Form 990	-т 💛	Y E	Exempt Orga	anization Bu	sine	ss Inc	ome T	ax Returr	1	OMB No 1545-0687
	-		(and proxy tax un	der se	ction 60	33(e))			0047
	,•	For cal	lendar year 2017 or other tax	year beginning		, and	ending	<u> </u>	_	ZU1/
Department of the		•		/w.irs.gov/Form990T for bers on this form as it ma						Open to Public Inspection (501(c)(3) Organizations Onl
	k box if ess changed		Name of organization (Check box if name	changed	and see inst	tructions.)		(Emp	lloyer identification number ployees' trust, see ructions)
B Exempt un	nder şeçtiği	Print	DAVID & INEZ MY	ERS FOUNDATION					3	4-6560945
x 501(c	, , – ,	or		om or suite no. If a P.O. b	OX. SEE IF	structions.			E Unre	lated business activity code
408(e)		Туре	25701 SCIENCE P		,				(266	instructions)
408A	530(a)			rovince, country, and ZIP	or foreia	n postal code	9		1	
529(a)			CLEVELAND OH	,	og	pootal oou	-		9000	99 .
C Book value o	f all assets	l		mber (See instructions.)					PUUU	,
at end of year	r 199 _. 951	036	G Check organization t		rporation	1 5	01(c) trust	401(a)	trust	Other trust
H Describe th				ctivity. FLOW THRO						
				in affiliated group or a par				NOM PARINERS		es x No
•	•	•	tifying number of the pa	•	ciit suus	idially contro	iica group.			C3 NO
	are in care of		BARRY REIS	ent corporation.			Talanh	one number > 2	16 50	
			de or Business I	ncome		(A) In		(B) Expenses		93-2900 (C) Net
			de or business in			(//) (()	Come	(b) Expenses		(O) NEL
	eceipts or sale			┥						
	turns and allo			c Balance	1c					
2 Cost of	goods sold (S	Schedule	A, line 7)		2					ļ
3 Gross p	rofit. Subtrac	t line 2 fr	rom line 1c		3					
4a Capital (gain net incon	ne (attac	ch Schedule D)		4a		12,703,			12,70
b Net gain	ı (loss) (Form	4797, P	Part II, line 17) (attach Fo	rm 4797)	4b					
c Capital l	oss deductio	n for trus	sts		4c				<u>/(</u>	<u> </u>
5 Income	(loss) from p	artnersh	nips and S corporations ((attach statement)	5		152,721.	STMT	15	Q 152,721
6 Rent ind	ome (Schedu	ile C)			6		•	SCUE!	ania a	
	,	•	me (Schedule E)		7			N.	n	118 /10/
			and rents from controlled	d organizations (Sch. F)	8			, 9	P. Jr.,	
		•		organization (Schedule 6				150 NOA		
			ome (Schedule I)	, organization (constant	10			18/1	/	
•	sing income (•	•		11			10/ 0	OX.	
	- '		ns; attach schedule)		12			1 2	-	+
_	Combine lines		•		13		165 404	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		165,424
				ere (See instructions			165,424,			165,424
				ust be directly connect						
	<u> </u>		<u> </u>	·				<u> </u>	14	Τ
7 .		ncers, un	rectors, and trustees (So	medule K)					15	+
Salarie	s and wages									
1 '	s and mainter	nance				,			16	+
17 Bad de									17	<u> </u>
18 Interes	t (attach sche	edule)							18	
19 Taxes	and licenses								19	
20 Charita	ble contribut	ons (Se	e instructions for limitati	on rules)		ŞEE	STATEMEN	т 3	20	1, 0
	lation (attach		•				21		 	
22 Less de	epreciation cl	aimed oi	n Schedule A and elsewh	nere on return			22a		22b	
23 Depleti	on								23	
24 Contrib	outions to def	erred co	mpensation plans						24	
	yee benefit pr								25	
26 Excess	exempt expe	nses (So	chedule i)						26	
	readership c	•	•						27	
	deductions (a		•						28	
	•		14 through 28						29	
			-	ing loss deduction. Subtra	act line 2	9 from line 1	3		30	165,424
			n (limited to the amount	=	401 IIII Z			m 2	31	1
•	•		•	•	from he		STATEMEN	Ŧ 4		165,424
			•	eduction. Subtract line 31		: 30			32	0
				instructions for exception				. 11	33	1,000
		taxable	income. Subtract line 3	3 from line 32. If line 33 is	s greater	tnan line 32,	enter the sm	nalier of zero or		
line 32									34	1 0

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2017)

Form 990-	(2017) DAVID & INEZ MYERS FOUNDATION	_	34-65	6094	5	Page 2	
Part I	II Tax Computation		-				
35	Organizations Taxable as Corporations. See instructions for tax computation.		· -				
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions a	ind:			٠.	•	
9	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that ord				` .		
•	(1) \$ (2) \$ (3) \$,.	ĺ	ŀ			
_	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)				t t		
D				i	.		
_	(2) Additional 3% tax (not more than \$100,000)				^/		
	Income tax on the amount on line 34			┍	35c		
36	Trusts Taxable at Trust Rates, See instructions for tax computation. Income tax on the amoun	it on line 3	34 irom:	.	'\		
	Tax rate schedule or Schedule D (Form 1041)				36		
37	Proxy tax. See instructions				37		
38	Alternative minimum tax			-	38		
39	Tax on Non-Compliant Facility Income. See instructions			Ļ	39		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			Ц	40	0.	
Part I	V Tax and Payments	 	-				
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			** ¥ -		
b	Other credits (see instructions)	41b			· 1		
C	General business credit. Attach Form 3800	41c			7.5		
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			_ %.^`		
0	Total credits. Add lines 41a through 41d				41e		
42	Subtract line 41e from line 40			Π	42	0.	
43	Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8	866	Other (attach school	dule)	43		
44	Total tax. Add lines 42 and 43		• • •	´ [44	0.	
	Payments: A 2016 overpayment credited to 2017	45a		Ī	· (=		
	2017 estimated tax payments	45b		 i-			
	Tax deposited with Form 8868	45c		$\neg \neg$			
	Foreign organizations: Tax paid or withheld at source (see instructions)	45d			**		
	, , ,	$\overline{}$		\dashv	*		
	Backup withholding (see instructions)	45e		\dashv	-[
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f		\dashv	•		
8	Other credits and payments: Form 2439	1			,*#		
	☐ Form 4136 ☐ ☐ Other ☐ ☐ Total ►	45g		⁺	<u> </u>		
46	Total payments. Add lines 45a through 45g			-	46		
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached			. -	47	 	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed			P	48	0.	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		1	▶↓	49	0.	
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax		Refunded		50		
Part V	Statements Regarding Certain Activities and Other Informati	ion (see	instructions)				
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature	e or other	authority			Yes No	
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization	n may hav	e to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	foreign c	ountry			<u> ```</u>]	
	here >					x	
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or t	ransferor	to, a foreign trust?)		x	
	If YES, see instructions for other forms the organization may have to file.						
53	Enter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$						
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	statements	, and to the best of m	y knowle	edge and bel	ief, it is true,	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	arer nas any	knowledge	1400	# 100 P		
Here	1// W/18 TREASURER					uss this return with win below (see	
	Signature of Officer Date Title			- 1	uctions)?	Yes X No	
	Print/Type preparer's name Preparer's signature Da	ate	Check	rf	PTIN		
Da: 4		-	self- emplo		1		
Paid	THE JACOB COOK 900 Lat 11	/14/20	018	,- -	P0124	0455	
Prepa	· · · · · · · · · · · · · · · · · · ·		Firm's FIA		13-53		
Use O	32125 SOLON ROAD	Firm's name ▶ BDO USA LLP Firm's EIN ▶					
	l		Phone no	Crri))-248-87	187	
	Firm's address Solon OH 44139-2284		I mone no	755		m 990-T (2017)	
					LOI	/// 330-1 (2017)	

Schedule A - Cost of Good	Is Sold. Enter	method of invei	ntory v	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2		7	Cost of goods sold. Su	ıbtract l	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs				line 2			7	<u> </u>	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquire	d for resale) apply to			
5 Total. Add lines 1 through 4b	. 5	D	15.	the organization?		1320 5 15			
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	pert	у)	
Description of property				•					
									
(2)	· -								
(3)									
(4)									
	2. Rent receiv	ed or accrued							
rent for personal property is more than of rent for				sonal property (if the percental property exceeds 50% or if sed on profit or income)	age	3(a) Deductions directly columns 2(a) a	y conne nd 2(b)	cted with the income i (attach schedule)	in
(1)						1			
(2)									
(3)									
(4)	-								
Total	0	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum		ter -			0	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated De	bt-Financed	I Income (see	ınstru	ctions)					
			2	. Gross income from		 Deductions directly connected with or allocable to debt-financed property 			
1. Description of debt-f	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	าร
(1)									
(2)									
(3)									
(4)			<u> </u>	<u> </u>					
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis illocable to nced property n schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Aliocable deduct column 6 x total of co 3(a) and 3(b))	
(1)			1	%		·			
(2)				%					
(3)			\perp	%			<u> </u>		
(4)	L			%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column (
Totals				▶İ					0.
Total dividends-received deductions in	ncluded in column	. 8					T^{-}		Λ

1. Name of periodical

2. Gross advertising along income

3. Direct advertising gain of (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7

(1)

(2)

(3)

(4)

Totals (carry to Part II, line (5))

Form 990-T (2017)

Form 990-T (2017) DAVID & INEX MYERS FOUNDATION Part II Income From Periodicals Reported on a Separate Basis (For each penodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.		-		0,
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	,			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.	<u> </u>			0_

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2017)

Form 4626 Department of the Treasury

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

► Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No 1545-0123

Nan	ne	•						Employer identification number
		DAVID & INEZ MYERS FOUNDATION						34-6560945
		Note: See the instructions to find out if the corporation is a small corporation exempt						
		from the alternative minimum tax (AMT) under section 55(e).						
1		Taxable income or (loss) before net operating loss deduction					1	164,424.
2		Adjustments and preferences:						
	a	Depreciation of post-1986 property					2a	
	b	Amortization of certified pollution control facilities					2b	_
	C	Amortization of mining exploration and development costs					2c	_
	d	Amortization of circulation expenditures (personal holding companies only)					2d	
	e	Adjusted gain or loss					2e	
	f	Long-term contracts					21	
	g	Merchant marine capital construction funds					2g	
	h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)					2h	
	i	Tax shelter farm activities (personal service corporations only)					2i	
	j	Passive activities (closely held corporations and personal service corporations only)					2j	
	k	Loss limitations					2k	
	ı	Depletion					21	
	m	Tax-exempt interest income from specified private activity bonds					2m	
	n	Intangible drilling costs					2n	
	0	Other adjustments and preferences					20	
3		Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20					3	164,424,
4		Adjusted current earnings (ACE) adjustment:						
	a	ACE from line 10 of the ACE worksheet in the instructions	4a			164,424.		
	Ь	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a						
		negative amount. See instructions	4b			0,		
	C	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c					
	d	Enter the excess, if any, of the corporation's total increases in AMTI from prior						
		year ACE adjustments over its total reductions in AMTI from prior year ACE						
		adjustments. See instructions. Note: You must enter an amount on line 4d						
		(even if line 4b is positive)	4d					
	e	ACE adjustment.						
		If line 4b is zero or more, enter the amount from line 4c)					
		• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	•				4e	0.
5		Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	,				5	164,424.
6		Alternative tax net operating loss deduction. See instructions	SEE	E STATE	MENT 4		6	147,982.
7		Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a	residu	ıal				
		interest in a REMIC, see instructions					7	16,442.
8		Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on I	ine 8c)):			1	
	a	Subtract \$150,000 from line 7. If completing this line for a member of a controlled						
		group, see instructions. If zero or less, enter -0-	8a			0,		
	b	Multiply line 8a by 25% (0.25)	8b	l .		0.		
	C	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a control	led					
		group, see instructions. If zero or less, enter -0-					8c	40,000.
9		Subtract line 8c from line 7. If zero or less, enter -0-					9	0.
10		Multiply line 9 by 20% (0.20)					10	0.
11		Alternative minimum tax foreign tax credit (AMTFTC). See instructions					11	
12		Tentative minimum tax. Subtract line 11 from line 10					12	0,
13		Regular tax liability before applying all credits except the foreign tax credit					13	
14		Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter here	e and o	n				İ
		Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	1				14	0.
IW	Δ	For Paperwork Reduction Act Notice, see separate instructions.						Form 4626 (2017)

A	djusted Current Earnings See ACE Worksheet Ins	= =		
4 Des adjustment AMTI Enter the amount from In			1	164 424
1 Pre-adjustment AMTI. Enter the amount from lin	e 3 01 F0/111 4626		 	164,424,
2 ACE depreciation adjustment;		1 00 1		
a AMT depreciation		2a		
b ACE depreciation:	[]	 ,	1	
(1) Post-1993 property	2b(1)			
(2) Post-1989, pre-1994 property	2b(2)	—		
(3) Pre-1990 MACRS property	2b(3)	_		•
(4) Pre-1990 original ACRS property	2b(4)			
(5) Property described in sections				
168(f)(1) through (4)	2b(5)		1	
(6) Other property	2b(6)			
(7) Total ACE depreciation. Add lines 2b(1) th	rough 2b(6)	2b(7)		
c ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3 Inclusion in ACE of items included in earnings a	nd profits (E&P):			
a Tax-exempt interest income		3a		
b Death benefits from life insurance contracts		3b		
c All other distributions from life insurance contra	cts (including surrenders)	3c		
d Inside buildup of undistributed income in life ins		3d		
e Other items (see Regulations sections 1.56(g)-1				
for a partial list)	(-)(-)(-)	3e	•	
f Total increase to ACE from inclusion in ACE of it	ems included in F&P. Add lines 3a thro		3f	
4 Disallowance of items not deductible from E&P:	ond molecule in Early need into but in	, ug		
a Certain dividends received		4a		
•				
Dividends paid on certain preferred stock of public utilities				
affected by P L 113-295, Div A, section 221(a)(41)(A), De		46	· ·	
c Dividends paid to an ESOP that are deductible up		4c		
d Nonpatronage dividends that are paid and deduc	cuble under Section			
1382(c)	(4)(0)() and () for a	4d		
e Other items (see Regulations sections 1.56(g)-1	(a)(3)(i) and (ii) for a			
partial list)				
f Total increase to ACE because of disallowance o		ines 4a through 4e	4f	
5 Other adjustments based on rules for figuring E	&P:	1 1		
a Intangible drilling costs		5a		
b Circulation expenditures		5b		
c Organizational expenditures		5c		
d LIFO inventory adjustments		54		
e Installment sales		5e		
f Total other E&P adjustments. Combine lines 5a	through 5e		5f	
6 Disallowance of loss on exchange of debt pools			6	
7 Acquisition expenses of life insurance companie	s for qualified foreign contracts		7	
8 Depletion			8	
9 Basis adjustments in determining gain or loss from the second secon	om sale or exchange of pre-1994 prop	erty	9	
O Adjusted current earnings. Combine lines 1, 2c	, 3f, 4f, and 5f through 9. Enter the res	ult here and on line 4a of		
Form 4626	<u>-</u>		10	164,424.

FORM 990-T	ORM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS						
DESCRIPTIO	N			AMOUNT			
	— FEDERATION PE I, L				146.		
DAVIDSON K	<3,632.>						
	XIV-A, LP				854.>		
EIG ENERGY	XVI, LP UST REAL ESTATE PA	DMMPDC ID		· ·	508.>		
	MIDDLE MARKET INVE		ATV I.P	•	056.> 159.		
	MIDDLE MARKET INVE		2114, 21	· ·	358.>		
	MIDDLE MARKET INVE			·	484.>		
OCH-ZIFF R	EAL ESTATE TE FUND	LP		244,553.			
TRG FOREST	RY FUND 8-B LP			<19,245.>			
TOTAL TO F	ORM 990-T, PAGE 1,	LINE 5		152,	721.		
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT	2		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR			
12/31/05	2,570,475.	2,570,475.	0.		0.		
12/31/08	2,752.	2,752.	0.		0.		
12/31/09	707,864.	707,864.	0.		0.		
12/31/10	746,007.			436,507.			
12/31/11	408,169.	0.	408,169.	408,10	69. ——		
NOL CARRYO	VER AVAILABLE THIS	YEAR	844,676.	844.6	76.		

65

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	3
QUALIFIED (CONTRIBUTIONS SUBJECT TO 100% LIMIT			
FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2012 YEAR 2013			
FOR TAX	YEAR 2014 15,848,659 YEAR 2015 6,561,081 YEAR 2016 6,792,093			
TOTAL CARRY	YOVER ENT YEAR 10% CONTRIBUTIONS	29,201,833		
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTED	29,201,833		
EXCESS 100	CONTRIBUTIONS CONTRIBUTIONS SS CONTRIBUTIONS	29,201,833 0 29,201,833		
ALLOWABLE (CONTRIBUTIONS DEDUCTION			0
TOTAL CONTI	RIBUTION DEDUCTION			0

FORM 4626	· ALTERNATI	VE MINIMUM TAX NO	OL DEDUCTION	STATEMENT	4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING		
12/31/05	2,570,475.	2,570,475.	0.		
12/31/08 12/31/09	2,752. 707,864.	2,752. 707,864.	0. 0.		
12/31/10 12/31/11	746,007. 408,169.	211,387. 0.	534,620. 408,169.		
AMT NOL CAL	RRYOVER AVAILABLE 1	HIS YEAR	942,789.		

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
 Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123 2017

Schedule D (Form 1120) 2017

1----

Employer identification number

DAVID & INEZ_MYERS FOUNDATION 34-6560945 Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (e) (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) (d) (9) Adjustments to gain or loss from Form(s) 8949, to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. (or other basis) Part I, line 2, column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 with Box C checked <366 <366,> Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 <366 Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) to enter on the lines below. Proce This form may be easier to complete if you (sales price) (or other basis) round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 706. 11 Enter gain from Form 4797, line 7 or 9 11 1,363, 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 14 Capital gain distributions 15 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 13.069 Part III | Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 12,703. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV 18 12,703. Note: If losses exceed gains, see Capital losses in the instructions.

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For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

DAVID & INEE TIERS FOODERION		5 4 5 5 5 5 5	
Part IV Alternative Tax for Corporations with Qualified T	imber Gain. Complete P	art IV only if the corporation has	
qualified timber gain under section 1201(b). Skip this part if you are filing	Form 1120-RIC. See instruct	tions.	
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19	,	
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line			•
of your tax return	20		7
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or			•
(c) the amount on Part III, line 17	21		
22 Multiply line 21 by 23.8% (0.238)	1 1	22	
23 Subtract line 17 from line 20. If zero or less, enter -0-	23		
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) ag	opropriate for		
the return with which Schedule D (Form 1120) is being filed		24	
25 Add lines 21 and 23	25		•
26 Subtract line 25 from line 20. If zero or less, enter -0-	26		
27 Multiply line 26 by 35% (0.35)		27	
28 Add lines 22, 24, and 27		28	
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) a	opropriate for the		
return with which Schedule D (Form 1120) is being filed		29	
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule	J, line 2, or the		
annimable line of your tay return		1 30	

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
 ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2017

Attachment Seguence No. 12A

Name(s) shown on return

Social security number or taxpayer identification no.

state broi	DAVID & INEZ MYERS FO ore you check Box A, B, or C bel ement will have the same informa- ker and may even tell you which in art I Short-Term. Transac	ow, see whether ation as Form 10 box to check. tions involving c	99-B Either will apital assets you	show whether you held 1 year or les	ur basis (usually you 	ur cost) was For long-term	reported to the i	substitute RS by your see page 2
	Note: You may aggregate a codes are required. Enter the must check Box A, B, or C below. have more short-term transactions than w	e totals directly on Check only one be ill fit on this page for a ported on Form(s	Schedule D, line 1 ox. If more than one became or more of the box s) 1099-B showing	a, you aren't require nox applies for your shores, complete as many for ng basis was repo	d to report these transcriber transactions, compress with the same box or ted to the IRS (see	nsactions on F iplete a separate checked as you i	Form 8949 (see ins Form 8949, page 1, 1 need	tructions).
느	(B) Short-term transactions re		•	•	ported to the IRS			
<u> x</u> 1	(c) Short-term transactions no (a) Description of property (Example 100 sh XYZ Co.)	t reported to you (b) Date acquired (Mo , day, yr.)	(c) Date sold or disposed of (Mo., day, yr)	B (d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	loss. If you in column (g	if any, to gain or enter an amount y), enter a code in See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
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2	Totals. Add the amounts in colu	ımns (d), (e), (g) a	and (h) (subtract		-			
	negative amounts) Enter each t	otal here and inc	lude on your					
	Schedule D, line 1b (if Box A ab	ove is checked),	line 2 (If Box B					
	above is checked), or line 3 (if I	Box C above is c	hecked)	<366.	<u> </u>			<366 <u>,</u> >

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

723011 11-02-17 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2017)

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

DAVID	£	INEZ	MYERS	FOUNDATION

34-6560945

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your <u>broker and may even tell you which box to check.</u>

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1 Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS x (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example 100 sh. XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	t in column	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
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2 Totals. Add the amounts in col]		
negative amounts). Enter each		-					
Schedule D, line 8b (if Box D a					1		
above is checked), or line 10 (ii			11,706.		L	<u> </u>	11,706

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

723012 11-02-17

Form 8827

Credit for Prior Year Minimum Tax - Corporations

OMB No. 1545-0123

2017

Department of the Treasury Internal Revenue Service

Attach to the corporation's tax return.
 Go to www.irs.gov/Form8827 for the latest information.

Name		Employer identification number		
DAVID & INEZ MYERS FOUNDATION		34-6560945		
1 Alternative minimum tax (AMT) for 2016. Enter the amount from line 14 of the 2016 Form 4626	1			
2 Minimum tax credit carryforward from 2016. Enter the amount from line 9 of the 2016 Form 8827	2	5,525.		
3 Enter any 2016 unallowed qualified electric vehicle credit (see instructions)	3			
4 Add lines 1, 2, and 3	4	5,525.		
5 Enter the corporation's 2017 regular income tax liability minus allowable tax credits (see instructions)	5	0.		
6 Is the corporation a "small corporation" exempt from the AMT for 2017 (see instructions)? • Yes. Enter 25% of the excess of line 5 over \$25,000. If line 5 is \$25,000 or less, enter -0-				
• No. Complete Form 4626 for 2017 and enter the tentative minimum tax from line 12	6 7a	0.		
7a Subtract line 6 from line 5. If zero or less, enter -0-		0.		
b For a corporation electing to accelerate the minimum tax credit, enter the bonus depreciation amount attributable to the minimum tax credit (see instructions)	7b			
c Add lines 7a and 7b	7c			
8a Enter the smaller of line 4 or line 7c. If the corporation had a post-1986 ownership change				
or has pre-acquisition excess credits, see instructions	8a			
b Current year minimum tax credit. Enter the smaller of line 4 or line 7a here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition				
excess credits, see instructions. If you made an entry on line 7b, go to line 8c. Otherwise, skip line 8c	<u>8b</u>	0.		
c Subtract line 8b from line 8a. This is the refundable amount for a corporation electing to accelerate				
the minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 19c (or the applicable line of	8c			
your return) 9 Minimum tax credit carryforward to 2018. Subtract line 8a from line 4. Keep a record of this	00			
amount to carry forward and use in future years	9	5.525.		
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