	Form	99 0	1								OMB No. 1545-0047
					f Organizatio						2018
Dep	artment of th nal Revenue	e Treasury		► Do not e	enter social security nu	mbers on this form as	it may be made	e public.			Open to Public Inspection
					.irs.gov/Form990 fo						•
-	Check if app			ax year begi	nning 10/01	, 2018,	and ending	9/		/er iden	,2019 tification number
Б) FOUNDA	TON					7232	
			0 S.E.						E Telepho	-	
	Initial r	D), OR 972	214						231-8032
		urn/terminated							(30	J) Z	.51 0052
		led return							G Gross r	eceipts	\$ 804,605.
	Applica	ation pending F	Name and a	address of princip	al officer: CELESTE	CADEV	н	l(a) Is this	a group retur		
		S	AME AS	C ABOVE			н	(b) Are all	subordinates attach a list	include	ed? Yes No
Ι	Tax-exen		X 501(c)(3)	501(c) ()◀ (insert no	.) 4947(a)(1) or	527	II NO,	allacii a iisi	. (See II	istructions)
J	Websit	te: ► KBOO	D.FM				н	l(c) Group	exemption n	umber 🖡	•
Κ	Form of c	organization: λ	Corporation	Trust	Association Othe	er► L	Year of formation	n: 197	2 M s	State of	legal domicile: OR
Pa	art I	Summary									
					sion or most signifi						
e	<u>F</u>				MEDIA DO NO						
an(<u>U</u>	NDERSERVI	<u>ED GROU</u>	<u>PS. KBOC</u>	SHALL PROVI	<u>DE ACCESS A</u>	ND TRAIN	<u>NING '</u>	<u>10 1103</u>	<u>SE C</u>	OMMUNITIES.
Governance	2 Ch	ock this box	► if th		on discontinued its	aparations or disp	acad of mor	_ <u></u> _	E% of itc		
g	2 CH 3 Nu				erning body (Part V					11et as	7
ంర					rs of the governing					4	7
Activities	5 Tot	tal number of	f individual	s employed i	in calendar year 20	18 (Part V, line 2a)			5	23
tivi	6 Tot			•	f necessary)					6	839
Ac					Part VIII, column (7a	0.
	b Ne	t unrelated b	usiness tax	cable income	e from Form 990-T,	line 38				7b	0.
	•				- 11->				Prior Year		Current Year
qe					e 1h) le 2g)				999,9	948.	786,701.
Revenue		-		-	(A), lines 3, 4, and				6.6	539.	2,371.
Be					ines 5, 6d, 8c, 9c,	•			34,9		15,533.
					1 (must equal Part				L,041,5		804,605.
	13 Gra	ants and simi	ilar amoun	ts paid (Part	IX, column (A), lin	es 1-3)			, . , .		
	14 Be	nefits paid to	or for mer	mbers (Part	IX, column (A), line	. 4)					
	15 Sa	laries, other	compensat	tion, employe	ee benefits (Part IX	, column (A), lines	5-10)		531,4	134.	494,485.
ses	16a Pro	ofessional fur	ndraising fe	es (Part IX,	column (A), line 11	e)					, ,
Expense	b Tot	tal fundraisin	a expenses	s (Part IX, co	olumn (D), line 25)	► 1C	4,804.				
Щ	17 Oth				ines 11a-11d, 11f-2				472,0	121	454,392.
		•	•		equal Part IX, colu	,		1	L,003,4		948,877.
					18 from line 12				38,1		-144,272.
r es								Beginnir	ng of Currer		End of Year
Net Assets or Fund Balances	20 Tot	tal assets (Pa	art X, line ⁻	16)					853,2		722,007.
Ass Ass	21 Tot	tal liabilities ((Part X, lin	e 26)					68,0		72,518.
Punc	22 Ne	t assets or fu	and balance	es. Subtract	line 21 from line 20				785,1	16.	649,489.
Pa	art II 🛛	Signature	Block						,		,
Und com		•		examined this re ficer) is based or	turn, including accompany all information of which	ving schedules and stater preparer has any knowle	ments, and to th dge.	e best of m	ny knowledge	and bel	lief, it is true, correct, and
Sig	ŋn	Signature of	of officer					Da	ate		
He	re	CELES	STE CARI	ΞY				STAT	ION MA	NAGE	R
_			int name and t								
		Print/Type prep	barer's name		Preparer's signature		Date		Check	X if	PTIN
Ра	id	KRIS OL	IVEIRA,	CPA					self-employ	ed	P00959389
	eparer	Firm's name	► KERN	& THOMP	SON LLC						

	1 mm 5 marine		
Use Only	Firm's address	► 1800 SW FIRST AVENUE, SUITE 410	Firm's EIN ► 93-1157146
		PORTLAND, OR 97201	Phone no. (503) 222-3338
May the IRS	discuss this r	eturn with the preparer shown above? (see instructions)	X Yes No
BAA For Pa	perwork Redu	Iction Act Notice, see the separate instructions. TEEA0101L 08/2	20/18 Form 990 (2018)

Form	n 990 (20	018) THE KBOO FOUNDATION	23-7	232987	P	age 2
Par		Statement of Program Service Accomplishments				
		Check if Schedule O contains a response or note to any line in the	s Part III			Х
1	-	describe the organization's mission:				
		SHALL BE A MODEL OF PROGRAMMING, FILLING				
		IDING_PROGRAMMING_TO_UNSERVED_OR_UNDERSER TRAINING TO THOSE COMMUNITIES.	VED_GROUPSKBOO_SHALL PE	OVIDE AC	<u>~E22</u>	
	AND					
2	Did the	organization undertake any significant program services during the yea	r which were not listed on the prior			
		90 or 990-EZ?		Yes	Х	No
		describe these new services on Schedule O.		_	_	
3		organization cease conducting, or make significant changes in ho	w it conducts, any program services?	··· Yes	Х	No
		describe these changes on Schedule O.				
4	Section	the organization's program service accomplishments for each o 501(c)(3) and 501(c)(4) organizations are required to report the renue, if any, for each program service reported.	amount of grants and allocations to othe	measured by ears, the total e	expen xpens	ses. es,
4 a	(Code:) (Expenses \$ 682,956. including grants	of \$) (Revenue	\$)
	<u>SEE_S</u>	CHEDULE O				
4 b	(Code:) (Expenses \$ including grants	of \$) (Revenue	\$)
	Codor) (Expenses \$ including grants	of \$) (Revenue	ć		<u> </u>
40	: (Code:			ې)
4 d	Other p	orogram services (Describe in Schedule O.)				
	(Expen) (Revenue \$)	
4 e	Total p	rogram service expenses ► 682,956.		Form	n 000	(2018)

N

Par	t IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	Yes X	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
k	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
Ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
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Form 990	(2018)	ידטר	VDOO	FOINDATTO
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Form 990 (2018) THE KBOO FOUNDATION
Part IV Checklist of Required Schedules (continued)

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Page 4	4
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гa			V	N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		х
24 a	 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a. 	24a		X
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		X
28	instructions for applicable filing thresholds, conditions, and exceptions):			
ä	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
I	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
(c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	contributions? If 'Yes,' complete Schedule M.	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	· No
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 17		.03	.10
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-	v	
RAA	(gambling) winnings to prize winners?	1c	X	2018)

Form 990 (2018)

Form 990 (2018) THE KBOO FOUNDATION 23-723298	7	F	Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		Yes	No
0 Extended a second standard on Example 14.2 Terms with the filling and Term Otate			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i> .	3b		
	30		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b If 'Yes,' enter the name of the foreign country: ►			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	50 50		Λ
	50		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
services provided to the payor?	7 a	Х	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.5		
Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	71		
Form 1098-C?	7 h		
organization have excess business holdings at any time during the year?	8		
	0		
9 Sponsoring organizations maintaining donor advised funds.a Did the sponsoring organization make any taxable distributions under section 4966?	0.0		
	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12 10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders 11 a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	12.4		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b 			
c Enter the amount of reserves on hand 13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	[
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	1
excess parachute payment(s) during the year?	15		Х
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
If 'Yes,' complete Form 4720, Schedule O.			1
· b			

			Yes	No
1	Enter the number of voting members of the governing body at the end of the tax year 1a		res	INO
Ia	If there are material differences in voting rights among members	-		
	of the governing body, or if the governing body delegated broad			
	authority to an executive committee or similar committee, explain in Schedule O.			
	Enter the number of voting members included in line 1a, above, who are independent 1b 7	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents	5		21
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?SEE. SCHEDULE . Q	6	Х	
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
	members of the governing body?SEESCHEDULE . 0.	7 a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH 0			
	stockholders, or persons other than the governing body.	7 b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8 a	Х	
b	Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ue Co	ode.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		Х
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	- Tu		
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in	120		
	Schedule O how this was done SEE. SCHEDULE . Q	12 c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O.	15a	Х	
	Other officers or key employees of the organization.	15u		Х
5	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 2	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
10 a	taxable entity during the year?	16 a		Х
b				
	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its			
	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16 b		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		B)s onl	 y)
17	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		3)s onl	y)
17 18	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?)1(c)(3	})s onl	 y)
17 18 19	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?)1(c)(3)s onl	 y)
17 18 19	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?)1(c)(3	 3)s onl	 y)

Section A. Governing Body and Management

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Form 990 (2018) THE KBOO FOUNDATION									23-72329	87 Page 7
Part VII Compensation of Officers, Directo Independent Contractors	ors, Tru	stee	es, I	Key	/ Er	nplo	ye	es, Highest C		<u> </u>
Check if Schedule O contains a response of	or noto to	anv	lino	in t	hic I	Dart V	/11			
Section A. Officers, Directors, Trustees, Ke										·····
 1 a Complete this table for all persons required to be listed organization's tax year. List all of the organization's current officers, direction of the organization's current officers, direction of the organization of the organization's current officers, direction of the organization of	. Report c	ompe stees	ensat	tion heth	for th ner in	ne cale	end	ar year ending wit	h or within the	nount of
compensation. Enter -0- in columns (D), (E), and (F) if	f no comp	ensa	ation	ı wa	s pa	id.				
• List the organization's five current highest comp	 List all of the organization's current key employees, if any. See instructions for definition of 'key employee.' List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. 									
• List all of the organization's former officers, key of reportable compensation from the organization and any					est c	ompe	nsa	ated employees v	who received more t	han \$100,000:
• List all of the organization's former directors or truste organization, more than \$10,000 of reportable compen										
List persons in the following order: individual trustees of employees; and former such persons.	or directo	rs; in	stitu	utior	nal ti	rustee	s;	officers; key emp	loyees; highest con	npensated
Check this box if neither the organization nor any relate	ed organiz	ation	con	nper	nsate	d any	cur	rrent officer, direct	or, or trustee.	
				(C))					
(A) Name and Title	(B) Average hours	thar	n one s both	box, an c ector	unles	.,	n	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
week Q T T T C C C T T T U (W-2/1099-MISC) (W-2/1099-MISC) from t (list any C T C C C T T C C C C C C C C C C C C									from the organization and related organizations	
(1) RUBAN LAWRENCE	2									
PRESIDENT	0	Х		Х				0.	0.	0.
(2) REUBAN DEUMLING	2							_	-	-

FRESIDENI	0	Λ		7		0.	υ.	0.
(2) REUBAN DEUMLING	2							
TREASURER	0	Х	Σ	Χ		0.	0.	0.
(3) KATHRYN GARCIA	2							
SECRETARY	0	Х	Σ	Χ		0.	0.	0.
(4) RAY BODWELL	2							
DIRECTOR	0	Х				0.	0.	0.
(5) RUBA_LEECH	1							
DIRECTOR	0	Х				0.	0.	0.
(6) THERESA MITCHELL	1							
DIRECTOR	0	Х				0.	0.	0.
(7) MARVIN RAINES	1							
DIRECTOR	0	Х				0.	0.	0.
(8) DELPHINE_CRISCENZO	40							
EXECUTIVE DIR.	0		Σ	Κ		36,859.	0.	7,281.
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
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Form 990 (2018) THE KBOO FOUNDATION

Form 990 (2018) THE KBOO FOUNDATION	-								23-723298	
Part VII Section A. Officers, Directors, Tr	1	Key	Em	-	-	es, a	nd	l Highest Com	pensated Emp	oyees (continued)
(A) Name and title	(B) Average hours per week	box	, unles cer and	neck ss pe d a d	ition more rson i lirecto	than or is both a or/truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	hrmer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c).	ion A					►	· -	36,859. 0. 36,859.	0. 0. 0.	7,281. 0. 7,281.
2 Total number of individuals (including but not limite from the organization ► 0							ed r			
 3 Did the organization list any former officer, dire on line 1a? If 'Yes,' complete Schedule J for su 	ctor, or tru ch individu	ustee, ual	key	em	ploy	/ee, 01	r hi	ighest compensa	ted employee	Yes No 3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual	of reportat ter than \$1	ole co 150,00	mper 20? /	nsat If 'Y	tion <i>'es,'</i>	and o	othe let	er compensation e Schedule J for	from	. 4 X
5 Did any person listed on line 1a receive or accrr for services rendered to the organization? If 'Ye	ue comper es,' comple	nsatio e <i>te So</i>	on fro chedu	om a ule .	any <i>J foi</i>	unrela r <i>such</i>	ateo pe	d organization or	individual	. 5 X
Section B. Independent Contractors 1 Complete this table for your five highest compe	nsated ind	lonon	dont	000	otrac	tore t	hat	t received more t	pap \$100 000 of	
compensation from the organization. Report compe	nsation for	the c	alend	lar y	/ear	ending	g w	ith or within the or	ganization's tax year	
(A) Name and business add	dress							(B) Description of		(C) Compensation
2 Total number of independent contractors (including \$100,000 of compensation from the organization		nited to	o thos	se li	sted	above	e) v	who received more	than	

BAA

Form 990 (2018) THE KBOO FOUNDATION Part VIII Statement of Revenue

23-7232987

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	Check if Schedule O contains a r					
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under section 512-514
		la				
noi		1b 535,255.				
Ā	5	1 c				
a	5	1 d				
	e Government grants (contributions)	le				
		lf 251,446.				
2	g Noncash contributions included in lines 1a-1f:					
	h Total. Add lines 1a-1f		786,701.			
2		Business Code				
2						
	b					
	c					
	a					
	f All other program service revenue.					
	1 0					
-	g Total. Add lines 2a-2f					
3	Investment income (including divide other similar amounts)	ends, interest and ►	2,371.			2,37
4			2,371.			2,31
5	Royalties					
J	(i) Real	(ii) Personal				
6	a Gross rents					
-	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
	a Gross amount from sales of (i) Securitie					
	assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)a Gross income from fundraising even					
	(not including \$ of contributions reported on line 1c)	<u>.</u>				
	See Part IV, line 18	. a				
8	b Less: direct expenses	. b				
	c Net income or (loss) from fundraisin	ng events 🕨				
9	a Gross income from gaming activitie See Part IV, line 19	s. . a				
	b Less: direct expenses	. b				
	c Net income or (loss) from gaming a	ctivities ►				
10	a Gross sales of inventory, less return and allowances	ns . a				
	b Less: cost of goods sold	. b				
	c Net income or (loss) from sales of i	nventory ►				
	Miscellaneous Revenue	Business Code				
11	a <u>TRANSMITTER RENTAL INCOME</u>	515100	8,823.	8,823.		
	b <u>OTHER INCOME</u>	900099	6,710.	6,710.		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	· · · · · · · · · · · · · · · · · · ·	15,533.			
	Total revenue. See instructions	►	804,605.	15,533.	0.	2,37

(D) (A) (B) (C) Do not include amounts reported on lines Total expenses Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 2 Grants and other assistance to foreign 3 organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Δ Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 683 20,332. 15,592 4,057. Compensation not included above, to 6 disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. 7 Other salaries and wages 382,891 293,620 12,865 76,406. Pension plan accruals and contributions 8 (include section 401(k) and 403(b) employer contributions)..... 7,522 9,809 330 1,957. <u>32,356</u>. 9 Other employee benefits 42,194 1 418 8,420. Payroll taxes 10 39,259 30,106 1,319 7,834. 11 Fees for services (non-employees): a Management c Accounting..... d Lobbying..... e Professional fundraising services. See Part IV, line 17... f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column q 92,494 50,199. 27,237. 15,058. (A) amount, list line 11g expenses on Schedule 0.).... Advertising and promotion. 12 21,299. 5,505 15,794. 13 Office expenses 15,369 625 4,061. 20,055. Information technology..... 14 15 Royalties..... 94,356. Occupancy..... 90,293. 3,521. 16 542. 17 Travel 2,139. 21. 2,065 53. Payments of travel or entertainment 18 expenses for any federal, state, or local public officials. Conferences, conventions, and meetings.... 19 20 Interest 21 Payments to affiliates..... 3,168. 2,617. 22 Depreciation, depletion, and amortization.... 35,432. 29,647. 23 Insurance 15,324 13,287 654. 1,383. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.). a <u>GRANT</u> EXPENSE 73,128 66,669 6,459 **b** <u>OTHER</u> <u>EXPENSES</u> 47,860 22,378 12,080 13,402. c PRINTING AND PUBLICATIONS 28,427 3,558 90 24,779. d <u>BANK FEES</u> 15,436 575 633 14,228. 8,442. 6,259 949 1,234. e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . 948,877. 682,956. 71,117 194,804. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 if following SOP 98-2 (ASC 958-720).....

THE KBOO FOUNDATION

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

Form 990 (2018)

Form 990 (2018) THE KBOO FOUNDATION Part X Balance Sheet

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				(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing			160,371.	1	145,972
2	Savings and temporary cash investments	212,946.	2	130,092		
3	Pledges and grants receivable, net			,	3	
4	Accounts receivable, net			12,141.	4	8,348
5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L.		5			
6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c beneficiary organizations (see instructions). Complete	ersons (a	s defined under		6	
7	Notes and loans receivable, net				7	
7 8 9	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			18,818.	9	21,037
10 a	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1 1	1,528,447.	10/0100		21,00
	b Less: accumulated depreciation	10b	1,337,880.	222,178.	10 c	190,567
11				222,170.	11	190,90
12	Investments – other securities. See Part IV, line 11.				12	
13	Investments – program-related. See Part IV, line 11.				13	
14	Intangible assets.				14	
15	Other assets. See Part IV, line 11			226,755.	15	225,99
16	Total assets. Add lines 1 through 15 (must equal line			853,209.	16	722,00
17	Accounts payable and accrued expenses			68,093.	17	72,51
18	Grants payable		00,055.	18	12,51	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part	IV of Sche	edule D		21	
21 22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, direct d disqualif	ors, trustees, fied persons.		22	
23	Secured mortgages and notes payable to unrelated th				23	
24	Unsecured notes and loans payable to unrelated third				24	
25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Corr	•			25	
26				68,093.	26	72,51
	Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.		مnd complete [,		·
27	Unrestricted net assets			666,372.	27	547,020
28	Temporarily restricted net assets.			118,744.	28	102,46
29	Permanently restricted net assets			,	29	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), cl and complete lines 30 through 34.	heck here				
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or equipn				31	
32	Retained earnings, endowment, accumulated income				32	
33	Total net assets or fund balances			785,116.	33	649,489
34	Total liabilities and net assets/fund balances			853,209.	34	722,00

Form	n 990 (2018) THE KBOO FOUNDATION 23-	7232987		Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	04,6	605.
2	Total expenses (must equal Part IX, column (A), line 25)	2			377.
3	Revenue less expenses. Subtract line 2 from line 1	3			272.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4			116.
5	Net unrealized gains (losses) on investments	5			645.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	6	49,4	489.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
b	b Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	ate			
c	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Х
Ŀ	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audion or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. 2018 Open to Public

OMB No. 1545-0047

Departr Internal	nent Rev	of the Treasury enue Service	► (Go to www.irs.gov/Fo	orm990 for instructions	and the	e latest i	nformation.	Inspection	
		organization						Employer identifica		
		BOO FOUND						23-723298		
Part					•			s part.) See instruc	tions.	
	rga	1	•		For lines 1 through 12,		-	,		
	 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(i). (Attach Schedule E (Form 990 or 990-EZ).) 									
2								• > / !!!>		
3	_		•		ization described in se				ptor the boonital's	
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
5		An organizati section 170(b	on operated for •)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ege or university owned	d or oper	ated by	a governmental unit de	escribed in	
6		A federal, sta	te, or local gov	ernment or governme	ental unit described in s	section 1	1 70(b)(1)(A)(v).		
7	Х	An organizatio in section 17	n that normally r 0(b)(1)(A)(vi).(eceives a substantial p Complete Part II.)	part of its support from a	governm	iental un	it or from the general pul	blic described	
8		-			A)(vi). (Complete Part					
9			r a non-land-grai	nt college of agriculture		er the nan		on with a land-grant colle and state of the college o		
10		from activities investment in June 30, 1975	n that normally r s related to its e come and unre 5. See section !	eceives: (1) more than exempt functions—sul lated business taxabl 509(a)(2). (Complete I	33-1/3% of its support f bject to certain excepti e income (less section Part III.)	rom cont ons, and 511 tax)	l (2) no) from b	, membership fees, and more than 33-1/3% of i usinesses acquired by	ts support from gross	
11		-	-	•	ely to test for public sat	-				
12		or more publi lines 12a thro	cly supported o ugh 12d that de	rganizations describe escribes the type of s	ed in section 509(a)(1) upporting organization	or sectic and con	o n 509(a nplete li		(3). Check the box in	
а		Type I. A supp organization(s) complete Par	orting organizati) the power to re t IV, Sections A	on operated, supervise gularly appoint or elect and B.	d, or controlled by its su t a majority of the directo	pported o ors or trus	organizat stees of	tion(s), typically by giving the supporting organization) the supported on. You must	
b		management of	porting organiz of the supporting te Part IV, Sect i	organization vested in	controlled in connection the same persons that o	n with its control or	suppor manage	ted organization(s), by the supported organizat	having control or ion(s). You	
С		Type III functio	nally integrated	A supporting organizat	tion operated in connection plete Part IV, Sections	on with, a A. D. an	nd functi d E.	onally integrated with, its	supported	
d		Type III non-fu	nctionally integrated. The o	rated. A supporting org	anization operated in co	nnection ution reg	with its	supported organization(s) it and an attentiveness) that is not requirement (see	
e		Check this bo	x if the organiz	ation received a writt	en determination from	the IRS	that it is	s a Type I, Type II, Typ	e III functionally	
f	Fn				supporting organizatio					
a	Pr	ovide the follow	wing informatio	n about the supported	d organization(s).					
		me of supported o	-	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza in your o	Is the tion listed governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No	-		
(A)										
(B)										
						1				
(C)										
(D)										
(E)										

Total

begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	875,737.	728,141.	939,181.	999,948.	786,701.	4,329,708.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3	875,737.	728,141.	939,181.	999,948.	786,701.	4,329,708.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						204,058.
6	Public support. Subtract line 5 from line 4						4,125,650.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	875,737.	728,141.	939,181.	999,948.	786,701.	4,329,708.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	866.	4,115.	2,520.	6,639.	2,371.	16,511.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
11	Total support. Add lines 7 through 10						4,346,219.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	89,627.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	►
	tion C. Computation of Pul						
	Public support percentage for 20 Public support percentage from 2						94.93%
	33-1/3% support test-2018. If th	ne organization di	d not check the b	ox on line 13, and	d line 14 is 33-1/3	% or more, check	95.05 %
	and stop here. The organization			-			
b	33-1/3% support test — 2017. If th and stop here. The organization	e organization did qualifies as a put	not check a box plicly supported o	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, c	heck this box ►
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test, check this	box and stop her	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	nd-circumstances est. The organiza	' test, check this tion qualifies as a	box and stop her a publicly supported	e. Explain in Part ed organization	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	structions ►
B VV					Sah	adula A (Farma 00	0 or 000 E7) 2019

Schedule A (Form 990 or 990-EZ) 2018

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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20 1202001

Page 2

Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in) Þ	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions,						
	and membership fees received. (Do not include						
	any 'unusual grants.')						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's						
2	tax-exempt purpose						
3	that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
	its behalf						
5	The value of services or						
	facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1,						
	2, and 3 received from						
	disqualified persons.						
b	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line						
U	7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	- · · ·					
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable						
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include						
12	gain or loss from the sale of						
	capital assets (Explain in						
12	Part VI.) Total support. (Add lines 9,						
15	10c, 11, and 12.)						
14	First five years. If the Form 990						
	organization, check this box and						▶
	tion C. Computation of Pu		•				-
	Public support percentage for 20	•					010
	Public support percentage from				<u></u>		00
Sec	tion D. Computation of Inv	estment Inco	ne Percentage	e			
17	Investment income percentage f	or 2018 (line 10c,	column (f), divid	ed by line 13, col	umn (f))	17	olo
18	Investment income percentage f	rom 2017 Schedu	lle A, Part III, line	17			00
19a	33-1/3% support tests-2018. If	the organization o	lid not check the	box on line 14, a	nd line 15 is more	than 33-1/3%, an	d line 17 🚬
	is not more than 33-1/3%, check	this box and sto	p here. The orgar	nization qualifies	as a publicly supp	orted organization	▶
b	33-1/3% support tests-2017. If t						
	line 18 is not more than 33-1/3%		•		•		
20	Private foundation. If the organi	zation did not che	еск а box on line	14, 19a, or 19b, o	check this box and	a see instructions	•

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- **2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If 'Yes,' describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If 'Yes,' provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI*.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in Part VI*.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

9c

10a

10b

Has the organization accepted a gift or contribution from any of the following persons?	
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	
governing body of a supported organization?	11a
b A family member of a person described in (a) above?	11b

c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations

11

- Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint 1 or elect at least a majority of the organization's directors or trustees at all times during the tax year? If No, describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

			103	110
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played 3 in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - The organization satisfied the Activities Test. Complete line 2 below. а
 - The organization is the parent of each of its supported organizations. Complete line 3 below. b
 - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С

TEEA0405L 06/07/18

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

11c

2

Yes No

Yes No 1

Yes No

No

Yes

2a

2b

3a

3h

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	ov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
	: Fair market value of other non-exempt-use assets	1c		
C	I Total (add lines 1a, 1b, and 1c)	1d		
e	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2018

23-7232987

Sect	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	IS,	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization in $\ensuremath{\text{Part VI}}\xspace$). See instructions.	on is responsive (provide	e details	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

BAA

Schedule A (Form 990 or 990-EZ) 2018

Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b;Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Part VI

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

Department of the Treasury Internal Revenue Service PUBLIC DISCLOSURE COPY

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

2018

Name of the organization		Employer identification number
THE KBOO FOUNDATION		23-7232987
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a point for the second se	private foundation
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a priva	ate 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.

501(c)(3) taxable private foundation

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

X 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 (entering 'N/A' in column (b) instead of the contributor name and address), 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).

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

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

	Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	1 1	Page 2
Name of organization Employer identification number	Name of organization	Employer identification number	
THE KBOO FOUNDATION 23-7232987	THE KBOO FOUNDATION	23-7232987	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$106,381.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>2_</u> _		\$18,000.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$43,088.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	1	1	Page 3
Name of organization	Employer identi	fication nu	mber
THE KBOO FOUNDATION	23-72329	987	

Part II Noncash Property (see instructions). Use duplicate copies of Part 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
<u>N/A</u>			
		 \$	
(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

	3 (Form 990, 990-EZ, or 990-PF) (2018)			1 1 Page 4		
Name of organ THE KBC	nization OO FOUNDATION			Employer identification number 23-7232987		
	<i>Exclusively</i> religious, charitable, et or (10) that total more than \$1,000 for t the following line entry. For organizations or contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contribut ompleting Part III, enter the total o (Enter this information once. See	or. Complete	escribed in section 501(c)(7), (8), columns (a) through (e) and v religious, charitable, etc		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	N/A					
			+-			
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relation	onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4		onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4		onship 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			
BAA						

SCHE	EDL	ILE		С
(Form	990	or	99	90-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	-	on Form 990, Part IV, line 3, or Form 990-EZ, I is: Complete Parts I-A and B. Do not comp	•	l Campaign Activities), th	ien
• 5	Section 501(c) (other than sec	tion 501(c)(3)) organizations: Complete Pa		Do not complete Part I-	В.
	Section 527 organizations: Co			A 11 111 X 11	
	-	on Form 990, Part IV, line 4, or Form 990-EZ, I that have filed Form 5768 (election under sect		-	Part II-R
		is that have NOT filed Form 5768 (election under sect			
	Part II-A.	,' on Form 990, Part IV, line 5 (Proxy Tax)	cee cenarate instruc	tions) or Form 990-F7	Part V line 35c
(Pro	xy Tax) (see separate instruc	rganizations: Complete Part III.			r art v, inte 55e
Name	of organization THE KBOC) FOUNDATION		Employer identifica	
Der				23-723298	
	•	rganization is exempt under section organization's direct and indirect political of	• •		zation.
I		organization's direct and indirect political consistences of political campaign activities')	ampaign activities in	Part IV.	
2	Political campaign activity ex	xpenditures (see instructions)		►\$	
-		campaign activities (see instructions)			
Par		rganization is exempt under section			
1	-	sise tax incurred by the organization under		•	••
2	Enter the amount of any exc	sise tax incurred by organization managers	under section 4955.	►\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		····· Yes No
4 a	Was a correction made?				····· Yes No
	If 'Yes,' describe in Part IV.				
Par	-	rganization is exempt under section			
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	on activities 🏲 \$	
2		g organization's funds contributed to other			
3		ditures. Add lines 1 and 2. Enter here and		▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the all is received that were promptly and directly del al action committee (PAC). If additional spa	mount paid from the ivered to a separate po	filing organization's fund olitical organization, such	ds. Also enter the as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
RAA	For Paperwork Reduction Act	Notice, see the Instructions for Form 990 or	99 0-EZ .	Schedule C (For	rm 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 THE KBOO F	OUNDATION	23-7232	987 Page 2
Part II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (ele	ection under
A Check ► if the filing organization below	ngs to an affiliated group (and list in Part IV each affilia	ted group member's name	,
address, EIN, expenses, a	nd share of excess lobbying expenditures).		
B Check ► if the filing organization ch	ecked box A and 'limited control' provisions apply.		
Limits on Lobb (The term 'expenditures' me	ying Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence p	ublic opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a	legislative body (direct lobbying).		
c Total lobbying expenditures (add lines 1a	and 1b)	0.	0.
d Other exempt purpose expenditures		948,877.	
e Total exempt purpose expenditures (add I	ines 1c and 1d)	948,877.	0.
f Lobbying nontaxable amount. Enter the an both columns.		167,332.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25%	o of line 1f)	41,833.	0.
h Subtract line 1g from line 1a. If zero or les	ss, enter -0	0.	0.
i Subtract line 1f from line 1c. If zero or les	s, enter -0	0.	0.
	r line 1h or line 1i, did the organization file Form 4720 r		Yes No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total		
2 a Lobbying nontaxable amount	161,582.	169,088.	175,346.	167,332.	673,348.		
b Lobbying ceiling amount (150% of line 2a, column (e))					1,010,022.		
c Total lobbying expenditures					0.		
d Grassroots nontaxable amount	40,396.	42,272.	43,837.	41,833.	168,338.		
e Grassroots ceiling amount (150% of line 2d, column (e))					252,507.		
f Grassroots lobbying expenditures					0.		

Schedule C (Form 990 or 990-EZ) 2018

	(a)		(b)		
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		No	Am	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		-			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	. or			
section 501(c)(6).	//	/ -			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the p	orior y	ear?	3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection 5	01(c)	
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Párt I	ÍI-A, I	ine 3, is	•••	
1 Dues, assessments and similar amounts from members.		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year		2b			
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
		-			

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Part IV Supplemental Information

Schedule C (Form 990 or 990-EZ) 2018 THE KBOO FOUNDATION

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

23-7232987

Page 3

SCHEDULE D (Form 990) Supplemental Financial Statements Complete if the organization answered 'Yes' on Form 990,			OMB No. 1545-0047			
Depar	tment of the Treasury	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.			Open to Public	
	al Revenue Service				Employer id	Inspection dentification number
	5 5 5					
		FOUNDATION			23-723	2987
Par	t I Organizat Complete	tions Maintaining Donc if the organization ans	or Advised Funds or Other S wered 'Yes' on Form 990, Pa	Similar Funds or Acc art IV, line 6.	ounts.	
			(a) Donor advised fund	s (b) F	unds and	other accounts
1	Total number at e	end of year				
2		ntributions to (during year)				
3		ants from (during year)				
4	Aggregate value a	at end of year				
5			nor advisors in writing that the ass organization's exclusive legal cont			Yes No
6	for charitable pur	poses and not for the benefi	rs, and donor advisors in writing the donor or donor advisor, or	for any other purpose cor	nferring _	Yes No
Par		tion Easements.				
			wered 'Yes' on Form 990, Pa			
1			the organization (check all that a		1 :	at land and a
		of land for public use (e.g., i		Preservation of a historical	5 1	
		natural habitat of open space		Preservation of a certified	nistoric str	ucture
2			neld a qualified conservation contribu	tion in the form of a concer	untion and	mont on the
2	last day of the tax				valion ease	
	-	-		F	leld at the	End of the Tax Year
ä	a Total number of c	conservation easements		2a		
ł) Total acreage res	tricted by conservation ease	ments	2b		
(Number of conser	rvation easements on a certi	fied historic structure included in (a	a) 2c		
(n (c) acquired after 7/25/06, and n			
3	Number of conserv tax year ►	vation easements modified, tran	nsferred, released, extinguished, or te	erminated by the organization	on during th	le
4	Number of states v	where property subject to conse	ervation easement is located ►			
5			garding the periodic monitoring, in	spection, handling of viol	ations,	
and enforcement of the conservation easements it holds?						
 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 						
,	►\$			-	-	
8	and section 170(h	ı)(4)(B)(ii)?	n line 2(d) above satisfy the require			Yes No
9	conservation ease	able, the text of the footnote ements.	s conservation easements in its rever to the organization's financial state	ements that describes the	organizati	ion's accounting for
Par	t III Organizat Complete	tions Maintaining Colle if the organization ans	ctions of Art, Historical Tre wered 'Yes' on Form 990, Pa	asures, or Other Sin art IV, line 8.	nilar Ass	sets.
1 a	art, historical treas	ures, or other similar assets he	r SFAS 116 (ASC 958), not to repo eld for public exhibition, education, or ncial statements that describes the	research in furtherance of	nt and bala public servi	ance sheet works of ice, provide,
ł	following amounts	s relating to these items:	r SFAS 116 (ASC 958), to report in public exhibition, education, or reso			e sheet works of art, provide the
	(i) Revenue included on Form 990, Part VIII, line 1 • \$					
-	 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 					
2	If the organization amounts required	received or held works of art, I I to be reported under SFAS	historical treasures, or other similar at 116 (ASC 958) relating to these ite	ssets for financial gain, prov ems:	vide the fol	lowing
			1		►\$ ►\$	

	For Paperwork	D I I'				(E 000
κΔΔ	For Panerwork	Reduction	Act Notice	CAA THA	Instructions	tor Form 990
		neudedon			1130 00013	

Schedule D (Form 990) 2018

TEEA3301L 10/10/18

Schedule D (Form 990) 2018 THE H Part III Organizations Mainta			al Treasures, or	23-7232 Other Similar Asso		Page 2 Jed)
 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): 						
a Public exhibition		d Loan or ex	change programs			
b Scholarly research		e Other				
c Preservation for future gener						
4 Provide a description of the organiz Part XIII.						
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or receive	donations of art, his	storical treasures, or	other similar assets	Yes	No
Part IV Escrow and Custodia	Arrangements.	Complete if the	organization ans			-
line 9, or reported an						
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian or oth	er intermediary for o	contributions or other	assets not included	Yes	No
b If 'Yes,' explain the arrangement				····· L		
<u> </u>		,			Amount	
c Beginning balance				. 1c		
d Additions during the year				. 1d		
e Distributions during the year				. 1e		
f Ending balance						
2 a Did the organization include an a				-		No
b If 'Yes,' explain the arrangement	in Part XIII. Check h	ere if the explanatio	n has been provided	on Part XIII	•••••	
					10	
Part V Endowment Funds. C						
1 - Reginning of year balance	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	
1 a Beginning of year balance b Contributions	226,355.	218,348	204,186	. 199,998.	219	,038.
c Net investment earnings, gains, and losses	8,875.	17,333.	23,589	. 13,498.	- 9	,956.
d Grants or scholarships	0,010.	11,000	20,000	. 10,150.		, , , , , , , , , , , , , , , , , , , ,
e Other expenditures for facilities						
and programs	9,239.	9,326	9,427	. 9,310.	9	,084.
f Administrative expenses						
g End of year balance	225,991.	226,355			199	,998.
2 Provide the estimated percentage			i, column (a)) held a	s:		
a Board designated or quasi-endowm		.00 ⁸				
b Permanent endowment ►	%	0_				
c Temporarily restricted endowmer		6				
The percentages on lines 2a, 2b, a						
3a Are there endowment funds not in t	he possession of the o	rganization that are h	eld and administered f	or the	Yes	No
organization by: (i) unrelated organizations					3a(i) X	NO
(ii) related organizations					3a(ii)	Х
b If 'Yes' on line 3a(ii), are the rela					3b	Λ
4 Describe in Part XIII the intended	-	•				
Part VI Land, Buildings, and						
Complete if the organi		'Yes' on Form 9	90, Part IV, line	11a. See Form 990), Part X, li	ne 10.
Description of property			b) Cost or other	(c) Accumulated	(d) Book v	
	(in	vestment)	basis (other)	depreciation		aluo
1 a Land			23,709.		23	,709.
b Buildings			192,720.	176,042.	16	,678.
c Leasehold improvements						
d Equipment			1,114,219.	1,015,443.		,776.
e Other			197,799.	146,395.		,404.
Total. Add lines 1a through 1e. (Colum	n (d) must equal For	m 990, Part X, colui	mn (B), line 10c.)			<u>,567.</u>
BAA				Schedu	ıle D (Form 99	u) 2018

Part VII	Investments – Other Securities. Complete if the organization answere	d 'Yes' on Form 99(N/A Part IV line 11b See Form 9	90 Part X line 12
(a) Desc	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	
(1) Financ	cial derivatives			<u> </u>
(2) Closel	y-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(l)				
	mn (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII	Investments – Program Related. Complete if the organization answere	d 'Yes' on Form 99(N/A Deart IV line 11c See Form 9	0 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)				
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, column (B) line 13.) •			
Part IX	Other Assets.			
	Complete if the organization answere	d 'Yes' on Form 990 escription	J, Part IV, line 11d. See Form 9	(b) Book value
(1) BFN	VEFICIAL INTEREST ASSETS HELD E	•		225,991.
(2)				225,551.
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
(10)				
	olumn (b) must equal Form 990, Part X, column	(B) line 15.)	▶	225,991.
Part X	Other Liabilities.	(D) IIIIC 10.)		ZZJ, JJI.
raitA	Complete if the organization answered 'Yes' on	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
	(a) Description of liability	(b) Book value	, ,	
	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6) (7)			-	
(8)				
(9)				
(10)				
(11)				
Total. (Colur	mn (b) must equal Form 990, Part X, column (B) line 25.)	►		
	or uncertain tax positions. In Part XIII, provide the text of the		nancial statements that reports the organization's	iability for uncertain
	under FIN 48 (ASC 740). Check here if the text of the footnote			

Schedule D (Form 990) 2018 THE KBOO FOUNDATION	23-723298	7 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	898,398.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	5.	
b Donated services and use of facilities	8.	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	93,793.
3 Subtract line 2e from line 1.	3	804,605.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		· · · · ·
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	804,605.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	·
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	1,034,025.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		_,,
a Donated services and use of facilities	8	
b Prior year adjustments	<u> </u>	
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	85,148.
3 Subtract line 2e from line 1	3	948,877.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		510/0///
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	948,877.
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE GOAL OF THE AGENCY'S ENDOWMENT INVESTMENT IS TO HOLD AN ENDOWMENT THAT WILL

ACHIEVE A RATE OF RETURN THAT WILL ALLOW THE AGENCY TO RESPOND TO TODAY'S NEEDS AND

ACHIEVE LONG-TERM GROWTH FOR FUTURE NEEDS.

Schedule D (Form 990) 2018

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

THE KBOO FOUNDATION

Employer identification number 23-7232987

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

KBOO BROADCAST 8,760 HOURS (24 HOURS DAY X 365 DAYS) OF MOSTLY LOCALLY PRODUCED MUSIC AND PUBLIC AFFAIRS PROGRAMMING SERVING A WIDE SPECTRUM OF INTERESTS. THIS PROGRAMMING WAS PRODUCED AND SUPPORTED MOSTLY BY AROUND 500 VOLUNTEERS WHO RESEARCHED AND PROVIDED BOTH LIVE AND RECORDED MUSIC; REPORTED LOCAL NEWS; WELCOMED A VARIETY OF UNDERREPRESENTED VIEWPOINTS TO PUBLIC AFFAIRS PROGRAMMING; AND PROVIDED AN ECLECTIC VARIETY OF ARTS AND CULTURAL PROGRAMMING. KBOO ALSO PROVIDED TRAINING IN BROADCASTING TO DOZENS OF VOLUNTEERS AND POTENTIAL VOLUNTEERS.

KBOO BROADCAST ITS PROGRAMMING ON A FULL POWER RADIO STATION AT 90.7 FM IN PORTLAND, REACHING ABOUT A 50 MILE RADIUS, AND REPEATERS IN CORVALLIS AT 104.3 FM AND HOOD RIVER AT 91.1 FM. KBOO'S PROGRAMMING WAS ALSO AVAILABLE WORLDWIDE ON THE INTERNET AT WWW.KBOO.FM.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER THERE IS ONE CLASS OF MEMBERS OF THIS CORPORATION.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY THE MEMBERS ANNUALLY ELECT BY BALLOT ONE-THIRD OF THE MEMBERS OF THE BOARD. THE OFFICERS OF THE CORPORATION ARE ELECTED ANNUALLY BY THE BOARD OF DIRECTORS. AN OFFICER HAS NO LIMIT ON THE NUMBER OF TERMS THEY MAY SERVE.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS MEMBERS VOTE ON BYLAW CHANGES BY QUORUM (5% OF MEMBERS). THE BOARD OF DIRECTORS HAS THE AUTHORITY TO MAKE DECISIONS WITHOUT MEMBER CONSENT AS LONG AS THE BOARD DOES SO WITHIN THE GUIDELINES OF THE BYLAWS, WHICH INCLUDE RULES ON MAJORITY VOTE AND QUORUM.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A COPY OF THE 990 DRAFT IS REVIEWED BY THE STATION MANAGER, FINANCE COORDINATOR, AND BOARD TREASURER. THE 990 IS THEN SUBMITTED TO THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT BOARD OF DIRECTORS REVIEWS COMPENSATION FOR PROGRAM DIRECTOR AND KEY EMPLOYEES.BOARD APPROVES OFFICER AND KEY EMPLOYEE COMPENSATION.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REASONABLE REQUEST AT THE OFFICES OF THE ORGANIZATION.