Form 990-PF

## **Return of Private Foundation**

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

OMB No 1545-0052

Open to Public Inches

-Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

		ue Service Go to www.irs.gov/Form990PF for	instructions and ti	ne lates	t informatio	n. Oper	to Public Inspection
	_	dar year 2017 or tax year beginning		, and	ending		
-	me of fou				A Employer	identification number	
		GLAZER FOUNDATION					
		street (or PO box number if mail is not delivered to street address)	Roon	n/suite		42-1258466	
		ER OAKS DRIVE			B Telephone	number (see instruction	ns)
	•	, state or province, country, and ZIP or foreign postal code					
DE	ES MOII	NES IA	50312-46	14		(515) 240-366	i5
Fo	reign coui	ntry name Foreign province/state/county	Foreign post	al code	C If exempt	on application is pendin	g, check here 🕨 🗌
_	<u> </u>		<del></del>				_
G	Check		of a former public o	charity	D 1. Foreig	n organizations, check h	ere ►
		Final return Amended ret	urn		2 Foreig	n organizations meeting	the 85% test,
		☐ Address change ☐ Name chang			check	here and attach comput	ation ▶ 📗
<u>H</u>	Check	type of organization X Section 501(c)(3) exempt pri	vate foundation 🧳			foundation status was te	rminated under
	Sectio	n 4947(a)(1) nonexempt charitable trust 🛛 Other taxa	able private founda	tion	Section 50	07(b)(1)(A), check here	<b>-</b> L
1	Fair m	arket value of all assets at J Accounting method	X Cash A	Accrual		destre on the	
	end of	f year (from Part II, col (c), Other (specify)				idation is in a 60-month tion 507(b)(1)(B), check	
	line 16	6) <b>\$</b> 6,784,678 (Part I, column (d) must be	on cash basis)				_
P	art I	Analysis of Revenue and Expenses (The total of			L		(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per		t investment	(c) Adjusted net	for charitable
		equal the amounts in column (a) (see instructions) )	books	"	ncome	income	purposes (cash basis only)
_	Τ1	Contributions, gifts, grants, etc., received (attach schedule)	1,000,000				,,,
	2	Check ► I if the foundation is <b>not</b> required to attach Sch B	1,000,000	<del> </del>	-		
ĺ	3	Interest on savings and temporary cash investments	51		51		
	4	Dividends and interest from securities	89,050	-	89,050		
	5a	Gross rents	00,000	<del> </del>	00,000		
•	Ь	Net rental income or (loss)		1			
<u>a</u>	6a	Net gain or (loss) from sale of assets not on line 10	695,134	ļ			
Revenue	b	Gross sales price for all assets on line 6a 695,134	333,131	<del> </del>		V II.	
Ş	7	Capital gain net income (from Part IV, line 2)		<del> </del>	695,134		
8	8	Net short-term capital gain		1	000,101		
	9	Income modifications	·				
	10a	Gross sales less returns and allowances		1			
	b	Less Cost of goods sold		<u> </u>			
	С	Gross profit or (loss) (attach schedule)		1			
	11	Other income (attach schedule)		<u> </u>			
	12	Total. Add lines 1 through 11	1,784,235	<u> </u>	784,235	0	
	1	Compensation of officers, directors, trustees, etc			,		
ses	14	Other employee salaries and wages					
		Pension plans, employee benefits					
Expen	16a	Legal fees (attach schedule)		İ		1	
Ш	b		988				988
المجادة Operating and Administrative	C	Other professional fees (attach schedule) RECEIVED		1			230
Ę	17		181				
ist	18	Taxes (attach schedule) (see instructions) 0 4 2018	13,355		482		
Ę	19	Depreciation (attach schedule) And depletion	<u>π</u>	T			<u> </u>
Ę	20	Occupancy Travel conferences and meetings OGDEN, UT				-	
Ă	21	Travel, conferences, and meetings. OGDLIN, OT					
pu	22	Printing and publications					
ď	23	Other expenses (attach schedule)					
<u> </u>	24	Total operating and administrative expenses.					
rat		Add lines 13 through 23	14,343	<u>L</u> _	482	0	988
De	25	Contributions, gifts, grants paid	3,774,201	-			3,774,201
ō	26	Total expenses and disbursements. Add lines 24 and 25	3,788,544		482	0	3,775,189
_	27	Subtract line 26 from line 12	51.00,044	<b>†</b>			0,770,109
	а	Excess of revenue over expenses and disbursements	-2,004,309				
	b	Net investment income (if negative, enter -0-)		†	783,753	-	
	C	Adjusted net income (if negative, enter -0-)	<del></del>	†	. 55,700	<del></del>	

Page 2

Balance Sheets   Anappeals sheets   Anappeals   Anap	Da	-t II '	Balanca Shoota	Attached schedules and amounts in the description column	Beginning of year	End o	r year
2 Savings and temporary cash investments 3 Accounts receivable ▶ Less allowance for doubtful accounts ▶ Less allowance for doubtful accounts ▶ 1 Register receivable ↑ 1 Less allowance for doubtful accounts ▶ 2 Grants receivable ↑ 2 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule)   2 Less allowance for doubtful accounts ▶ 3 Newtonces and loans receivable (attach schedule)   2 Newtonces and loans receivable (attach schedule)   3 Newtonces and loans receivable (attach schedule)   3 Newtonces and loans receivable (attach schedule)   4 Newtonces and loans receivable (attach schedule)   5 Newtonces and loans receivable (attach schedule)   6 Newtonces and loans receivable (attach schedule)   7 Newtonces and loans receivable (attach schedule)   7 Newtonces and loans receivable (attach schedule)   8 Newtonces   9	L G	كنكك	Balance Sheets	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
a Accounts receivable ▶ Less allowance for doubtful accounts ▶ Pledges receivable ▶ Less allowance for doubtful accounts ▶ Grants receivable Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) ▶ Less allowance for doubtful accounts ▶ Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) ▶ Less allowance for doubtful accounts ▶ Investments—loss (attach schedule) ▶ Less allowance for doubtful accounts ▶ Investments—loss and deferred changes Investments—loss and deferred changes Investments—corporate stock (attach schedule) Investments—corporate stock (attach schedule) Investments—corporate stock (attach schedule) Investments—corporate stock (attach schedule) Investments—ond buildings, and equipment basis ▶ Less accumilated deprecion (attach schedule) Investments—mortgage loans Investments—ond tractach schedule) Investments—mortgage loans Investments—ond (attach schedule) Investments—o	$\neg$	1	Cash-non-interest	-bearing	502,038	756,993	756,993
a Accounts receivable ▶ Less allowance for doubtful accounts ▶ Pledges receivable ▶ Less allowance for doubtful accounts ▶ Grants receivable Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) ▶ Less allowance for doubtful accounts ▶ Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) ▶ Less allowance for doubtful accounts ▶ Investments—loss (attach schedule) ▶ Less allowance for doubtful accounts ▶ Investments—loss and deferred changes Investments—loss and deferred changes Investments—corporate stock (attach schedule) Investments—corporate stock (attach schedule) Investments—corporate stock (attach schedule) Investments—corporate stock (attach schedule) Investments—ond buildings, and equipment basis ▶ Less accumilated deprecion (attach schedule) Investments—mortgage loans Investments—ond tractach schedule) Investments—mortgage loans Investments—ond (attach schedule) Investments—o	- 1	2		<del>-</del>			
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Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule)			<b>-</b>				
disqualified persons (attach schedule)   See instructions	Ų	5	Grants receivable				
disqualified persons (attach schedule)   See instructions		6	Receivables due fro	om officers, directors, trustees, and other			
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18   Grants payable   19   Deferred revenue   20   Loans from officers, directors, trustees, and other disqualified persons   21   Mortgages and other notes payable (attach schedule)   22   Other liabilities (add lines 17 through 22)   0   0   0   0	$\dashv$	17			0,010,007	0,010,100	3,757,675
19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe ▶ 23 Total liabilities (add lines 17 through 22) 0 0 0  Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.  24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  28 Paid-in or capital surplus, or land, bldg , and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 31 Total liabilities and net assets/fund balances (see 31 Total liabilities and net assets/fund balances (see 31 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Inter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 UNREALIZED GAIN ON INVESTMENTS 5 Decreases not included in line 2 (itemize) 5			• •				1
Total liabilities (add lines 17 through 22)  Total liabilities (add lines 17, check here and complete lines 24 through 26, and lines 30 and 31.  Unrestricted  Temporarily restricted  Permanently restricted  Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  Capital stock, trust principal, or current funds  Retained earnings, accumulated income, endowment, or other funds  Retained earnings, accumulated income, endowment, or other funds  Total net assets or fund balances (see instructions)  Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize)  UNREALIZED GAIN ON INVESTMENTS  Total line 1, 2, and 3  Decreases not included in line 2 (itemize)  UNREALIZED GAIN ON INVESTMENTS  5	<u>e</u>	19 Deferred revenue				, 	
Total liabilities (add lines 17 through 22)  Total liabilities (add lines 17, check here and complete lines 24 through 26, and lines 30 and 31.  Unrestricted  Temporarily restricted  Permanently restricted  Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  Capital stock, trust principal, or current funds  Retained earnings, accumulated income, endowment, or other funds  Retained earnings, accumulated income, endowment, or other funds  Total net assets or fund balances (see instructions)  Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize)  UNREALIZED GAIN ON INVESTMENTS  Total line 1, 2, and 3  Decreases not included in line 2 (itemize)  UNREALIZED GAIN ON INVESTMENTS  5	Ħ	1		directors trustees and other disqualified persons		<del></del>	1
Total liabilities (add lines 17 through 22)  Total liabilities (add lines 17, check here and complete lines 24 through 26, and lines 30 and 31.  Unrestricted  Temporarily restricted  Permanently restricted  Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  Capital stock, trust principal, or current funds  Retained earnings, accumulated income, endowment, or other funds  Retained earnings, accumulated income, endowment, or other funds  Total net assets or fund balances (see instructions)  Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize)  UNREALIZED GAIN ON INVESTMENTS  Total line 1, 2, and 3  Decreases not included in line 2 (itemize)  UNREALIZED GAIN ON INVESTMENTS  5	ab	l		· · · · · · · · · · · · · · · · · · ·			
Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.  Unrestricted  Temporarily restricted  Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  Capital stock, trust principal, or current funds  Paid-in or capital surplus, or land, bldg, and equipment fund  Retained earnings, accumulated income, endowment, or other funds  Total net assets or fund balances (see instructions)  Total liabilities and net assets/fund balances (see instructions)  Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize)  UNREALIZED GAIN ON INVESTMENTS  Because And Inner Included In Inne 2 (itemize)  UNREALIZED GAIN ON INVESTMENTS  Because And Inner Included In Inne 2 (itemize)  Enter amount from Part I, and 3  Decreases not included in line 2 (itemize)  UNREALIZED GAIN ON INVESTMENTS  Because And Inner Included In Inne 2 (itemize)  Enter amount from Part I, and 3  Enter and Inner In	7	l					ı
Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.  Unrestricted Temporarily restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions)  Total liabilities and net assets/fund balances (see instructions)  Total net assets or fund balances in Net Assets or Fund Balances  Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENTS  Decreases not included in line 2 (itemize)  UNREALIZED GAIN ON INVESTMENTS  Decreases not included in line 2 (itemize)  5			•		0	0	
and complete lines 24 through 26, and lines 30 and 31.  24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg , and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 31 Total liabilities and net assets/fund balances (see instructions)  Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENTS 4 6,645,458 5 Decreases not included in line 2 (itemize) 5						<u>_</u>	
Part III Analysis of Changes in Net Assets or Fund Balances  Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize)  Part III Soundations that do not follow SFAS 117, check here   X  and complete lines 27 through 31.    X	es	f					
Part III Analysis of Changes in Net Assets or Fund Balances  Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize)  Part III Soundations that do not follow SFAS 117, check here   X  and complete lines 27 through 31.    X	2	24	•				
Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg , and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions)  Total liabilities and net assets/fund balances (see instructions)  Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize)  UNREALIZED GAIN ON INVESTMENTS  Decreases not included in line 2 (itemize)  Decreases not included in line 2 (itemize)  Decreases not included in line 2 (itemize)  Foundations that do not follow SFAS 117, check here   X   X   X   X   X   X   X   X   X	ala			red			
Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENTS  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize)  5	8		• •				Į.
Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENTS  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize)  5	ıng				t-		Ì
Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENTS  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize)  5	Ţ				1		
Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENTS  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize)  5	ö	27	-				
Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENTS  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize)  5	ş	1	•	•			]
Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENTS  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize)  5	Š		· · · · · · · · · · · · · · · · · · ·		8.310.687	6.645.458	
Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENTS  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize)  5	Ř		•				
Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENTS  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize)  5	<u>e</u>	1		,		3,2 .3, .30	1
Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ► UNREALIZED GAIN ON INVESTMENTS  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ►  5	Z				8.310.687	6.645 458	
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ► UNREALIZED GAIN ON INVESTMENTS  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ►  5	Pa	art III		hanges in Net Assets or Fund Balances	-,-,-,-,-,-,	<u> </u>	
end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize)  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize)  5 UNREALIZED GAIN ON INVESTMENTS  4 6,645,458  5 Decreases not included in line 2 (itemize)					, line 30 (must agree v	vith	
2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENTS 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) Decreases not included in line 2 (itemize) 5 5	•				, = == \		8 310 687
3 Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENTS 3 339,080 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 5	2		•				
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize)  5	3				N ON INVESTMENTS	<del></del>	
5 Decreases not included in line 2 (itemize)  5	4			·/ 22.0.1-1.1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
	_			n line 2 (itemize)			3,0 10, 700
	_				t II, column (b), line 30		6.645.458

orm 99	0-PF (2017) SUSAN J GL	AZER FOUNDATION				42-1	258466 F	age 3
art	V · Capital Gains and L	osses for Tax on Investme	ent Income	· · · · · · · · · · · · · · · · · · ·				
•		of property sold (for example, real estator common stock, 200 shs MLC Co )	e,	(b) How acquired P—Purchase D—Donation		ate acquired o, day, yr)	( <b>d)</b> Date sole (mo , day, yr	
1a								
b		<del> </del>						
_ <u>c</u>				<del> </del>				
d		· · · · · · · · · · · · · · · · · · ·						
<u>e</u>	Capital Gains Distributions			<u> </u>				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale			or (loss) minus (g))	
a				<del> </del>	<u> </u>			
b c			<del></del>	<del></del>	<u> </u>	<del></del> -		
d				<del></del>	<del> </del>			
e			<del></del> _	<del></del>			69	5,13
	Complete only for assets show	ng gain in column (h) and owned	by the foundation	n on 12/31/69	-	(I) Gains (Col	(h) gain minus	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (ı) I (j), ıf any		col (k), but not	less than -0-) or om col (h))	
а								
b						<del></del>		
<u></u>				<del></del> -				
<u>d</u>								E 43
е_			ilso enter in Pa	ort Line 7	<del>                                     </del>			5,13
2	Capital gain net income or (ne	et capital loss)   If (loss),	enter -0- ın Pa	<b>&gt;</b>	2		69	<u>5,13</u>
3		(loss) as defined in sections 12 e 8, column (c) See instruction		er -0- in 1	1			
	Part I, line 8			<u></u>	3			
art	V Qualification Under	Section 4940(e) for Redu	ced Tax on I	let Investment	Incor	ne		
as t		nis part blank tion 4942 tax on the distributab fy under section 4940(e) Do no			e perio	d?	Yes X	(] N
1	Enter the appropriate amount	in each column for each year,	see the instruc	tions before makii	ng any	entries		
Cal	(a)  Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value	(c) of noncharitable-use a	ssets		(d) ribution ratio divided by col (c))	
	2016	558	,857	3,07	8,712			8152
	2015	436	,558	1,26	6,464		0 34	4470
	2014		,699		7,871			0195
	2013		,938		1,943			1410
	2012	517	,813	99	3,380	<del></del> -	0 52	2126
2	Total of line 1, column (d)					2	1 96	<u>6354</u>
3	_	the 5-year base period—divide dation has been in existence if				3	0 39	9271
4	Enter the net value of noncha	uritable-use assets for 2017 from	m Part X, line 5	i	]	4	7,43	14,46
5	Multiply line 4 by line 3					5	2,91	9,59
6	Enter 1% of net investment in	ncome (1% of Part I, line 27b)				6		7 <u>,</u> 83
7	Add lines 5 and 6					7	2,92	!7,42
8	Enter qualifying distributions	from Part XII, line 4				8	3,77	'5.18
	If line 8 is equal to or greater Part VI instructions	than line 7, check the box in Pa	art VI, line 1b, a	and complete that	part us	sing a 1% tax		

	<i>h</i>				
Form 99	0-PF (2017) SUSAN J GLAZER FOUNDATION	42	-1258466	; F	age 4
Part \		ruction	ns)		ugo .
la b	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary—see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	-	7,838	
	here ► X and enter 1% of Part I, line 27b			1,000	_
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b)	-		-	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2		0	
3	Add lines 1 and 2	3		7,838	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		7,838	
6	Credits/Payments				
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 6a				,
b	Exempt foreign organizations—tax withheld at source 6b				
C	Tax paid with application for extension of time to file (Form 8868)  6c				1
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d	_ 7		0	<u> </u>
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here	8		235	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9		8,073	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		0	
11 _	Enter the amount of line 10 to be Credited to 2018 estimated tax	11		0	
art	VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	t		Yes	No
	participate or intervene in any political campaign?		1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		[-		
	instructions for the definition		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materia	ls			
	published or distributed by the foundation in connection with the activities				l
C	Did the foundation file Form 1120-POL for this year?		1c	<u> </u>	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation ▶ \$ (2) On foundation managers ▶\$		_		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impoon foundation managers  • \$	sed	-		1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	-	X
	If "Yes," attach a detailed description of the activities				} ;
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		-	1	
4-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	+-	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	101/0	<del>  ^</del> _
þ	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	N/A	<del>├ 、</del>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T		5	<del> </del>	X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				.
	By language in the governing instrument, or		}	1	1
	By state legislation that effectively amends the governing instrument so that no mandatory directions the state of th	nat		1	
_	conflict with the state law remain in the governing instrument?		. 6	X	<b> </b> -
7 8a	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV Enter the states to which the foundation reports or with which it is registered. See instructions		7	X	<del> </del>
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene	eral			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	<u> </u>	<del> </del>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV				

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

"Yes," complete Part XIV

names and addresses

Form 990-PF (2017)

11. At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the the the meaning of section 512(b)(13)? If "12" states his cheed is See instructions?  12. Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," tatch statement See instructions?  13. Did the foundation comply with the public imspection requirements for its annual returns and exemption application?  14. The books are in care of Sistence o	Part	VII-A Statements Regarding Activities (continued)			
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," tatach statement See instructions?  13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  14 The books are in care of ▶ SUSAN J.G.AZER BURT Telephone no ▶ (515) 240-3965   Located at ▶ 3737 RIVER OAKS DR DES MOINES IA ZIP14 ▶ 50312   Section 4947(a)(1) nonexempt charatable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of the foreign country?  15 Section 4947(a)(1) one cexept on the firm and all account in a foreign country?  16 Agree has a firm and account in a foreign country?  17 See the instructions for exceptions and filing requirements for FinCEN Form 114 if "Yes," enter the name of the foreign country.  18 During the year, did the foundation (either directly or indirectly)  19 Linguage in the sale or exchange, or leasing of property with a disqualified person?  20 Service with the foundation of exception of the propert on a great	11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
person had advisory privileges? If "Yes," stade statement. See instructions  Did the foundation comply with the public inseption requirements for its annual returns and exemption application?  Website address ▶ N/A.  14 The books are in care of ▶ SUSAN J CLAZER BURT. Telephone no ▶ (515) 240-3665  Located at ▶ 3737 RYER CAKS DR DES MOINES IA.  15 Section 4947/a(1/1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year  16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?  See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country! ▶  Part VII-S Statements Regarding Activities for Which Form 4720 May Be Required  File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  1 a During the year, did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?		the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		_X_
13	12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			)
Website address ▶ NA  14 The books are in care of ▶ SUSAN J GLAZER BURT  15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year  16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?  See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country. ▶  Part VIES Statements Regarding Activities for Which Form 4720 May Be Required  File Form 4720'ff any item is checked in the "Yes" column, unless an exception applies.  1a During the year, did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?		· · · · · · · · · · · · · · · · · · ·	12		X
14 The books are in care of	13	· · · · · · · · · · · · · · · · · · ·	13	_X_	<u> </u>
Located at				. <b>.</b>	
Section 4947(a)(1) nonexempt charitable trusts fining Form 990-PF in fleu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year  15	14		)-366	5	
and enter the amount of tax-exempt interest received or accrued during the year  A ranky time during calendary vera? 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?  See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country    Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required  File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  1a During the year, did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?   Yes   No    (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?   Yes   No    (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   Yes   No    (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   Yes   No    (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  (6) Agree to pay money or property to a government official? (Exception, Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days   Yes   No    b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section \$3.491(d)-3 or in a current notice regarding disaster assistance. Pisce in the service of the first day of the tax year beginning in 2017?  2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942) (does not apply for years the foundation was a private operating foundation defined in Section 4942) (a) or 4942) (a) or 4942 (a) (a) or 4942 (a) (a)				·	
Ves   No over a bank, securities, or other financial account in a foreign country?   Ves   No over a bank, securities, or other financial account in a foreign country?   Ves   No   No   No   No   No   No   No   N	15			ļ	▶ ∐
over a bank, securities, or other financial account in a foreign country?  See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country.  Part VILES Statements Regarding Activities for Which Form 4720 May Be Required  File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  1a During the year, did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?	40			·	T
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File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.    Yes   No		- · · · · · · · · · · · · · · · · · · ·			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.    Yes   No	Part				<u></u>
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(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	14				
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(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?					ែ
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?				ļ	1
(5) Transfer any income or assets to a disqualified person) (or make any of either available for the benefit or use of a disqualified person)?  (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )  b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here  c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?  2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(0)(3) or 4942(0)(5))  a At the end of tax year(3) beginning before 2017?  b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions)  c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here  20 20 20 20 20 20 20 20 20 20 20 20 30  Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Tyes X No  b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year fi					,
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The diametric purpose that had not been removed from Jeopardy before the hist day of the tax year beginning in 2017?		charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	-	X ,

Paru	Statements Regarding Activities	101 441	HOILL OITH	77 <u>20 1</u> 0	iay DC INC	quire	10011111	ucu,			
5a	During the year, did the foundation pay or incur any (1) Carry on propaganda, or otherwise attempt to in			section	4945(e))?		Yes	X No			
	(2) Influence the outcome of any specific public ele directly or indirectly, any voter registration drive		see section 49	955), or	to carry on	,	Yes	X No			1
	(3) Provide a grant to an individual for travel, study,		er sımılar pur	oses?			Yes	X No			
	(4) Provide a grant to an organization other than a section 4945(d)(4)(A)? See instructions	charital	ble, etc , orga	ınızatıor	n described	ın	Yes	—			į
	(5) Provide for any purpose other than religious, ch purposes, or for the prevention of cruelty to chil			terary, c	or education	al	Yes	X No			
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the ti Regulations section 53 4945 or in a current notice in	ransactions fail to qualify under the exceptions regarding disaster assistance? See instructions						d in	5b	N/A	'
С	Organizations relying on a current notice regarding If the answer is "Yes" to question 5a(4), does the fo	disaste	er assistance,	check	here			▶ 🗌			,
	because it maintained expenditure responsibility fo If "Yes," attach the statement required by Regulation	r the gr	ant?				☐ Yes	☐ No			
6a	Did the foundation, during the year, receive any fur on a personal benefit contract?				oay premiui	ns	☐ Yes	X No			
b	Did the foundation, during the year, pay premiums,	directly	or indirectly,	on a p	ersonal ber	efit con	tract?		6b		
	If "Yes" to 6b, file Form 8870							_			
7a b	At any time during the tax year, was the foundation a pa if "Yes," did the foundation receive any proceeds o	r have a	any net incom	ne attrib	utable to th			X No	7b	N/A	
Par	VIII Information About Officers, Directo	ors, Tr	ustees, Fo	undati	on Mana	gers, F	lighly P	aid Em	ploye	es,	
	and Contractors  List all officers, directors, trustees, and foundate	ion ma		<del></del> -							
7				MOIF OF							
1	(a) Name and address	(b) Title hou	e, and average irs per week	(c) Co (If r	mpensation not paid,	(d) emplo	Contribution byee benefit	s to plans	(e) Expe	ense ac	
SUSA	(a) Name and address	(b) Title hou devot	e, and average irs per week led to position	(c) Co (If r	mpensation not paid, iter -0-)	(d) emplo	Contribution	s to plans			
SUSA	(a) Name and address	(b) Title hou devot	e, and average irs per week led to position	(c) Co (If r	mpensation not paid,	(d) emplo	Contribution byee benefit	s to plans			
SUSA	(a) Name and address	(b) Title hou devot	e, and average irs per week led to position	(c) Co (If r	mpensation not paid, iter -0-)	(d) emplo	Contribution byee benefit	s to plans			
SUSA	(a) Name and address	(b) Title hou devot	e, and average irs per week led to position	(c) Co (If r	mpensation not paid, iter -0-)	(d) emplo	Contribution byee benefit	s to plans			
SUSA	(a) Name and address	(b) Title hou devot	e, and average irs per week led to position	(c) Co (If r	mpensation not paid, iter -0-)	(d) emplo	Contribution byee benefit	s to plans			
SUSA	(a) Name and address	(b) Titli hou devot	e, and average rs per week ed to position IDENT 5 00	(c) Co (If r en	mpensation not paid, iter -0-)	(d) empto and def	Contribution	is to plans ensation	other	allowan	
SUS/ 3737	(a) Name and address AN J GLAZER BURT RIVER OAKS DR DES MOINES, IA 50312  Compensation of five highest-paid employees (	(b) Titli hou devot PRES	e, and average rs per week ed to position IDENT 5 00	(c) Co (lf r en	mpensation not paid, iter -0-)	(d) emplo and def	Contribution	s to plans ensation  s). If no outions to be benefit deferred	ne, ent	er	count
SUS/ 3737	(a) Name and address AN J GLAZER BURT RIVER OAKS DR DES MOINES, IA 50312  Compensation of five highest-paid employees ( "NONE."	(b) Titli hou devot PRES	e, and average rs per week led to position IDENT 5 00  han those inc (b) Title, and a hours per w	(c) Co (lf r en	on line 1—	(d) emplo and def	contribution byee benefit erred compe  struction:  (d) Contrib employee plans and	s to plans ensation  s). If no outions to be benefit deferred	ne, ent	erse acc	count
SUSA 3737 2	(a) Name and address AN J GLAZER BURT RIVER OAKS DR DES MOINES, IA 50312  Compensation of five highest-paid employees ( "NONE."	(b) Titli hou devot PRES	e, and average rs per week led to position IDENT 5 00  han those inc (b) Title, and a hours per w	(c) Co (lf r en	on line 1—	(d) emplo and def	contribution byee benefit erred compe  struction:  (d) Contrib employee plans and	s to plans ensation  s). If no outions to be benefit deferred	ne, ent	erse acc	count
SUSA 3737 2	(a) Name and address AN J GLAZER BURT RIVER OAKS DR DES MOINES, IA 50312  Compensation of five highest-paid employees ( "NONE."	(b) Titli hou devot PRES	e, and average rs per week led to position IDENT 5 00  han those inc (b) Title, and a hours per w	(c) Co (lf r en	on line 1—	(d) emplo and def	contribution byee benefit erred compe  struction:  (d) Contrib employee plans and	s to plans ensation  s). If no outions to be benefit deferred	ne, ent	erse acc	count
SUSA 3737	(a) Name and address AN J GLAZER BURT RIVER OAKS DR DES MOINES, IA 50312  Compensation of five highest-paid employees ( "NONE."	(b) Titli hou devot PRES	e, and average rs per week led to position IDENT 5 00  han those inc (b) Title, and a hours per w	(c) Co (lf r en	on line 1—	(d) emplo and def	contribution byee benefit erred compe  struction:  (d) Contrib employee plans and	s to plans ensation  s). If no outions to be benefit deferred	ne, ent	erse acc	count

SUSAN J GLAZER FOUNDATION

Total number of other employees paid over \$50,000

Form 990-PF (2017)

▶

42-1258466

Page 6

3 Five high	and Contractors (continued) nest-paid independent contractors for professional services. See instructions. If none, enter "NONI	."
<u> </u>	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
ONE		
tal number of	others receiving over \$50,000 for professional services	
Part IX-A	Summary of Direct Charitable Activities	
	n's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A		
2		
<b>-</b>		
3		! 
4		· <del></del>
Part IX-B	Summary of Program-Related Investments (see instructions)	<del></del>
	largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A		
2		
A.D		· · · · · · · · · · · · · · · · · · ·
	-related investments. See instructions	
3		

Part Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn foundat	ions,
	see instructions )		
i	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	6,918,167
þ	Average of monthly cash balances	1b	629,516
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	7,547,683
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	_	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	7,547,683
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	113,215
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	7,434,468
6_	Minimum investment return. Enter 5% of line 5	6	371,723
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundat and certain foreign organizations, check here   ■ and do not complete this part )	ions	
1	Minimum investment return from Part X, line 6	1	371,723
2a	Tax on investment income for 2017 from Part VI, line 5 2a 7,83	38	
þ	Income tax for 2017 (This does not include the tax from Part VI)  2b		
С	Add lines 2a and 2b	2c	7,838
3	Distributable amount before adjustments Subtract line 2c from line 1	3	363,885
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	363,885
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	363,885
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	3,775,189
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	3,775,189
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	7,838
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,767,351
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wh	ether the fo	
	qualifies for the section 4940(e) reduction of tax in those years		

Part	XIII Undistributed Income (	see instructions	<u> </u>		<del></del>	
i	Distributable amount for 2017 from	Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
_	line 7					363,885
2	Undistributed income, if any, as of the	end of 2017				
a	Enter amount for 2016 only	an an F			0	
b	Total for prior years 20, 2 Excess distributions carryover, if ar	20, 20				
3	From 2012	478,421				
a b	From 2013	543,280				
0	From 2014	466,774				
d	From 2015	385,929	1			
e	From 2016	397,166				
f	Total of lines 3a through e	397,100	2,271,570			
4	Qualifying distributions for 2017 fro	m Part YII	2,211,310			
7	line 4 ► \$ 3,775,189	in all All,				
а	Applied to 2016, but not more than	line 2a			1	
	Applied to undistributed income of				<del></del>	<del></del>
U	(Election required—see instruction		·			
_	Treated as distributions out of corp	· •				<del></del>
·	required—see instructions)	us (Election		:		
d	Applied to 2017 distributable amou	nt				363,885
e	Remaining amount distributed out	,	3,411,304	<del></del>		303,003
5	Excess distributions carryover app		3,411,504			<del></del>
•	(If an amount appears in column (c	1				<del> </del>
	amount must be shown in column	· .				
6	Enter the net total of each colum	' ' '				
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e S	ubtract line 5	5,682,874			
b	Prior years' undistributed income		0,002,011	<del></del>		
_	line 4b from line 2b			0	,	
С	Enter the amount of prior years' un	distributed		<u> </u>		
•	income for which a notice of deficie	ľ				
	been issued, or on which the section	*				
	tax has been previously assessed	` '				
d	Subtract line 6c from line 6b Taxat	ole				
	amount—see instructions					
е	Undistributed income for 2016 Sul	otract line				
	4a from line 2a Taxable amount—	see		'		
	instructions				0	
f	Undistributed income for 2017 Sul	btract lines				
	4d and 5 from line 1 This amount	must be		,		
	distributed in 2018					o
7	Amounts treated as distributions o	ut of corpus				
	to satisfy requirements imposed by	section				
	170(b)(1)(F) or 4942(g)(3) (Electio	n may be				
	required—see instructions)					
8	Excess distributions carryover from	n 2012 not				
	applied on line 5 or line 7 (see inst	ructions)	478,421			
9	Excess distributions carryover t	o 2018.				
	Subtract lines 7 and 8 from line 6a		5,204,453			
10	Analysis of line 9					
а	Excess from 2013	543,280				
b	Excess from 2014	469,296				
С	Excess from 2015	387,207				
đ	Excess from 2016	451,325		1		
е.	Excess from 2017	3,353,345				

om 99	0-PF (2017) SUSAN J GLAZER FO	UNDATION			42-1258	466 / Page <b>10</b>
art	XIV Private Operating Foundati	i <b>ons</b> (see instru	ictions and Part	VII-A, question 9)	N	I/A′
1a	If the foundation has received a ruling o	r determination le	etter that it is a priva	ate operating		
-	foundation, and the ruling is effective for		•	▶ {		
b	Check box to indicate whether the foundation	n is a private opera	ating foundation des	cribed in section	4942(j)(3)	or 4942(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(a) Total
	income from Part I or the minimum investment return from Part X for	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	(e) Total
	each year listed					0
b	85% of line 2a				7	0
С	Qualifying distributions from Part XII,					
	line 4 for each year listed			_		0
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities	<u>.</u> !			1	0
е	Qualifying distributions made directly					
•	for active conduct of exempt activities			/		
	Subtract line 2d from line 2c			/	ļ	0
3	Complete 3a, b, or c for the			7		<del></del>
•	alternative test relied upon					
а	"Assets" alternative test—enter		1	N .		
	(1) Value of all assets			/		0
	(2) Value of assets qualifying under		† //	<del>                                     </del>	<del></del>	
	section 4942(j)(3)(B)(i)			}		0
b	"Endowment" alternative test—enter 2/3		1	T		<u>-</u> _
	of minimum investment return shown in Part X, line 6 for each year listed					0
С	"Support" alternative test—enter					
·	(1) Total support other than gross	ļ				
	investment income (interest,					
	dividends, rents, payments on	<b>.</b>				
	securities loans (section	l /				0
	512(a)(5)), or royalties) (2) Support from general public	<del></del>	+	<del> </del>	<del></del>	0
	and 5 or more exempt	<b> </b>				
	organizations as provided in				!	
	section 4942(j)(3)(B)(iii)	ļ <i>#</i>	<del></del> -	<del></del>		0
	(3) Largest amount of support from				•	
	an exempt organization		<del> </del>	<del></del>		0
Dest	(4) Gross investment income  XV Supplementary Informatio	n (Complete th	io nort only if t	ho foundation ho	d \$5 000 az mara	0
Part	any time during the year—			ne roundation na	a \$5,000 or more	e in assets at
			115.]			
1	Information Regarding Foundation M List any managers of the foundation wh		ad more than 2% o	f the total contribution	ne received by the fo	undation.
а	before the close of any tax year (but on					Junganon
	before the close of any tax year (but on	ly if they have co	ininduted more mai	1 \$5,000) (See Secti	on 307 (a)(2) )	
	Last and a second secon	400/	of the stant of			
D	List any managers of the foundation who ownership of a partnership or other enti-					or the
	ownership of a partnership of other end	ity) of which the it	oundation has a To	1% of greater interest		
	Information Bonarding Contribution	Crant Cift Loo	n Coholosobin et	- Dramana		<del></del>
2	Information Regarding Contribution,		• •	•		
	Check here ► 🖾 if the foundation or unsolicited requests for funds. If the foundation or	ny makes contrib	utions to preselect	ed charitable organiz	ations and does not	accept
	conditions, complete items 2a, b, c, and			individuals of organi	zations under other	
				<u> </u>		
а	The name, address, and telephone nur	ilbei oi emaii add	ness of the person	to whom application	s snould be address	ea
	The form in which applications should h	a submitted and	information and m	atomalo they about it		
D	The form in which applications should t	e subillilled and	amormation and ma	aterials they should i	nciuae	
	Any submission doadlines				<del></del>	
C	Any submission deadlines					
d	Any restrictions or limitations on award	s, such as by geo	oraphical areas of	naritable fields, kinds	of institutions or other	
_	factors	.,	gpour droug, O	noido, miluo	o. modulons, or ou	,

Total

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager or substantial contributor contribution recipient Name and address (home or business) Paid during the year **UNRELATED BOYS & GIRLS CLUB** PC **EDUCATIONAL** 910,687 1421 WALKER ST DES MOINES, IA 50316 **BOYS & GIRLS CLUB UNRELATED** PC **EDUCATIONAL** 1,000,000 1421 WALKER ST DES MOINES, IA 50316 **BOYS & GIRLS CLUB** UNRELATED PC **EDUCATIONAL** 50,000 1421 WALKER ST DES MOINES, IA 50316 DRAKE UNIVERSITY **UNRELATED** PC **EDUCATIONAL** 1,730,924 2507 UNIVERSITY AVE DES MOINES, IA 50311 UNRELATED PC **EQUIPMENT** 5,000 2910 WESTOWN PARKWAY STE 200 WEST DES MOINES, IA 50266 HCI UNRELATED PC **OPERATIONS** 2,140 2910 WESTOWN PARKWAY STE 200 WEST DES MOINES, IA 50266 DESERT COMMUNITY FOUNDATION **UNRELATED** PC SCHOLARSHIP 1,000 75-105 MERLE DRIVE STE 300 PALM DESERT, CA 92211 **UNRELATED DES MOINES PLAYHOUSE** PC CAPITAL CAMPAIGN 5,000 831 42ND ST DES MOINES, IA 50312 **DES MOINES PASTORAL COUNSELING CENTER** UNRELATED PC **OPERATIONS** 1,000 8553 URBANDALE AVE **URBANDALE, IA 50322** UNIVERSITY OF IOWA FDN UNRELATED PC CLUB SEAT GIFT FUND 8,000 PO BOX 4550 IOWA CITY, IA 52244 UNIVERSITY OF IOWA FDN UNRELATED PC **SCHOLARSHIP** 10,000 PO BOX 4550 IOWA CITY, IA 52244 See Attached Statement Total 3a 3,774,201 b Approved for future payment

0

▶

3b

	t XVI-A Analysis of Income-Producing Ac	uvines				
Ente	er gross amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	n 512, 513, or 514	(e)
		(a)	(b)	(c)	(d)	Related or exempt
_	December 1	Business code	Amount	Exclusion code	Amount	function income (See instructions)
1	Program service revenue	<del></del>		<del>   </del>		
	b		<del></del>	<del> </del>		
	·	ļ		<del>                                     </del>		
		<del></del>				
	e		<del></del>	<b>†</b>		
	f			1		
	g Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	51	
4	Dividends and interest from securities			14	89,050	
5	Net rental income or (loss) from real estate					
	a Debt-financed property					L
	b Not debt-financed property					
6	Net rental income or (loss) from personal property	<b></b>		<del>   </del>		
7	Other investment income	<b></b>		<del>                                     </del>		
8	Gain or (loss) from sales of assets other than inventory	<u> </u>		14	695,134	<b></b>
9	Net income or (loss) from special events			<del>   </del>		
10 11	Gross profit or (loss) from sales of inventory		<del></del>	<del>   </del>	•	
"	Other revenue ab	<del></del>		<del> </del>		
			<u> </u>	<del>                                     </del>		<del></del>
	d			<del>                                     </del>	·	
	е					
12	Subtotal Add columns (b), (d), and (e)		C		784,235	0
13	Total. Add line 12, columns (b), (d), and (e)				13	784,235
_	e worksheet in line 13 instructions to verify calculations					
	rt XVI-B Relationship of Activities to the A	Accomplishm	ent of Exemp	t Purposes		
Lir			solumn (a) of Dort	YVI A contributed	importantly to the	
	Explain below how each activity for which incor	ne is reported in o	bu providing fund	A VI-A COMMUDULEU	oc) (Soc instruction	ana \
	Explain below how each activity for which incor accomplishment of the foundation's exempt pur	ne is reported in or poses (other than	by providing fund	ls for such purpos	es) (See instruction	ons)
		ne is reported in or poses (other than	by providing fund	ls for such purpos	es) (See instruction	ons )
		ne is reported in c poses (other than	n by providing fund	ls for such purpos	es) (See instruction	ons )
		ne is reported in o	n by providing fund	ls for such purpos	es) (See instruction	ons)
		ne is reported in o	n by providing fund	ls for such purpos	es) (See instruction	ons)
		ne is reported in o	by providing fund	ls for such purpos	es) (See instruction	ons)
		ne is reported in o	n by providing fund	ls for such purpos	es) (See instruction	ons )
		ne is reported in o	n by providing fund	ls for such purpos	es) (See instruction	ons)
		ne is reported in o	n by providing fund	ls for such purpos	es) (See instruction	ons)
		ne is reported in o	n by providing fund	s for such purpos	es) (See instruction	ons)
		ne is reported in o	n by providing fund	ls for such purpos	es) (See instruction	ons )
		ne is reported in o	n by providing fund	ls for such purpos	es) (See instruction	ons)
		ne is reported in o	by providing fund	s for such purpos	es) (See instruction	ons)
		ne is reported in o	by providing fund	s for such purpos	es) (See instruction	ons )
		ne is reported in o	by providing fund	Is for such purpos	es) (See instruction	ons )
		ne is reported in o	by providing fund	Is for such purpos	es) (See instruction	ons)
		ne is reported in o	by providing fund	Is for such purpos	es) (See instruction	ons)
		ne is reported in o	by providing fund	s for such purpos	es) (See instruction	ons )
		ne is reported in o	by providing fund	Is for such purpos	es) (See instruction	ons )
		ne is reported in oposes (other than	by providing fund	Is for such purpos	es) (See instruction	ons )
		ne is reported in oposes (other than	by providing fund	s for such purpos	es) (See instruction	ons )
		ne is reported in oposes (other than	by providing fund	Is for such purpos	es) (See instruction	ons )

Part	XVII	Information	Regarding Trans	fers to and Transa	actions	and Rela	tionships	With Nonchari	table		-
		Exempt Org									
<sup>-</sup> 1		_	·	ngage in any of the foll	_	-	-		Ì	Yes	No
	in sec	tion 501(c) (othe	r than section 501(c)	(3) organizations) or i	n section	527, relatu	ng to politic	al	ļ		
	-	zations?							İ		1
а	Transf	fers from the rep	orting foundation to	a noncharitable exemp	ot organiz	ation of			1		,
	(1) Ca	ash							1a(1)		_X_
	(2) Ot	her assets							1a(2)		_X_
b	Other	transactions							1		1
	(1) Sa	ales of assets to	a noncharitable exer	npt organization					1b(1)		_X_
	(2) Pu	irchases of asse	ts from a noncharital	ole exempt organization	on				1b(2)		X
	(3) Re	ental of facilities,	equipment, or other	assets					1b(3)		X
	(4) Re	eimbursement ar	rangements						1b(4)		X
	( <b>5</b> ) Lo	ans or loan guar	rantees						1b(5)	<u></u> :	X
				p or fundraising solicit					1b(6)	Ļ	X
С				s, other assets, or pai					1c	L	X
d				nplete the following sche							
				iven by the reporting for int, show in column (d) t							
(a) Line	e no (	b) Amount involved	(c) Name of nonc	haritable exempt organization	on	(d) Descri	ption of transf	ers, transactions, and sha	arıng arra	ngemer	ıts
				·							
			·								
			ļ								
		· <del></del>		· · · · · · · · · · · · · · · · · · ·							
		<del>.</del>									
			ļ								
	<u>_</u>		<u> </u>		l						
2a	descr	ibed in section 5	01(c) (other than sec	ited with, or related to, ction 501(c)(3)) or in se			empt orgar	nizations	Yes	X	lo
b_	If "Ye	<del></del>	following schedule							_	
		(a) Name of organ	nization	(b) Type of org	janization			(c) Description of relate	onship		
				<u></u>							
							<del> </del>				
	l la de -	paralting of source 1 de-	place that I have a server of the co	htura makudusa sasas s	adular a : 4 ·	ote-sets :	the heat of	andada and but of the co			
٠.	cono			eturn, including accompanying sch ayer) is based on all information of				nowledge and belief, it is true,			
Sign			HA /	15.21.18	V	05:20	<b>I</b>		RS discuss reparer sho		
Here		MAKAZINI		12.54.10	_ 💯	CHUCH	11	See instru		X Yes	
	Sign	ature of officer or trus		Date	Title						
Paid		Print/Type preparer	s name	Preparer's signature KIM L SMITH	Y	26h	Date	Check I if	PTIN		
Prepa	arer	KIM L SMITH		IKINI L SIVITH	nun	/ M	5/22/20		P0003	9386	
Use (		Firm's name ▶	KL SMITH, PC						41395		
		Firm's address	1012 GRAND AVE,	WEST DES MOINES	, IA 5026	5		Phone no 515-2	25 <u>-65</u> 1	2	

Continuation of Part XV, Li Recipient(s) paid during the year	<u>ne 3a (990-PF) -</u>	Gran	ts and Cont	tributions Paid	During the	e Year
• • • • • • • • • • • • • • • • • • • •						
Name AMERICAN HEART ASSN						
Street				<del></del>	<del></del>	
5000 WESTOWN PARKWAY STE 340						
City		State	Zip Code	Foreign Count	try	
WEST DES MOINES		IA	50266		<u> </u>	
Relationship	Foundation Status					
UNRELATED	IPC				<del></del>	
Purpose of grant/contribution					Amount	
OPERATIONS					<u>.                                    </u>	950
Name						
DES MOINES UNIVERSITY						
Street						
3200 GRAND AVENUE		T 04 4	T	<del></del>		
City			1 *	Foreign Coun	try	
DES MOINES	Equadation Status	IA	50312			
Relationship UNRELATED	Foundation Status					
Purpose of grant/contribution			<del></del>	<del></del>	Amount	
HEALTH CARE					Amount	500
					<del></del>	
Name						
UNITED WAY OF CENTRAL IOWA Street		<del>_</del>	<del></del>			
1111 NINTH STREET STE 100						
City		State	Zip Code	Foreign Coun	trv	
DES MOINES		IA	50314	i oroigii oouii	,	
Relationship	Foundation Status	<u> </u>				
UNRELATED	PC					
Purpose of grant/contribution				- · · ·	Amount	
OPERATIONS						10,500
Name						
OAKRIDGE NEIGHBORHOOD SERV	ICES					
Street						
1401 CENTER ST						
City		State	· •	Foreign Coun	try	
DES MOINES	TE	<u>IA</u>	]50309			
Relationship	Foundation Status					
UNRELATED  Purpose of grant/contribution	IPC			<del></del>	Amount	
OPERATIONS					Amount	1,000
						1,000
Name						
BLANK PARK ZOO Street				<del></del>		
7401 SW 9TH ST						
City		State	Zip Code	Foreign Coun	trv	
DES MOINES		IA	50315	oreign count	u y	
Relationship	Foundation Status		<u> </u>			
UNRELATED	PC					
Purpose of grant/contribution					Amount	
ANNIVERSARY PLAQUE			· <del></del>		<u> </u>	1,000
Name						
DES MOINES SYMPHONY						
Street					<del></del>	
1011 LOCUST ST STE 200						
City		State		Foreign Coun	try	
DES MOINES	<del></del>	IA_	50309			
Relationship	Foundation Status			-	_	
UNRELATED	PC				TA	
Purpose of grant/contribution EDUCATIONAL					Amount	20,000
					1	∠∪.∪∪∪

Amount

Purpose of grant/contribution

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2017

Employer identification number

SUSAN J GLAZER FOUNDA	ATION	42-1258466					
Organization type (check or	ne)						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foun	dation					
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on					
	501(c)(3) taxable private foundation						
• •	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a	ı Special Rule See					
General Rule							
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instructions intributions.						
Special Rules							
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or I that received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Co	990-EZ), Part II, line the greater of <b>(1)</b>					
contributor, during the	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rec ne year, total contributions of more than \$1,000 exclusively for religious, char- nal purposes, or for the prevention of cruelty to children or animals. Complete	itable, scientific,					
contributor, during the contributions totaled during the year for a	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that reche year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but I more than \$1,000. If this box is checked, enter here the total contributions than <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the ples to this organization because it received <i>nonexclusively</i> religious, charitable fore during the year.	no such nat were received arts unless the					

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)

Name of organization SUSAN J GLAZER FOUNDATION Employer identification number 42-1258466

Part I	Contributors (see instructions) Use duplicate copie	s of Part I if additional space is n	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MADELYN M LEVITT FOUNDATION  3737 RIVER OAKS DR  DES MOINES IA 50312  Foreign State or Province  Foreign Country	\$ 1,000,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$ 	Person Payroli Oncash (Complete Part II for noncash contributions )

Name of organization SUSAN J GLAZER FOUNDATION Employer identification number 42-1258466

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

lame of bro	ganization SLAZER FOUNDATION		Employer identification number 42-1258466
Part III	Exclusively religious, charitable, etc., contri (10) that total more than \$1,000 for the year of the following line entry. For organizations comp contributions of \$1,000 or less for the year. (En Use duplicate copies of Part III if additional spa	from any one contributor. Com leting Part III, enter the total of a leter this information once. See it	cribed in section 501(c)(7), (8), or applete columns (a) through (e) and exclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
ļ	Transferee's name, address, and ZIP +	4 Relation	onship of transferor to transferee
(a) No.	For Prov Country		
(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	Relation	onship of transferor to transferee
	For Prov Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
,			
		(e) Transfer of gift	L.,
	Transferee's name, address, and ZIP	+ 4Relation	onship of transferor to transferee
(a) No.	For Prov Country		
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 Relation	onship of transferor to transferee
	For Prov Country		

Part I, Line 16b (990-PF) - Accounting Fees

		988	0	0	988
-	•	Revenue and Expenses per	Net Investment	Adjusted Net	Disbursements for Charitable Purposes
	Description	Books	Income	Income	(Cash Basis Only)
•	1 2016 990-PF TAX RETURN PREPARATION	988			988

Part I, Line 18 (990-PF) - Taxes

	13,355	482	0	0
	Revenue			Disbursements
	and Expenses	Net Investment	Adjusted	for Charitable
Description	per Books	Income	Net Income	Purposes
1 INCOME AND FOREIGN TAX	13,355	482		

# Part II, Line 10b (990-PF) - Investments - Corporate Stock

		7,808,649	5,888,465	0	6,027,685
	Num Shares/	Book Value	Book Value	FMV	FMV
Description	Face Value	Beg of Year	End of Year	Beg of Year	End of Year
CORP STK		7,808,649	5,888,465		6,027,685

## Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

							_
net Gain or Loss	695,134	0			Net Gain	or Loss	0
net Gain or Loss						Adjustments	
sis, expenses, d'Adjustments	0	0				Depreciation	
Cost or Other Basis, Expenses, Deprecation and Adjustments				Expense of Sale	and Cost of	Improvements	
Gross Sales	695,134	0			Valuation	Method	
					Cost or	Other Basis	
lotals	Capital Gains/Losses	Other sales			Gross Sales	Price	
	J	i			Date	Sold	
					Date	Acquired	
					Acquisition	Method	
			Check "X" if	Purchaser	s s	Business	
						Purchaser	
				Check 7.	to include	in Part IV	
Amount		0				CUSIP#	
	Long Term CG Distributions	Short Term CG Distributions				Description	

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42-12584 42-12584 Gains Minus Excess FMV Over Adj Basis or Losses
] 0]
Excess of FMV Over Adjusted Basis
Adjusted Basis as of 12/31/69
FMV as of 12/31/69
Gain or Loss
Cost or Other Basis Plus Expense of Sale
Adjustments
0 Depreciation Allowed
Gross Sales Proe
nt Income Date Sold
Investmer Date Acquired
S for Tax on Acquisition Method
and Losses f Amount 695,134 0 0 CUSIP#
Gains and took took took took took took took too
Long Term CG Distributions Short Term CG Distributions Short Term CG Distributions Description of Property Sold
Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income  Long Term CG Distributions Short Term CG Distributions Short Term CG Distributions Obescription of Property Sold CUSIP# Method Acquired Sold
Part

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FOUNDATION	
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SUSAN	

1	0		Г		
		Expense • Account			
İ	0	Benefits			
	0	Compensation	0		
		Avg Hrs Per Week	200		
		L L	ΙZ		_
Part VIII Line 1 (990-PF) - Compensation of Officers. Directors. Trustees and Foundation Managers		Foreign Country	(all pool light)		
		Zin Code	50312		
		State	1A 50	<u>.                                    </u>	
		3	DES MOINES		_
		Ctract			
	i annon a	Check "X"			
VIII 1 ine 1 (990-PE) - Comp	1000	Amerika	CUSAN I GLAZER RURT		
Par	5	<u></u>	_1_		