

Return of Private Foundation

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

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

	For	calendar year 2017 or tax year beginning		, and ending		
	Na	me of foundation			A Employer identificatio	n number
	ړ	HARLES AND KAREN FARVER C	HARITABLE) ' '	
	F	OUNDATION			84-1205184	<u>L</u>
	Nu	nber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
	6	17 FRANKLIN PLACE SUITE 2	00		641-621-38	334
	_	y or town, state or province, country, and ZIP or foreign p			C If exemption application is p	
		ELLA, IA 50219				,gi
		Check all that apply; Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
		Address change	X Name change		2. Foreign organizations me check here and attach or	eeting the 85% test,
4	H	Check type of organization: X Section 501(c)(3) ex			E If private foundation sta	_
1		-	Other taxable private founda	ation \mathscr{O}	under section 507(b)(1	
	I Fa	air market value of all assets at end of year J Accounting	ng method: X Cash	Accrual	F If the foundation is in a	
	(f	· -	ther (specify)	_	under section 507(b)(1	
		\$ 502,473. (Part I, colum	nn (d) must be on cash bası	s.)	, , ,	
	Pa	Art I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
		1 Contributions, gifts, grants, etc., received	500,000.		N/A	
		2 Check I if the foundation is not required to attach Sch B				
		Interest on savings and temporary cash investments	84.	84.		STATEMENT 1
		4 Dividends and interest from securities	3,901.	3,901.		STATEMENT 2
)		5a Gross rents				
,		Net rental income or (loss)				
,	ø	6a Net gain or (loss) from sale of assets not on line 10				
2	Revenue	b Gross sales price for all assets on line 6a			REC	LIVED
]	ě	7 Capital gain net income (from Part IV, line 2)		0.	6	9
,	и.	8 Net short-term capital gain			ISI MAY	7 2018 3
-		9 Income modifications Gross sales less returns			8	
=		10a and allowances		··	OGD	EN UT
•		D Less Cost of goods sold				
•		c Gross profit or (loss)				
ა ექმ		11 Other income	FA3 00F	2 000		
9	_	12 Total. Add lines 1 through 11	503,985.	3,985.		0.
		13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages				
		14 Other employee salaries and wages15 Pension plans, employee benefits	 			
	BS	16a Legal fees STMT 3	183.	0.		0.
	enses	b Accounting fees STMT 4	561.	0.		0.
	Exp	c Other professional fees	301.			
	ē	17 Interest				
∞	aţį	18 Taxes				
2018	Administrative	19 Depreciation and depletion				
7	Ë	20 Occupancy				
က		21 Travel, conferences, and meetings				
	and	22 Printing and publications				
MAY	g	23 Other expenses STMT 5	15.	0.		0.
Ô	aţį	24 Total operating and administrative				
4 (perating	expenses. Add lines 13 through 23	759.	0.		0.
2	0	25 Contributions, gifts, grants paid	674,500.			674,500.
∞		26 Total expenses and disbursements.				
0		Add lines 24 and 25	675,259.	0.		674,500.
~		27 Subtract line 26 from line 12:				
3		Excess of revenue over expenses and disbursements	<171,274.			
7		b Net investment income (if negative, enter -0-)		3,985.		
04		c Adjusted net income (if negative, enter -0-)	<u>l</u>		N/A	<u></u>
	72350	of 01-03-18 LHA For Paperwork Reduction Act Notice	e, see instructions.		$\sim \Omega(0)$	Form 990-PF (2017)

Fn	rm 9	CHARLES AND KAREN FARVER 90-PF (2017) FOUNDATION	R CHARITABLE	84-1	L205184 Page 2
=			Beginning of year	End of	
ĮF	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	T.		(a) BOOK VAIDE	500,826.	500,826.
	1		C72 747		1,647.
	2	F	673,747.	1,647.	1,047.
	3	Accounts receivable	}	1	= ~
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
	1	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
] 7	Other notes and loans receivable			
	l	Less: allowance for doubtful accounts ▶			7
w	8	· · · · · 			
Assets	1 -	Prepaid expenses and deferred charges			
Asi	1	a Investments - U.S. and state government obligations			
	1	· · · · · · · · · · · · · · · · · · ·			
	1	b Investments - corporate stock			
	Ι	Investments - corporate bonds			
	11	investments - land, buildings, and equipment basis		ļ	
	1	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment; basis			
	1	Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	673,747.	502,473.	502,473.
_	17	Accounts payable and accrued expenses			
	18	Grants payable			
"	19	Deferred revenue			
ţį		<u> </u>			
Liabilities		Loans from officers, directors, trustees, and other disqualified persons			
Lia	ι	Mortgages and other notes payable			
_	22	Other liabilities (describe			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here	1	Ì	
κ۸.		and complete lines 24 through 26, and lines 30 and 31.			
ë	24	Unrestricted			
lan l	25	Temporarily restricted			
Ва	26	Permanently restricted			
pu	1	Foundations that do not follow SFAS 117, check here			
Net Assets or Fund Balances		and complete lines 27 through 31.			
ŏ	27	Capital stock, trust principal, or current funds	673,747.	502,473.	
šets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.1	0.1	
ASS	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
et		Total net assets or fund balances	673,747.	502,473.	
Z		- Talla Saralisas		302,1730	
	31	Total liabilities and net assets/fund balances	673,747.	502,473.	
=				302,473.	
P	art	Analysis of Changes in Net Assets or Fund Ba	llances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 3	0	T	
	(mus	st agree with end-of-year figure reported on prior year's return)		11	673,747.
		r amount from Part I, line 27a		2	<171,274.>
3	Othe	r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3			502,473.
		eases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, coli	umn (h), line 30		502,473.
Ť		Tait II, col	01111 (D), 11110 OO		302, 2.31

723511 01-03-18

FOUNDATION

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	the kind(s) of property sold (for exa		ate,	(b)	How acc	quired (acquired lay, yr.)	(d) Date sold (mo., day, yr.)
	arehouse; or common stock, 200 sh	s. IVILU UO.)		D	- Donat	tion	(1110., 0	.ay, yı.)	(IIIO., Udy, yl.)
b NO	NE			╁					
<u>c</u>				╁					
d				1	_				
e									
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) G (e) plu: ————	ain or (loss s (f) minus () (g))
b		 				 _			
C		 -		\dashv					
d									
е									
Complete only for assets shown	ig gain in column (h) and owned by					(1) (ains (C	ol. (h) gain	minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (i) col. (j), if any					not less than (from col. (
<u>a</u>		 		_					
c		 							
d		 		\dashv					
e				\neg					
	∫ If gain, also enter	r ın Part i, line	7	٦					
2 Capital gain net income or (net ca	pital loss) { If (loss), enter -0			<i>)</i>	2				
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter -0- in Part I, line 8		nd (6):		}	3				
	nder Section 4940(e) for	Reduced	Tax on Net	Inv	estm	ent Inco	me		
(For optional use by domestic private	foundations subject to the section 4	4940(a) tax on	net investment in	come	2.)				
If section 4940(d)(2) applies, leave th	nis part blank.								
Was the foundation liable for the sect	·	ount of agus	aar in the base new	40					Yes X N
If "Yes," the foundation doesn't qualif			•	100 /					L TesA IV
1 Enter the appropriate amount in e				ntries.					
(a) Base period years	(b)			(c)				Distrib	(d) ution ratio
Calendar year (or tax year beginnii			Net value of no	nchar				(col. (b) div	ided by col. (c))
2016		2,000.	<u> </u>			,290.			.60796
2015	34	7,147. 3,035.				,040.			.79 069
2014		5,499.				,395.	 -	 ·	.96 039
2012		$\frac{3,453}{1,452}$.				,249.			.79820
		<u></u> -							
2 Total of line 1, column (d)							2		3.87936
3 Average distribution ratio for the 5 the foundation has been in exister		on line 2 by 5.0	0, or by the numbe	er of y	ears/		3		.77587
4 Enter the net value of noncharitab	le-use assets for 2017 from Part X, I	line 5					4		846,767
5 Multiply line 4 by line 3							5		656,983
5 Enter 1% of net investment incom	e (1% of Part I, line 27b)						6		4(
7 Add lines 5 and 6							7		657,023
8 Enter qualifying distributions from	ı Part XII, line 4						8		674,500
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	1b, and comp	lete that part using	g a 19	% tax rat	te.			

Form 800-F (2017) Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(b), 4940(c), or 4946 - see instructions) 1a Exempt operating loundations described in section 4940(c)); cauche there □ □ □ □ □ □ □ □ □	. CHARLES AND KAREN FARVER CHAR	ITABLE '				
18 Exempt contraining foundations described in section 4940(q0)(2), cluck here ▶		/				
Discretion for fulling or determination letter: A a Lack popy of latter in necessary-see instructions) 1	Part VI Excise Tax Based on Investment Income (Section 494	10(a), 4940(b), 4940(e), or 4	948 - see	instr	uctio	ns)
b Domestic foundations that meet the section 4940(e) requirements in Part V, chack here	1a Exempt operating foundations described in section 4940(d)(2), check here and a	enter "N/A" on line 1.				
of Part I, Inte 27b. All other domestic (oundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, Inte 12, col. (b). Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Add lines 1 and 2 4 0. 4 0. 4 0. 5 1ax based on Investment income, Subtract line 4 from line 3. It zero or less, enter -0- 5 1ax based on Investment income, Subtract line 4 from line 3. It zero or less, enter -0- 5 1ax based on Investment income, Subtract line 4 from line 3. It zero or less, enter -0- 5 1ax based on Investment income, Subtract line 4 from line 3. It zero or less, enter -0- 5 1ax based on Investment income, Subtract line 4 from line 3. It zero or less, enter -0- 5 1ax dea, If the organization is the withheld at source 6 1b Condition organization is the withheld at source 6 1b Condition organization is the withheld at source 6 1b Condition organization is the withheld or line 5 and 6 and 5	Date of ruling or determination letter: (attach copy of letter if ne	cessary-see instructions)	1 1			
c 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-) 3 40. 4 Unitary (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment incomes. Subtract line 4 from line 3, it zero or less, enter -0- 6 Credis/Payments; a 2017 estimated tax payments and 2016 overpayment credited to 2017 6 Exempt foreign organizations - tax withheld at source 1 Tax paid with application for extension of time to file (Form 8686) 6 Exit or 1 Tax based on the section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 6 Crodis/Payments; 6 Croy and with application for extension of time to file (Form 8686) 6 Exit or 1 Tax based tax payments and 2016 overpayment credited to 2017 6 Exit enter an part plot ounderspayment of estimated tax. Check here from 2220 is attached 7 Total credits and payments. Add lines 6 attrough 6d 8 O. 6 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount ower paid 1 Total credits and payments. Add lines 6 attrough 6d 1 Total credits and payments. Add lines 6 attrough 6d 1 Total credits and payments. Add lines 6 attrough 6d 1 Total credits and payments. Add lines 5 attrough 6d 1 Total credits and payments. Add lines 5 attrough 6d 1 Total credits and payments. Add lines 5 attrough 6d 1 Total credits and payments. Add lines 6d 2 Total credits and payments. Add lines 6d 1 Total credits and payments. Add lines 6d 2 Total credits and payments. Add lines 6d 3 Total credits and payments. Add lines 6d 4 Total credits and payments. Add lines 6d 5 Total credits 6d 6 Total credit	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	➤ X and enter 1%	1			40.
2 Tax under section \$11 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 4 Subtifle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax dea. If you can be a subtraction of the subtraction in the subtraction of the subtraction o	of Part I, line 27b	1				
3 Add lines 1 and 2 4 Subtille A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment lincome. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment lincome. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on line 3 from 3 fro	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4	% of Part I, line 12, col. (b).	ł			
4 Subtité A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. if zero or less, enter -0- 5 Grodis-Phymenis: a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exampt foreign organizations - tax withheld at source 6 B	2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; of	others, enter -0-)	2			
5 Tab based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-6 Credats/Payments: a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations - tax withheld at source 1 Tay pad with application for excession of time to fise (Form 8868) 6 Bab. 0. 7 Total credits and payments. Add lines 6s through 6d 8 Enter any penalty for underpayment of estimated tax. Check here form 2220 is attached 8 Enter any penalty for underpayment of estimated tax. Check here form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount oved 10 Overpayment, liline 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be. Credited to 2018 estimated tax	3 Add lines 1 and 2		3			40.
6 Condis/Payments: a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exampt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8658) 6 c	4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only;	others, enter -0-)	4			
a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 9868) d Backup withholding erroneously withheld 7 Total credits and payments. Add times 8 through 66 c 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	_	5			<u>40.</u>
b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 68 althrough 60 8 Enter any penalty for undersymment of estimated tax. Check here form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line? Is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line? Is more than the total of lines 5 and 8, enter the amount overpaid 10 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed 11 Tenter the amount of line 10 to be: Credited to 2018 estimated tax The 11 Tenter the amount of line 10 to be: Credited to 2018 estimated tax The 11 Tenter the amount of line 10 to be: Credited to 2018 estimated tax The 11 Tenter the amount of line 10 to be: Credited to 2018 estimated tax The 11 Tenter the amount of line 10 to be: Credited to 2018 estimated tax The 11 Tenter the amount of line 10 to be: Credited to 2018 estimated tax The 11 Tenter the amount of line 10 to be: Credited to 2018 estimated tax The 11 Tenter the 2018 estimated tax The 2018	6 Credits/Payments:					
c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 6 is more than line 7, enter amount owed 9 ☐ Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be; Circletted to 2018 estimated tax ► 72. Refunded ► 11 ☐ 7.2. 11 Enter the amount of line 10 to be; Circletted to 2018 estimated tax ► 72. Refunded ► 11 ☐ 7.2. 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Dut it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition of the state of the foundation of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 1c During the foundation in political expenditures (section 4955) imposed during the year. 1c) On the foundation. ► \$ 0 (2) On foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0. 2 Has the foundation mapaged in any activities that have not previously been reported to the IRS? 1f Yes, "attach a detailed description of the activities. 1a State the foundation have interested business gross income of \$1,000 or more during the year? 1b Yes	a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 112.				
d Backup withholding erroneously withhold 7 Total credits and payments. Add inses 5 altrough 6d 8 Enter any penalty for underpayment of estimated tax. Check here	b Exempt foreign organizations - tax withheld at source	6b 0.				
7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here	c Tax paid with application for extension of time to file (Form 8868)	6c 0.				
8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	d Backup withholding erroneously withheld	6d 0.				
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be; Credited to 2018 estimated tax ► 72. Refunded ► 11 0. Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campagn? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation life Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year; (1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0. 2 Has the foundation may activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 3 Has the foundation may continue the state of the state of the foundation managers. ► \$ 0. 4 Bas the foundation make urrelated business gross income of \$1,000 or more during the year? If "Yes," attach a detailed description of the activities. 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction? 6 Are the requirements of section 508(c) (relating to sections 4941 through 4945) satisfied either; 6 by language in the governing instrument, or 8 by language in the governing instrument, or 9 by state legislation that effectively amends the governing instructions. CO bif the answer is "Yes" to line 7	7 Total credits and payments. Add lines 6a through 6d		7		1	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be; Credited to 2018 estimated tax ▶ 72 • Refunded ▶ 11 0 0. Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 10 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 10 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 10 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 10 Did the foundation in Form \$100 during the year (either directly or indirectly) for political purposes? 10 Did the foundation in Form \$120 Pol. for this year? 11 Did the foundation in Political expenditures (section 4955) imposed during the year? 12 Enter the remultivesment (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. • 2 I has the foundation managers. ▶ \$ 0. • 2 I has the foundation managers. ▶ \$ 0. • 2 I has the foundation managers. ▶ \$ 0. • 2 I has the foundation managers. ▶ \$ 0. • 2 I has the foundation manager structives that have not previously perported to the IRS? 11 Pres, has the fled a tax return on Form \$90-T for this year? 12	8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ached	8			0.
11 Eiter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 7.2 ⋅ Refunded ▶ 11 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1 During the tax year, did the foundation in connection with the activities and copies of any materials published or distributed by the foundation in each vicinity sear? 1 During the tax year, did the foundation in connection with the activities and copies of any materials published or distributed by the foundation with the sativities. 2 During the tax year, did the foundation in Porting the year? 3 As the foundation in page did nany activities that have not previously been reported to the IRS? 1 If Yes, as at the foundation and any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If Yes, attach a conformed copy of the changes 4 Did the foundation have unrelated business gross income of \$1,000 or more during the year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 1 If Yes, as at flief at tax return on Form 990-T for this year? 2 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: 2 By language in t	9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	>	9			
Part VII-A Statements Regarding Activities	10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	>	10			
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Form 990-PF (2017)

FOUNDATION

84-1205184 Page 5

Yes No	Part VII-A	Statements Regarding Activities (continued)				
11 Azary time during the year, did the foundation, directly on indirectly, own a controlled entity within the meaning of section 512(9) (51) 11 Yes, a fast on schedule. 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? 13 N/A 15 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 16 Website address N/A 16 The blooks are in care of THE FOUNDATION Telephone no. 641-621-3834 17 Telephone no. 641-621-3834 18 Section 4947(9)) annexing relationship trusts fining from 990-PF in life of Form 1041-check here and enter the amount of tisk-neeming interest received or accrued during the year and enter the amount of tisk-neeming interest received or accrued during the year and enter the amount of tisk-neeming interest received or accrued during the year and enter the amount of tisk-neeming interest received or accrued during the year of other francial account in a foreign country? 16 A ray in time during calender year 2017, did the foundation have an interest in or a signature or other authority over a bank, sections, or other francial account in a foreign country? 16 See the neartoness for exceptions and fining requirements for FincEN Form 114, if "Yes," enter the name of the foreign country. Yes No 16 X 18 Department of the private of any item its checked in the "Yes" column, unless an exception applies. 19 Department of 2014 any item its checked in the "Yes" column, unless an exception applies. 19 Department of 2014 any item its checked in the "Yes" column, unless an exception applies. 19 Department of 2014 any item its checked in the "Yes" column, unless an exception applies. 19 Department of 2014 any item its checked in the "Yes" column, unless an exception applies. 19 Department of 2014 any item its checked in the "Yes" column, unless an exception applies. 19 Department of 2014 any item its checked in the "Yes" column its checke		·		Y	es	No
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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? (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) (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(a)-3 or in a current notice regarding disaster assistance? See instructions N/A 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? 1c				Ì	Ì	
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4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a X			N/A	-	- [-
		·	<u> </u>	_	-+	×
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that				' 4	-+	
had not been removed from jeopardy before the first day of the tax year beginning in 2017? 4b X			1 '	4b]	X
Form 990-P F (2017		Jospan al action and more and or the tax year dodining in 2017.			5 F /	

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

CHARLES AND KAREN FARVER CHARITABLE

Form 990-PF (2017) FOUNDATION	84-1	.205184 Page 7
Part VIII Information About Officers, Directors, Trustees, Fou Paid Employees, and Contractors (continued)	ndation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none,	enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		•
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶ </u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant number of organizations and other beneficiaries served, conferences convened, research papers	statistical information such as the	Expenses
1 N/A	, produced, c.c.	
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	ar on lines 1 and 2	Amount
1 N/A	on miles i and E.	7,11104111
·		
2		
All other program-related investments. See instructions.	-	
3		
Tatal Add liggs 1 through 0		0.
Total. Add lines 1 through 3		Form 990-P F (2017)
		1 OTH OCC 1 (2011)

	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	adations as	oo instructions)
<u>ا</u>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes;	iuations, se	e instructions.)
١,	Average monthly fair market value of securities	1a	n
a		1b	859,662.
U	Average of monthly cash balances	10 1c	033,002.
ن	Fair market value of all other assets Total (add lines 1a, b, and c)	10	859,662.
d	, , , ,	14	035,002.
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1 te 0 •		
_	(· · · · · · · · · · · · · · · · · · ·	١ . ١	0
2	Acquisition indebtedness applicable to line 1 assets	2	859,662.
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	12,895.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	846,767.
6	Minimum investment return. Enter 5% of line 5	6	42,338.
_	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here in and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	42,338.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	40.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	42,298.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	42,298.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	42,298.
P	art XII Qualifying Distributions (see instructions)		
<u>-</u>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	674,500 <u>.</u>
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	····
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
ļ	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	674,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	40.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	674,460.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies for th	
	4940(e) reduction of tax in those years		

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,	00.600	rodro prior to 2010	2010	2017
line 7				42,298.
2 Undistributed income, if any, as of the end of 2017			-	
a Enter amount for 2016 only			0.	i
b Total for prior years:				
 ''		0.		<u> </u>
3 Excess distributions carryover, if any, to 2017:				
a From 2012 310,694.				
b From 2013 365, 431.				
cFrom 2014 282,052.				
dFrom 2015 325,199.				
e From 2016 268,023.	1 551 300			
f Total of lines 3a through e	1,551,399.			
4 Qualifying distributions for 2017 from Part XII, line 4: ▶\$ 674,500.				
Part XII, line 4: ►\$ 674,500. a Applied to 2016, but not more than line 2a			0	ı
b Applied to undistributed income of prior			0.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		0.		
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				42,298.
e Remaining amount distributed out of corpus	632,202.			42,230.
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,183,601.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable			···	
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012	242 524			
not applied on line 5 or line 7	310,694.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	1 072 007			
	1,872,907.			
0 Analysis of line 9: a Excess from 2013				•
b Excess from 2014 282,052.				
c Excess from 2015 325, 199.				
d Excess from 2016 268, 023.	İ			
e Excess from 2017 632, 202.				
23581 01-03-18		<u>_</u>		Form 990-P F (2017)

CHARLES AND KAREN FARVER CHARITABLE Page 10 FOUNDATION 84-1205184 Form 990-PF (2017) Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 49,42(j)(5) Prior 3 years Tax vear 2 a Enter the lesser of the adjusted net (a) 2017 (b) 2016 (d) 2014 (e) Total (c) 2015 income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i)b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter: (1) Total support other than gross investment income (interest. dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) SEE STATEMENT b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gıft, Loan, Scholarship, etc., Programs: 🔟 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed; CHARLES AND KAREN FARVER CHARITABLE FOUNDATION, 641-621-3834 617 FRANKLIN PLACE SUITE 200, PELLA, IA 50219 b The form in which applications should be submitted and information and materials they should include: CONTACT FOUNDATION c Any submission deadlines: CONTACT FOUNDATION d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: NONE

CHARLES AND KAREN FARVER CHARITABLE

FOUNDATION 84-1205184 Page 11 Form 990-PF (2017) Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager or substantial contributor Name and address (home or business) a Paid during the year AMERICAN RED CROSS NONE PUBLIC CHARITY HEALTH & WELFARE 2116 GRAND AVE 5,000. DES MOINES, IA 503125304 ASPEN CENTER FOR ENVIRONMENTAL NONE PUBLIC CHARITY HEALTH & WELFARE STUDIES 100 PUPPY SMITH STREET ASPEN, CO 81611 500. PUBLIC CHARITY HEALTH & WELFARE ASPEN COMMUNITY FOUNDATION NONE 110 E HALLAM ST SUITE 126 1,000. ASPEN, CO 81611 BOY SCOUTS OF AMERICA NONE PUBLIC CHARITY HEALTH & WELFARE 1659 E EUCLID AVENUE 500. DES MOINES, IA 50316 CARE PUBLIC CHARITY HEALTH & WELFARE NONE 151 ELLIS STREET NE ATLANTA, GA 30303-2440 1,000. CONTINUATION SHEET(S) 674,500. ➤ 3a b Approved for future payment NONE

723611 01-03-18

Total

▶ 3b

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nter gross amounts unless otherwise indicated.		ousiness income		by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b	_				
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	84.	
Dividends and interest from securities			14	3,901.	
Net rental income or (loss) from real estate:					
a Debt-financed property		_			
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income				·	-
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
b					-
c					
d					
e					
Subtotal. Add columns (b), (d), and (e)		0		3,985.	0
Total. Add line 12, columns (b), (d), and (e)				13	3,985
ee worksheet in line 13 instructions to verify calculations	5.)				
Part XVI-B Relationship of Activitie	s to the Accom	plishment of I	Exempt P	urposes	
ine No. Explain below how each activity for which i			-A contributed	importantly to the accomp	lishment of
the foundation's exempt purposes (other the	han by providing funds	for such purposes).			
NOT APPLICABLE					
				<u> </u>	
				 	

	NOT API	PLICABLE				 	
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Form **990-PF** (2017)

CHARLES AND KAREN FARVER CHARITABLE

Form 990-PF (2017)

FOUNDATION

84-1205184

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Part XV	Information Re Exempt Organ	egarding Transfers to nizations	and Transactions a	nd Relationships With Nonch	aritable	,	
1 Did the		rectly engage in any of the follow	ing with any other organizatio	on described in section 501(c)		Yes	No
		nizations) or in section 527, relati	-	• • • • • • • • • • • • • • • • • •			
		lation to a noncharitable exempt o					ĺ
(1) Ca	sh	·			1a(1)		Х
(2) Oth	ner assets				1a(2)		X
b Other tr	ansactions:						
(1) Sal	les of assets to a noncharita	able exempt organization			1b(1)		Х
(2) Pu	rchases of assets from a no	oncharitable exempt organization			1b(2)		X
(3) Re	ntal of facilities, equipment,	or other assets			1b(3)		X
(4) Re	imbursement arrangements	1			1b(4)		Х
(5) Loa	ans or loan guarantees			-	1b(5)	ļ	X
		embership or fundraising solicitat			1b(6)	L	Х
_		alling lists, other assets, or paid ei			1c		X
or servi	ces given by the reporting f		ved less than fair market value	vays show the fair market value of the good e in any transaction or sharing arrangemen		ets,	
(a)Line no	(b) Amount involved	(c) Name of noncharitab		(d) Description of transfers, transactions, a	nd sharing an	rangeme	ents
+		N/A		<u> </u>			
				<u> </u>			
				<u> </u>			
							
				 			
ın sectio		tly affiliated with, or related to, on n 501(c)(3)) or in section 527?	e or more tax-exempt organiza	ations described	Yes	X] No
	(a) Name of org		(b) Type of organization	(c) Description of relatio	nship		
	N/A		 	<u> </u>	- 		
			1				
		A /	<u> </u>				
Sign Here	er penalties of perjuny i declare belief, vistore, corect, and con grature of officer or trustee	plyle Declaration of preparer (other th	ing accompanying schedules and s an taxpayer) is based on all information Date	ation of which preparer has any knowledge	May the IRS of return with the shown below X Yes	e prepar ? See in	er
	Print/Type preparer's na	ame Preparer's		Date Check if PTI	N		
	MONICA L.	SULLIVAN , /	. 100	self- employed			
Paid	CPA	11 Amus	IND DULL E_	4.27.18 P	00239	113	
Preparei		T CPAS & ADVISO	ORS, P.C.	Firm's EIN ▶ 42-			
Use Only	` 			_			
	Firm's address ▶ 11	08 WASHINGTON S	ST				
	PE	LLA, IA 50219		Phone no. 641-	<u>628-9</u>	<u>411</u>	
					Form 990	1-PF	(2017)

84-1205184

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO. 1		Grant Amount	Date of Grant	Amount Expended	Verification Date
ļ					į	
		l		ı		
PETER H AND E LUCILLE GAASS KUYPER	FOUNDATION					i
617 FRANKLIN PLACE SUITE 200						
PELLA, IA 50219			330 000	12/18/17	0.	
Purpose of Grant					<u> </u>	
FUTURE GRANT TO THE PELLA HISTORICA	ነ፤. ፍብሮፒዩሞሃ እአነገ	1/00 mus psi	TA PADIV			
			ILA EARDI			
LEARNING CENTER, BOTH QUALIFIED 501	I(C)(3) ORGANI	ZATIONS				l
Date of Reports by Grantee	Div	ersions by Gra	ntee			
	ŀ					
						ļ
Results of Verification						
nesults of Verilication						
						i
						Į
Recipient's Name and Address			Grant Amount	Date of Grant	Amount Expended	Verification Date
Recipient's Name and Address			Grant Amount	Date of Grant	Amount Expended	Verification Date
Recipient's Name and Address			Grant Amount	Date of Grant	Amount Expended	Verification Date
Recipient's Name and Address			Grant Amount	Date of Grant	Amount Expended	Verification Date
Recipient's Name and Address			Grant Amount	Date of Grant	Amount Expended	Verification Date
Recipient's Name and Address			Grant Amount	Date of Grant	Amount Expended	Verification Date
Recipient's Name and Address			Grant Amount	Date of Grant	Amount Expended	Verification Date
			Grant Amount	Date of Grant	Amount Expended	Verification Date
Recipient's Name and Address Purpose of Grant			Grant Amount	Date of Grant	Amount Expended	Verification Date
			Grant Amount	Date of Grant	Amount Expended	Verification Date
			Grant Amount	Date of Grant	Amount Expended	Verification Date
			Grant Amount	Date of Grant	Amount Expended	Verification Date
			Grant Amount	Date of Grant	Amount Expended	Verification Date
			Grant Amount	Date of Grant	Amount Expended	Verification Date
			Grant Amount	Date of Grant	Amount Expended	Verification Date
			Grant Amount	Date of Grant	Amount Expended	Verification Date
			Grant Amount	Date of Grant	Amount Expended	Verification Date
Purpose of Grant	Div	ersions by Gra		Date of Grant	Amount Expended	Verification Date
	Divi	ersions by Gra		Date of Grant	Amount Expended	Verification Date
Purpose of Grant	Div	ersions by Gra		Date of Grant	Amount Expended	Verification Date
Purpose of Grant	Div	ersions by Gra		Date of Grant	Amount Expended	Verification Date
Purpose of Grant Date of Reports by Grantee	Div	ersions by Gra		Date of Grant	Amount Expended	Verification Date
Purpose of Grant	Divi	ersions by Gra		Date of Grant	Amount Expended	Verification Date
Purpose of Grant Date of Reports by Grantee	Div	ersions by Gra		Date of Grant	Amount Expended	Verification Date
Purpose of Grant Date of Reports by Grantee	Div	ersions by Gra		Date of Grant	Amount Expended	Verification Date
Purpose of Grant Date of Reports by Grantee	Div	ersions by Gra		Date of Grant	Amount Expended	Verification Date
Purpose of Grant Date of Reports by Grantee	Div	ersions by Gra		Date of Grant	Amount Expended	Verification Date
Purpose of Grant Date of Reports by Grantee	Div	ersions by Gra		Date of Grant	Amount Expended	Verification Date

3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
CENTRAL COLLEGE	NONE	PUBLIC CHARITY	EDUCATIONAL	
812 UNIVERSITY		1	}	110 000
PELLA, IA 50219				110,000.
CHILD SERVE FOUNDATION	NONE	PUBLIC CHARITY	HEALTH & WELFARE	
5406 MERLE HAY ROAD				
JOHNSTON, IA 50131				1,000
CHILDREN & FAMILIES OF IOWA	NONE	PUBLIC CHARITY	HEALTH & WELFARE	
1111 UNIVERSITY AVE				
DES MOINES, IA 50314				1,000.
CHOICES	NONE	PUBLIC CHARITY	HEALTH & WELFARE	
PO BOX 5166 WOODLAND PARK, CO 80866				1,000.
TAIL, CO 0000		<u> </u>		1,000.
CHRISTIAN OPPORTUNITY CENTER	NONE	PUBLIC CHARITY	HEALTH & WELFARE	
1553 BROADWAY ST				
PELLA, IA 50219				5,000.
CROSSROADS OF PELLA	NONE	PUBLIC CHARITY	HEALTH & WELFARE	
712 UNION				5 000
PELLA, IA 50219				5,000.
DES MOINES METRO OPERA	NONE	PUBLIC CHARITY	CIII.TIIRAI. ARTS	
106 W BOSTON AVE	NONE	TOBBIC CHARTIT	CODIONAL ARTS	
INDIANOLA, IA 50125		 	<u> </u>	5,000.
GRINNELL COLLEGE 1210 PARK STREET	NONE	PUBLIC CHARITY	EDUCATIONAL	
GRINNELL, IA 50112	1	1		10,000.
,				10,000
HABITAT FOR HUMANITY OF MARION COUNTY	NONE	PUBLIC CHARITY	HEALTH & WELFARE	
РО ВОХ 299				
KNOXVILLE, IA 501380229		<u> </u>		1,000.
HISTORIC PELLA TRUST PO BOX 1	NONE	PUBLIC CHARITY	CULTURAL	
PELLA, IA 50219				2,000.
Total from continuation sheets				666,500.

3 Grants and Contributions Paid During the Y	,			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
HOPE MINISTRIES	NONE	PUBLIC CHARITY	HEALTH & WELFARE	
PO BOX 862				50
DES MOINES, IA 50304		 		
HOSPICE OF PELLA	NONE	PUBLIC CHARTTY	HEALTH & WELFARE	
505 UNION ST	1012			
PELLA, IA 50219				5,00
		i		
INDEPENDENCE PASS FOUNDATION	NONE	PUBLIC CHARITY	HEALTH & WELFARE	
PO BOX 1700				4 00
ASPEN, CO 81612				1,00
TOWN COLLECT POLINDATION	NONE	PUBLIC CHARITY	RDIICATTONAI.	
IOWA COLLEGE FOUNDATION 505 5TH AVE, SUITE 1034	HOME	CODDIC CHARITI	EDUCATIONAL	
DES MOINES, IA 50309				5,00
IOWA NATURAL HERITAGE FOUNDATION	NONE	PUBLIC CHARITY	HEALTH & WELPARE	
505 FIFTH AVENUE, SUITE 444				
DES MOINES, IA 503092321				1,50
IOWA PUBLIC TELEVISION	NONE	PUBLIC CHARITY	CULTURAL ARTS	
6535 CORPORATE DRIVE				
JOHNSTON, IA 50131	 	 		5,00
JUVENILE DIABETES RESEARCH FOUNDATION 5444 NW 96TH STREET	NONE	PUBLIC CHARITY	HEALTH & WELFARE	
JOHNSTON, IA 50131				1,00
NEW HOPE VILLAGE	NONE	PUBLIC CHARITY	HEALTH & WELFARE	
E 18TH STREET				
CARROLL, IA 51401	-	-		1,00
DELLA CUDICTIAN CDADE GOVCO	NONE	PUBLIC CHARITY	EDIICATTONAT	
PELLA CHRISTIAN GRADE SCHOOL 216 LIBERTY ST	NONE	COBLIC CHARITI	Poculiation	ı
PELLA, IA 50219				5,00
PELLA CHRISTIAN HIGH SCHOOL	NONE	PUBLIC CHARITY	EDUCATIONAL	
604 JEFFERSON ST PELLA, IA 50219	}			5,00
Total from continuation sheets		<u> </u>	<u> </u>	

Part XV Supplementary Informati				
3 Grants and Contributions Paid During the	If recipient is an individual,	Т		
Recipient Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Traine and data say (notine or premisely)	or substantial contributor	recipient		
DELLA GOOGENIAM CHIMAN	VONT			
PELLA COMMUNITY CENTER 712 UNION ST	NONE	PUBLIC CHARITY	CULTURAL ARTS	
PELLA, IA 50219				1,000.
PELLA COMMUNITY FOUNDATION	NONE	PUBLIC CHARITY	HEALTH & WELFARE	
PO BOX 112				
PELLA, IA 50219				10,000.
PELLA DOLLARS FOR SCHOLARS	NONE	PUBLIC CHARITY	EDUCATIONAL	
PO BOX 131				
PELLA, IA 50219				5,000.
		ļ		
PELLA EARLY LEARNING CENTER	NONE	PUBLIC CHARITY	EDUCATIONAL	
215 MAIN ST PELLA, IA 50219				5 000
TABLE, IN 30219	 			5,000.
DELLA UTCHODICAL COGIENT	NONE			
PELLA HISTORICAL SOCIETY 507 FRANKLIN	NONE	PUBLIC CHARITY	CULTURAL	
PELLA, IA 50219				7,000.
PELLA OPERA HOUSE PARTNERS	NONE	PUBLIC CHARITY	CIII.TIID AT.	
611 FRANKLIN ST	10.12		COLIGICAL	
PELLA, IA 50219				60,000.
PELLA PARKS TRUST	NONE	PUBLIC CHARITY	HEALTH & WELFARE	
825 BROADWAY PELLA, IA 50219				1 000
FEIDER, IN SUZIS				1,000.
DDII. DD0-00				
PELLA REGIONAL HEALTH CENTER 404 JEFFERSON	NONE	PUBLIC CHARITY	HEALTH & WELFARE	
PELLA, IA 50219				5,000.
PINE REST CHRISTIAN MENTAL HEALTH SERVICES	NONE	PUBLIC CHARITY	HEALTH & WELFARE	
300 68TH STREET SE				
GRAND RAPIDS, MI 49501				500.
				
SALVATION ARMY	NONE	PUBLIC CHARITY	HEALTH & WELFARE	
PO BOX 66				
COUNCIL BLUFFS, IA 51502-0066 Total from continuation sheets				1,000.

Part XV Supplementary Information 3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
	51 000000000000000000000000000000000000	 		
SECOND REFORMED CHURCH	NONE	PUBLIC CHARITY	RELIGIOUS	
612 BROADWAY				
PELLA, IA 50219				68,000
PETER H AND E LUCILLE GAAAS KUYPER	NONE	PRIVATE	HEALTH & WELFARE	
FOUNDATION		FOUNDATION		
617 PRANKLIN PLACE SUITE 200				
PELLA, IA 50219	<u> </u>		ļ <u>.</u>	330,00
UNICEF	NONE	PUBLIC CHARITY	HEALTH & WELFARE	
333 EAST 38TH STREET				
NEW YORK, NY 10016				500
UNION STREET PLAYERS	NONE	PUBLIC CHARITY	CULTURAL	
712 UNION ST				
PELLA, IA 50219		 		500
				1
WESLEY LIFE	NONE	PUBLIC CHARITY	HEALTH & WELFARE	•
5508 NW 88TH STREET		ļ		1,000
JOHNSTON, IA 50131		 		
		 		
				•
				i
	1			
		ļ		<u> </u>
Total from continuation sheets			<u> </u>	 -

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

Department of the Treasury Internal Revenue Service

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

Name of the organization CHARLES AND KAREN FARVER CHARITABLE

FOUNDATION

Employer identification number

84-1205184

Organiz	zation type (check o	ne).
Filers o	f:	Section:
Form 99	00 or 990-EZ	501(c)() (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	X 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	nly a section 501(c)	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions
X	For an organization	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions
Special	Rules	
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received f rom r, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1 Complete Parts I and II.
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals Complete Parts I, II, and III
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., inplete any of the parts unless the General Rule applies to this organization because it received nonexclusively except, contributions totaling \$5,000 or more during the year.
but it mu	ıst answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization
CHARLES AND KAREN FARVER CHARITABLE
FOUNDATION

Employer identification number

Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHARLES S FARVER 617 FRANKLIN PLACE SUITE 200 PELLA, IA 50219	 \$250,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	KAREN FARVER 617 FRANKLIN PLACE SUITE 200 PELLA, IA 50219	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
i		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723452 11-0	1-17	\$Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization CHARLES AND KAREN FARVER CHARITABLE FOUNDATION

Employer identification number

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(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			
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(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			
723453 11-01-	17	\$Schedule B (Form	990, 990-EZ, or 990-PF) (2017)			

Comparison Com		3 (Form 990, 990-EZ, or 990-PF) (2017)			Page 4 Employer identification number				
FOUNDATION Part III Part II	•		ይተ መልዩኒ ም		Limpioyer identification fluitoer				
Exclusively religious, charitable, etc., contributions to organizations described in section 301(c)//, (8), of 100 that fold more than \$1,000 for the year form any one combibute. Complete prior is, set by the lost of exclusively religious, charitable, etc. contributions of \$1,000 c to complete prior is, set by the lost of exclusively religious, charitable, etc. contributions of \$1,000 c to complete prior is, set by the lost of exclusively religious, charitable, etc. contributions of \$1,000 c to exclusive the exclusive than \$1,000 for the			KIIADDD		84-1205184				
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23454 11-01-17 Schedule B /Form 990 990-F7 or 990-PF) (2017	23454 11-01 1	17		Cahadul	o R (Form 900, 000 E7, or 000 DE) /2017)				

FORM 990-PF INTERE	ST ON SAV	INGS AND T	EMPORARY	CASH IN	IVESTMENTS	STATEMENT	1
SOURCE		RE	(A) VENUE BOOKS		(B) VESTMENT COME	(C) ADJUSTED NET INCOME	1
MIDWESTONE BANK			84.		84.		
TOTAL TO PART I, LI	NE 3	<u></u>	84.		84.		
FORM 990-PF	DIVIDEN	DS AND INT	EREST FR	OM SECUF	RITIES	STATEMENT	
SOURCE	GROSS AMOUNT	CAPIT. GAIN DIVIDE	S R	(A) EVENUE R BOOKS		(C) T- ADJUSTE ME NET INCO	
THE VANGUARD GROUP	3,90	1.	0.	3,901.	3,90	1.	
TO PART I, LINE 4	3,90	1.	0.	3,901.	3,90	1.	
FORM 990-PF		LEGA	AL FEES			STATEMEN T	3
DESCRIPTION		(A) EXPENSES PER BOOK	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM		
LEGAL FEES	-	18:	3.	0.			0.
TO FM 990-PF, PG 1,	LN 16A	18:	3.	0.			0.
FORM 990-PF		ACCOUN	ring fee	S		STATEMEN'T	4
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	_	563	1.	0.			0.
TO FORM 990-PF, PG	1, LN 16B	563	1.	0.			0.

FORM 990-PF	OTHER E	XPENSES	S	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
BANK FEES	15.	0.		0.		
TO FORM 990-PF, PG 1, LN 23	15.	0.		0.		
	FOOTN	OTES	S	TATEMENT 6		

PART IIV-A: QUESTION 3

PLEASE SEE ATTACHED AMENDED ARTICLES AND BY-LAWS REFLECTING THE NAME CHANGE OF THE FOUNDATION AND THE CHANGE OF THE COMPOSITION OF THE BOARD OF DIRECTORS

FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, DIFOUNDATION MANAGE		STATI	EMENT 7
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHARLES S FARVER 617 FRANKLIN PLACE, SUITE 200 PELLA, IA 50219	VICE PRES: JAN 0.50	·	S: DECEMBE	
KAREN FARVER 617 FRANKLIN PLACE, SUITE 200 PELLA, IA 50219	VICE PRESIDENT: 0.00	DECEMBER 0.	0.	0.
KATHY SCHIPPER 617 FRANKLIN PLACE, SUITE 200 PELLA, IA 50219	TREASURER: JAN 0.25	•	RETARY: DE	0.
MARY JOAN KUYPER 604 LIBERTY STREET #311 PELLA, IA 50219	PRESIDENT: JAN 0.00	- FEB	0.	0.
SUZANNE FARVER PO BOX 420 COTATI, CA 94931	ASSISTANT: JAN- 0.00	-FEB; SEC: 1		0.
MARY FARVER GRIFFITH 3148 UPPER CATTLE CREEK ROAD CARBONDALE, CO 81623	SECRETARY: JAN- 0.00	FEB; PRES:		0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII =	0.	0.	0.
	XV - LINE 1A UNDATION MANAGER	RS	STATE	MENT 8

NAME OF MANAGER

CHARLES S FARVER KAREN FARVER