payments:				•
	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 0 •				ţ
	Exempt foreign organizations - tax withheld at source 6b 0.				ţ
	Tax paid with application for extension of time to file (Form 8868) 6c 0.				Į Į
	Backup withholding erroneously withheld 6d 0.				
	Total credits and payments. Add lines 6a through 6d			0.	_
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			0.	_
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			2.	_
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				_
	Enter the amount of line 10 to be: Credited to 2020 estimated tax				_
Pa	art VII-A Statements Regarding Activities		12.4	1	_
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	+	-
	any political campaign?	<u>1a</u>	+	X	-
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	7
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				t
	distributed by the foundation in connection with the activities.	4.		.	
	Did the foundation file Form 1120-POL for this year?	<u> 1c</u>	+	X	-
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$\int \text{\$0.} (2) \text{ On foundation managers. } \int \$\text{\$\texi{\$\text{\$\text{\$\text{\$\text{\$\text{\$				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
6	managers. > \$ 0.		İ		t
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		x	
-	If "Yes," attach a detailed description of the activities.				Î
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		1	İ	
	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		X	_
b	If "Yes," has it filed a tax return on Form 990-T for this year?	A 4 <u>b</u>			_
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X	_
	If "Yes," attach the statement required by General Instruction T				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 conflict with the state law				
	remain in the governing instrument?	6	1	X	-
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	-	
_	E. H. C. L. L. H. C. L. L. L. C. L. L. L. L. L. L. L. L. L. L. L. L. L.				
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	— I			
	KS If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
D	of each state as required by General Instruction G? If "No," attach explanation	86	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	1 50	+^	1	~
3	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9	1	\mathbf{x}	L
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	1	X	
<u> </u>	n Too, and a some of the sound		O DE	10010	•

	art vii A Ctatemente negaranig Activities (continues)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► <u>WWW.ALI-FOUNDATION.ORG</u>			
14	The books are in care of ► MANZOOR ALI Telephone no. ► 316-20			
	Located at ► 4323 N BARTON CREEK CIR, WICHITA, KS ZIP+4 ►6	72 <u>26</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		. •	· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	1		
D,	foreign country ► art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		i	
Г		1	V	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. a During the year, did the foundation (either directly or indirectly):		Yes	No
18				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?		ĺ	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after		1	
	termination of government service, if terminating within 90 days.)			
t	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b	-	
	Organizations relying on a current notice regarding disaster assistance, check here			
C	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?	1c]	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	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?			
	If "Yes," list the years \blacktriangleright ,,,,,			
b	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 all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b	\rightarrow	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
_	<u> </u>		-	
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?		ł	
D	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after		-	
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	,		
4.	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A Plid the foundation invest during the year any amount in a manner that would repeat up to charitable purposes?	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4a	\dashv	<u> </u>
U	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	,,		х
		m 990	-PF (
	FU	33U	-r-r-(2019)

O Commenced in the bink of the	and and an inc. 4\ K = ==	A IINONE II		
2 Compensation of five highest-paid employees (other than those in (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
		-	_	
Total number of other employees paid over \$50,000			<u> </u>	(

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. For	eign foun	ndations, see	instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
а	Average monthly fair market value of securities		1a	15988
	Average of monthly cash balances	ļ	1b	15435
	Fair market value of all other assets	Ī	1c	
	Total (add lines 1a, b, and c)	Ī	1d	31423
	Reduction claimed for blockage or other factors reported on lines 1a and	Ī		
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d	Ĭ	3	31423
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	ľ	4	471.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	Ī	5	30952
6	Minimum investment return. Enter 5% of line 5		6	1548.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found	dations and	d certain	
	foreign organizations, check here and do not complete this part.)			
1	Minimum investment return from Part X, line 6		1	1548
2a	Tax on investment income for 2019 from Part VI, line 5	2.		-
b	Income tax for 2019. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b		2c	2.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	1546
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	1546
6	Deduction from distributable amount (see instructions)		6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7	1546.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	L	1a	19052.
b	Program-related investments - total from Part IX-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:			
а	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)	L	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4		4	19052.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			
	income. Enter 1% of Part I, line 27b		5	2.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	19050.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four	ındatıon qı	ualifies for the s	section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part	XI,			
line 7				1546.
2 Undistributed income, if any, as of the end of 2	019			
a Enter amount for 2018 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to	2019:			
a From 2014				
b From 2015				
	061.			
	569.			
e From 2018 131	.17.			
f Total of lines 3a through e	17747.			
4 Qualifying distributions for 2019 from				
	052.		_	
a Applied to 2018, but not more than line	2a	··· - · · · - · · · - · · · · · · · · ·	0.	
b Applied to undistributed income of prior				
years (Election required - see instruction	s)	0.		
c Treated as distributions out of corpus				,
(Election required - see instructions)	0.			4546
d Applied to 2019 distributable amount	47505			1546.
e Remaining amount distributed out of co	pus 17506.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same a must be shown in column (a))	mount 0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	35253.		· · · · · · · · · · · · · · · · · · ·	,
b Prior years' undistributed income. Subtr	act			
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice	of			:
deficiency has been issued, or on which the section 4942(a) tax has been previous	uch.			·
assessed	isiy	0.		ı
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2018. Subtract	line			1
4a from line 2a. Taxable amount - see in:	str.		0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount i	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) (Elec				
may be required - see instructions)	0.		<u></u>	i
8 Excess distributions carryover from 201		•		
not applied on line 5 or line 7	0.		<u> </u>	<u> </u>
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	35253.			
O Analysis of line 9:				l
a Excess from 2015				
	61.	•		
	69.))
	17.			•
e Excess from 2019 175	06.			

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	JNDATION			46-33	95719 Page
Part XIV Private Operating I			l-A, question 9)	N/A	
1 a If the foundation has received a ruling		, , ,			
foundation, and the ruling is effective for		-	. ▶ └	1.2.2	
b Check box to indicate whether the foun		<u>ng toundation described i</u>		4942(j)(3) or 49	42(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 0010	Prior 3 years	T 44 0040	/al Takal
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					
b 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: a "Assets" alternative test - enter:					
(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					
c "Support" alternative test - enter:		/			
(1) Total support other than gross investment income (interest,				i	
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					
Part XV Supplementary Info			f the foundation	had \$5,000 or mo	re in assets
at any time during t	the year-see instr	uctions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh	o have contributed more t	han 2% of the total contr	butions received by the	foundation before the close	e of any tax
year (but only if they have contributed r	nore than \$5,000). (See se	ection 507(d)(2).)	•		•
NONE					
b List any managers of the foundation wh	o own 10% or more of the	stock of a corporation (or an equally large portion	on of the ownership of a pai	rtnership or
other entity) of which the foundation ha			or arroquany large per me	on a compone of a par	and only of
NONE					
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarship etc. Pre	ograme:		
		• • • •	-	ot accept unsolicited reque	icto for fundo. If
the foundation makes gifts, grants, etc.,					515 IOI 101105. II
a The name, address, and telephone num MANZOOR ALI, $316-209$				ocu.	
	•		M		
4323 N BARTON CREEK					
b The form in which applications should b	e submiπed and informati	on and materials they she	ould include:		
FORMAL REQUEST.					
c Any submission deadlines:					
NONE					
d Any restrictions or limitations on awards	s, such as by geographical	l areas, charitable fields, l	kinds of institutions, or o	ther factors:	
NONE					
923601 12-17-19					Form 990-PF (2019)

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
ANNOOR ISLAMIC SCHOOL	NONE	EDUCATIONAL	EDUCATIONAL FUND	
5655 E 34TH STREET N		INSTITUTION		
VICHITA, KS 67226				60
MAYFLOWER CLINIC INC.	NONE	501(C)(3)	HEALTHCARE COVERAGE	
154 N TOPEKA	NONE	501(0,(0,	FOR UNINSURED	
WICHITA KS 67202				100
NORTH YMCA OF WICHITA	NONE	501(C)(3)	PROGRAM FEES FOR UNDER	
3330 N WOODLAWN			PRIVILEGED	
WICHITA KS 67220				50
ISLAMIC SOCIETY OF WICHITA	NONE	EDUCATIONAL	GENERAL FUND	
6655 E 34TH STREET N WICHITA, KS 67226		INSTITUTION		1680
HICHIII, NO OVERE				
GLOBAL LEARNING CENTER	NONE	EDUCATIONAL	LECTURE	
5400 E 21ST ST N		INSTITUTION		
WICHITA KS 67208	<u> </u>		> 0.	15
Total b Approved for future payment			▶ 3a	1905
NONE				
NONE				
				<u> </u>
Total			▶ 3b	
Total	_			9 90-PF (20

Part XVI-A	Analysis	of Incom	e-Producing	Activities
	•			

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclud	ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	-	1011011111001110
a b	— 		+		
			++		
de			1		
1			1		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash			1		
investments					
4 Dividends and interest from securities			1 1		
5 Net rental income or (loss) from real estate:			1 1		
a Debt-financed property	<u> </u>		1 1		
b Not debt-financed property			1 1		
6 Net rental income or (loss) from personal					
property					
7 Other investment income			1 1		
8 Gain or (loss) from sales of assets other					
than inventory			14	165.	
9 Net income or (loss) from special events			 - 		
Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a			1 1		
b					
c					
d			1 - 1		
e					
2 Subtotal. Add columns (b), (d), and (e)		0		165.	0.
3 Total. Add line 12, columns (b), (d), and (e)			•	13	165.
See worksheet in line 13 instructions to verify calculations	s.)				
Part XVI-B Relationship of Activitie	s to the Accon	nplishment of E	xempt	t Purposes	
Line No. Explain below how each activity for which i			A contrib	uted importantly to the accon	plishment of
the foundation's exempt purposes (other the	nan by providing tund	s for such purposes).			
				· · · · · · · · · · · · · · · · · · ·	
					
	- ·				. .
		_			
		_		-	
					
				<u> </u>	
			-		
					
					
				·	
	_		·		
					

Part Avii	Information Re Exempt Organ		ind Transactions a	nd Helationships with Noncha	ritable		
1 Did the o		rectly engage in any of the following	no with any other organization	on described in section 501(c)		Yes	No
	-	nizations) or in section 527, relating		' '			-10
•	,,,, -	ation to a noncharitable exempt or	• •				
(1) Cash	, ,	ation to a nononaritable exempt of	gamzanon oi.		1a(1)		X
(2) Othe					1a(2)		X
b Other train					14(2)		
-	s of assets to a noncharita	ble exempt organization			1b(1)		X
٠.		ncharitable exempt organization			1b(2)		X
	al of facilities, equipment,				1b(3)		X
	ibursement arrangements				1b(4)		X
. ,	is or loan guarantees				1b(5)		X
• •		mbership or fundraising solicitation	ons		1b(6)		X
		iling lists, other assets, or paid em			1c	-	X
				ways show the fair market value of the goods,		ets.	
			• •	ie in any transaction or sharing arrangement,		,	
column (d) the value of the goods,	other assets, or services received.					
(a) Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions, and	sharing arr	angeme	nts
		N/A					
			-				
		 					
			 	· ·			
0 1-11-1		th # b-4d					
	•	tly affiliated with, or related to, one	or more tax-exempt organiz	zations described r		X	1
		n 501(c)(3)) or in section 527?		L	Yes	LA.) IVO
D II TES, C	omplete the following sche (a) Name of org		(b) Type of organization	(c) Description of relations	chin	-	
	N/A	unization	(b) Type of organization	(c) bescription of relations	<u>,,,,b</u>		
	N/A						
Under	penalties of perjury, I declare t	that I have examined this return, includin	g accompanying schedules and :	statements, and to the best of my knowledge		41	
Sign and be	elief, it is true, correct, and con	nplete Declaration of preparer (other than	n taxpayer) is based on all informa	rei	ay the IRS d urn with the own below?	prepare	ır
Here	have i	~XV	19/1/20		X Yes	See ins] No
Sign	nature of officer or trustee	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date	Title			
	Print/Type preparer's na	me Preparer's si	gnature	Date Check If PTIN			
			_1	self- employed			
Paid	RANDY D. P	ORTER CAN	20 1'va	8-26-22 PO	0489	643	
Preparer	Firm's name ▶ POR'		S CPAS, LLC	Firm's EIN ► 27-3			
Use Only			-				
	Firm's address ▶ 26	29 E. HARRY ST.					
	WI	<u>CHITA, KS 67211</u>	-4702	Phone no. 316 - 6			
				F	orm 990	- PF (2019)

Schedule B

(Form 990, 990-ĖZ, 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

2019

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

46-3395719 ALI FOUNDATION Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that 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)

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

Name of organization

Employer identification number

ALI FOUNDATION

46-3395719

WIT L	OUNDATION	1 40	1-3393/19
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space ıs needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KAMRAN ALI 2311 N ROSEMONT CIR WICHITA, KS 67228	\$18000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	REEHAN ALI 24433 PERCEVAL LANE NOVI, MI 48375	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MONZOOR ALI 4323 N BARTON CREEK CIRCLE WICHITA, KS 67226	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ZEESHAN ALI 24639 CODILLERA DR CALABASAS, CA 91302	\$5000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

ALI FOUNDATION

46-3395719

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 4 **Employer identification number** Name of organization ALI FOUNDATION 46-3395719 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) > \$_ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift from (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	OTHER EXPENSES			STATEMENT 1			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTEI NET INCOM		(D) CHARITAI PURPOSI	
TAX PREPARATION FEE ANNUAL REPORT FILING FEE BROKERAG FEE POSTAGE	650. 40. 50. 83.		0. 0. 0.		0. 0. 0.		0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	823.		0.		0.		0.
FORM 990-PF	OTHER INV	ESTMENTS			ST	ATEMENT	2
DESCRIPTION		LUATION ETHOD	вос	K VALUE	FAIR MARKET VALUE		
BENJAMIN F EDWARDS & CO	FMV			25147.	28062.		
TOTAL TO FORM 990-PF, PART I	I, LINE 13	-		25147.		2806	52.

	LIST OF OFFICERS, D AND FOUNDATION MANA					
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB			
MANZOOR ALI 4323 N BARTON CREEK CIR WICHITA, KS 67226	PRESIDENT 0.00	0.	0.	0.		
WASEEM ALI 4323 N BARTON CREEK CIR WICHITA, KS 67226	SECRETARY 0.00	0.	0.	0.		
KAMRAN ALI 2311 N ROSEMONT CT. WICHITA, KS 67225	DIRECTOR 0.00	0.	0.	0.		
ZEESHAN ALI 24639 CORDILLERA DR CALABASAS, CA 91302	DIRECTOR 0.00	0.	0.	0.		
REEHAN ALI 24433 PERCEVAL LANE NOVI, MI 48375	DIRECTOR 0.00	0.	0.	0.		
TOTALS INCLUDED ON 990-PF, PAG	GE 6, PART VIII	0.	0.	0.		