Form **990-PF**

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.

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public themal Revenue Service

Go to www.irs.gov/Form990PF for instructions.and the latest information.

2018

OMB No. 1545-0052

For	calen	dar year 2018 or tax year beginning		, 2018	3, and	ending	,	, 20		
Nam	ne of four	ndation -				A Employe	r identification number	r		
Bryant Foundation Inc 82-3278552										
Num	ber and	street (or P.O. box number if mail is not delivered to street address)		Room	/suite	e B Telephone number (see instructions)				
370	0 River	r Ridge Dr. NE	•	·			319-294-2333	•		
Crty	or town,	state or province, country, and ZIP or foreign postal code				C If exempt	on application is pendi	ng, check here ▶ 🗍		
Ced	dar Rap	oids, Iowa 52402-7598					•••			
G	Check	all that apply: Initial return Initial return	of a former	public	chanty	D 1. Foreign	organizations, check l	nere ▶ 🗍		
		☐ Final return ☐ Amended in	return ⁻		•	A 2 Foreign	n organizations meeting	the 85% test		
		☐ Address change ☐ Name char	nge	_	- 1		here and attach compu			
Н	Check	type of organization: Section 501(c)(3) exempt p	rivate founda	ation	٠0٠		foundation status was t 07(b)(1)(A), check here	terminated under		
	Sectio	n 4947(a)(1) nonexempt chantable trust 🔲 Other tax				Section 5	, o)(1)(4), check here			
		narket value of all assets at J Accounting method	: 🗹 Cash	☑ A	ccrual /	F If the four	ndation is in a 60-mont	n termination		
		f year (from Part II, col. (c), Other (specify)				under sec	tion 507(b)(1)(B), check	chere ▶ 🗌		
_	line 16	9,220 (Part I, column (d) must be	on cash basis	s.)						
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue		(b) Net	investment	(c) Adjusted net	(d) Disbursements for charitable		
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses p books	per		ncome	income	purposes		
	·····	***************************************						(cash basis only)		
	1	Contributions, gifts, grants, etc., received (attach schedule)	1	4.097						
	2	Check ► ☐ if the foundation is not required to attach Sch. B								
	3	Interest on savings and temporary cash investments		15		. 15	15	fin de comparante		
	4	Dividends and interest from securities		0		0	. 0	hir Venna primeralia.		
	5a	Gross rents		• 0	Anna Paris	0	0			
_	b	Net rental income or (loss)			ing to the state of					
9	6a	Net gain or (loss) from sale of assets not on line 10		U	Card orleaning					
ē	_b	Gross sales price for all assets on line 6a						100000000000000000000000000000000000000		
Revenue	7	Capital gain net income (from Part IV, line 2)			Corp. Co.	0				
ш	8	Net short-term capital gain			33.5		. 0			
	9	Income modifications `			rigin in		U	rana (tricina upunan		
	10a.				Head			Ph// painnepair		
	C	Less: Cost of goods sold		A			0	and the state of amount is		
	11	Other income (attach schedule)		0	and the same of	. 0				
	12	Total. Add lines 1 through 11	1	4,112	<u> </u>	15	15			
	13	Compensation of officers, directors, trustees, etc.		.,			7	COMPANY OF THE PARTY OF THE PAR		
Expenses	14	Other employee salaries and wages				TEN				
Ĕ	15	Pension plans, employee benefits		ন্ত	CE	AFF) <u>S</u> /			
ğ	16a	Legal fees (attach schedule)		$\widehat{\omega}$	- 3	, ,,	191			
_	b	Accounting fees (attach schedule)	1,0	1	,, 9	8 5013	181			
.≚	С	Other professional fees (attach schedule)	18	75	PH .			,		
ā	17	Interest	18	TE:		=01 11	1 3	•		
ist	18	Taxes (attach schedule) (see instructions)	1	-	CD	سعولايا	1.0			
듵	19	Depreciation (attach schedule) and depletion			الماري	,				
þ	20	Occupancy	<u> </u>			,	* •			
ď	21	Travel, conferences, and meetings				`				
Ě	22	Printing and publications								
g	23	Other expenses (attach schedule)	.	128	<u> </u>	128	128	.128		
Ħ	24	Total operating and administrative expenses.			١,	•	, ,	ų		
er:		Add lines 13 through 23		¥128		128	128	128		
Operating and Administrative	25	Contributions, gifts, grants paid		4,575				4,575		
- -	26	Total expenses and disbursements. Add lines 24 and 25		4,703	-	. 128	128	4,703		
•	27.	Subtract line 26 from line 12:	ľ							
•	a	Excess of revenue over expenses and disbursements		9,409						
	b	Net investment income (if negative, enter -0-)				0				
	l c	Adjusted net income (if negative, enter -0-)		- A-4-1-1-1-1			. 0			

SCANNED MAR 9 6



Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
		should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	0	2,574	2,574
	2	Savings and temporary cash investments	0	1,015	1,015
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4				
		Pledges receivable ► Less. allowance for doubtful accounts ►			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			,
	7	Other notes and loans receivable (attach schedulc) ▶	The bracks and the basel of the	Transfer run	
		Less: allowance for doubtful accounts ▶	,		
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)			
1	b	Investments—corporate stock (attach schedule)	0	5,497	5,308
	C	Investments—corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment: basis ▶			ST-SEEPS-NASS A
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment, basis			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶ Organization Costs)	0	323	323
	16	Total assets (to be completed by all filers—see the			
	. •	instructions. Also, see page 1, item l)	0	9,409	9,220
	17	Accounts payable and accrued expenses			
	18	Grants payable			
į.	19	Deferred revenue			5个个人的基础的对象
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			经过的温度设置
iab	21	Mortgages and other notes payable (attach schedule)			经过去规模 器的收费
	22	Other liabilities (describe ►)			できる。これはこれがある。
	23	Total liabilities (add lines 17 through 22)			是可以應繼為。子別
Balances		Foundations that follow SFAS 117, check here ▶ ⊡ and complete lines 24 through 26, and lines 30 and 31.			
an	24	Unrestricted			March March 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3al	25	Temporarily restricted			The ball of the same
-	26	Permanently restricted			
Func		Foundations that do not follow SFAS 117, check here ▶ ☑	,		
ГF		and complete lines 27 through 31.	_		
s or	27	Capital stock, trust principal, or current funds	0	9,409	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
155	29	Retained earnings, accumulated income, endowment, or other funds			TO THE PROPERTY OF THE PARTY OF
it /	30	Total net assets or fund balances (see instructions)		9,409	His Kiles Bull Com
Ň	31	Total liabilities and net assets/fund balances (see instructions)	0	9,409	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	<u> </u>	7,107	A. A. as about an Microbiological south the ball of SM
		Il net assets or fund balances at beginning of year-Part II, colu	ımn (a) line 30 (mus	st agree with	
'		of year figure reported on prior year's return)	1 7:	-	0
2		or amount from Part I, line 27a			9,409
3				2	
4		lines 1, 2, and 3	· · · · · · · · ·	4	9,409
_	_			 	7,
6	Tota	reases not included in line 2 (itemize) ► Il net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b). In	ine 30 6	9,409
<u> </u>			,		

' b
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Page 3

		nd(s) of property sold (for example, real e use, or common stock, 200 shs MLC Co		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
<u>1a</u>						
b				-		
C						
d						
<u>e</u>				l		<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		in or (loss) (f) minus (g))
<u>a</u>					<u>-</u>	
<u>b</u>		.				
<u> </u>		<u>.</u>				_
<u>d</u>						
ее	Complete only for accets the	owing gain in column (h) and owned	by the foundation	on 12/21/60		
-	Complete only for assets site		Τ΄			ol (h) gain minus ot less than -0-) or
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		from col (h))
а						
b						
<u>c</u>						
d						
е						
2	Capital gain net income o		also enter in Pa , enter -0- in Pai		2	
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c). See instru	ictions. If (loss)	, enter -0- ın)	3	
Part		ler Section 4940(e) for Redu				
Was t		e this part blank. section 4942 tax on the distribu qualify under section 4940(e). Do			pase period?	☐ Yes ☑ No
1		ount in each column for each ye	· · · · · · · · · · · · · · · · · · ·	`	aking any entries.	
Cale	(a) Base period years endar year (or tax year beginning in	(b) Adjusted qualifying distribution	s Net value of	(c) f noncharitable-use a	ssets Dis	(d) stribution ratio divided by col (c))
	2017					
	2016					
	2015					-
	2014					
	2013		<u> </u>			
2	Total of line 1, column (d)				. 2	
3		for the 5-year base period-div				
		oundation has been in existence			· 1 1	
4	Enter the net value of non	charitable-use assets for 2018 f	rom Part X, line	5	. 4	
5	Multiply line 4 by line 3				. 5	
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		. 6	
7	Add lines 5 and 6				. 7	
8		ons from Part XII, line 4				10/
	If line 8 is equal to or great Part VI instructions.	ater than line 7, check the box ii	n Part VI, line 1b	o, and complete	that part using a	1% tax rate. See the



Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instructi	ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.		
	Date of ruling or determination letter 3/28/2018 (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		0
	here ► □ and enter 1% of Part I, line 27b		
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of J Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		<u> </u>
3	Add lines 1 and 2		0
4	Subtitle 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	Stockers and a linear	O Section Section
6	Credits/Payments:		
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 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		提 500 KM
d -	Backup withholding erroneously withheld		Te Francis
7	Total credits and payments. Add lines 6a through 6d		+
8	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0
9 10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		0
11	Enter the amount of line 10 to be: Credited to 2019 estimated tax Refunded 11		0
Part			<u> </u>
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Ye	s No
ıu	participate or intervene in any political campaign?	1a	~
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		
	instructions for the definition	1b	'
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	100 M	E 1 8 1 1
	published or distributed by the foundation in connection with the activities.		
С	Did the foundation file Form 1120-POL for this year?	1c	~
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	180 F3	A Shirt Wa
	(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 imposed		
	on foundation managers. ► \$		ber Frank
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	V
	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		لتحالث
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .	3	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	# 52054
•	If "Yes," attach the statement required by <i>General Instruction T</i> . Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.		
6	By language in the governing instrument, or		
	• By state legislation that effectively amonds the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	TT. TOWNSTON
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7 0	-
, 8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	K 2 198/90	d sing
Ja	lowa		
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		
b	(or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation	8b 🗸	- 1225 S
c	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	1025 944	
9	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,"	E17	- 120
	complete Part XIV	9	V /
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		
	names and addresses	10 0	·



Part	VII-A Statements Regarding Activities (continued)		_	
	•	數變	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		v
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		<i>'</i>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► NA	13		
14	The basiles are seen as A. Daba D. Davash	9-294-	2333	
17	Located at N. 2700 Divise Didge De NE	2402-7		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here			~ [
13	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15		•	
16	At any time during calendar year 2018, 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?	16	Yes	No 🗸
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	李神經		
_	the foreign country ▶	建筑		
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.	机	Yes	No
1a	During the year, did the foundation (either directly or indirectly)	金融		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			Sold of the contract of the co
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No	17.7		
	(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)?			
	<u> </u>	隐跨		
	(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	TE SE		
	termination of government service, if terminating within 90 days.)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	2. 10 mg		
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b	JANES T	a. Marin
_	Organizations relying on a current notice regarding disaster assistance, check here			FILT.
С	were not corrected before the first day of the tax year beginning in 2018?	1c		-
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	100	经验	
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and	10 PT	淵麗	EST.
	6e, Part XIII) for tax year(s) beginning before 2018?		7	
	If "Yes," list the years ▶ 20, 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	14.7 4.4 1.7 4.4.3.4.1.3.4.1.1.1.1.1.1.1.1.1.1.1.1.1.		學語
	(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.)	2b	<u> Pert</u>	
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2D	upper	
С	► 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			Ma)
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or	1 4 4 4 4		TO THE
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		ů.	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		9.	
	foundation had excess business holdings in 2018.)	3b	F.SHEZE	1
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	£78£		HALT.
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		·

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_	· b 4	_
Р	age	C

Part	: VII-B	Statements Regarding Activities	for W	hich Form	4720 I	May Be R	equire	ed (conti	nued)			
5a		ne year, did the foundation pay or incur	any am	ount to:							Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . Yes Vo No								j,			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,							2.00				
		tly or indirectly, any voter registration dr						☐ Yes	✓ No			
	(3) Prov	ide a grant to an individual for travel, stu	dy, or c	other similar p	ourpose	es?		Yes Yes	✓ No	1		
	(4) Prov	ide a grant to an organization other thar						ı				
								☐ Yes	✓ No			
		ide for any purpose other than religious,										
		oses, or for the prevention of cruelty to o							✓ No	227 41 1321		
b		nswer is "Yes" to 5a(1)–(5), did any of th							scribed	بالمراجعة المراجعة ا المراجعة المراجعة الم	182	
		ations section 53.4945 or in a current no					e instr	uctions		5b		
	-	ations relying on a current notice regardi	-								TAX.	数據
С		swer is "Yes" to question 5a(4), does t										
	because	t maintained expenditure responsibility	for the	grant?				Yes	☐ No		200	
		attach the statement required by Regula										
6a		foundation, during the year, receive any		-			emiums	· _	_	2. F. M.	$[x_i^{T_i}]$	
		sonal benefit contract?						☐ Yes	✓ No		the filter of the	
b		foundation, during the year, pay premiun	ns, dıre	ctly or indired	ctly, on	a personal	benefi	t contract	:? .	6b	171 AS-~	✓
		to 6b, file Form 8870.						_	_			
7a		ne during the tax year, was the foundation						∐ Yes			STORY OF	3000
b		did the foundation receive any proceeds							n? .	7b	÷a.76%25u2	147.JZ.188 J
8		undation subject to the section 4960 ta									4.444	
		ation or excess parachute payment(s) di									144.32.44	地 拉德
Par	VIII	Information About Officers, Direct and Contractors	tors, i	rustees, F	ounda	tion Mana	agers,	riigniy i	aid E	mpioy	ees,	
1	List all o	officers, directors, trustees, and found	lation r	nanagers ar	d their	compens	ation. S	See instr	uctions	<u>. </u>		
			(b) Title	e, and average	(c) Cor	mpensation	(d)	Contribution	s to	(e) Expe	nse ac	count
		(a) Name and address		rs per week ed to position		not paid, iter -0-)		oyee benefit erred comp			allowan	
John I	D. Bryant,	3700 River Ridge Dr NE	Preside	ent &								
		owa 52402	Treasu	rer - 1		0			0	ļ		0
James	D Daube	nmier, 4101 N Wilowbend Rd NE	Vice Pr	resident - 1					_			
Cedar	Rapids, lo	owa 52411				0	1		0			0
		, 3700 River Ridge Dr. NE	Secreta	агу1		0			0			0
Cedar	Rapids, lo	owa 52402				U						
2		nsation of five highest-paid employed	es (oth	er than tho	se inclu	uded on li	ne 1	see insti	ruction	s). If n	one,	enter
	"NONE.			1						· · · · · · · · · · · · · · · · · · ·		
				(b) Title, and a				(d) Contrib employee		(e) Expe	ense ac	count.
	(a) Name ar	d address of each employee paid more than \$50,00	00	hours per v devoted to p		(c) Compe	nsation	plans and compen	deferred		allowar	
					-		· -	Compen				
NONE												
								 				
				 		 				 		
								-		 		
								•				
				l								
							 -					
												

Form **990-PF** (2018)

3	and Contractors (continued) Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	."
Ť	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
ION		
		<u> </u>
	I number of others recovered over \$50,000 for professional convers	
	I number of others receiving over \$50,000 for professional services	
	at the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	NA NA	
•		
2		
3		
_		
4		
	<u></u>	
2ai	t IX-B Summary of Program-Related Investments (see instructions)	
	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	NA	
2		
Δ,	other program-related investments. See instructions	
3	other program-related investments. See instructions. NA	
3	NA .	
	<u></u>	

Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn fo	undations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
е	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	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Part		ounda	ations
	and certain foreign organizations, check here ▶ □ and do not complete this part.)	, ,	
1	Minimum investment return from Part X, line 6	1	0
2 a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.) 2b 0		
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	0
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	0
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etctotal from Part I, column (d), line 26	1a	4,575
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0
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)	3ь	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	4,575
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,575
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whe	ther the foundation

Part	XIII Undistributed Income (see instruction	ons)			
		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI,				
2	line 7			Telephological Processing	
a	Enter amount for 2017 only			0	
b	Total for prior years: 20 , 20 , 20	(See Factor and Security of Security Se	0		
3	Excess distributions carryover, if any, to 2018				45.
а	From 2013				article and the second
b	From 2014				
С	From 2015			ng ang manananan manananan manananan	
d	From 2016				
e	From 2017	PROPERTY OF THE PROPERTY OF THE PARTY OF THE			
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2018 from Part XII, line 4: ▶, \$4,575				
а	Applied to 2017, but not more than line 2a .			O	
b	Applied to undistributed income of prior years (Election required—see instructions)		0		
С	Treated as distributions out of corpus (Election required—see instructions)	0			
d	Applied to 2018 distributable amount				4,575
е	Remaining amount distributed out of corpus	4,575			
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			. 0
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	4,575			TO WASHINGTON
b	Prior years' undistributed income. Subtract line 4b from line 2b		0		
С	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 2017. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f	Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				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)	4,575			As a facility of the second of
8	Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	0			
9	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	0	Halifu and the same of the sam		
10	Analysis of line 9.				
а	Excess from 2014				
b	Excess from 2015				
C	Excess from 2016	40年19年19年			
d	Excess from 2017				
_	myoone trom univ	BARTING THE WIND WINDOWS TO BE AND SELECTION OF THE SECOND SECTION OF THE SECOND SECOND SECURITIES.			

Dowl	VIV Drivete Onevetine Founds	tions (see instru	ations and Dart	VII A myseties (<u>,, </u>	rage 10.
Part					"	
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective for		_		L	
ь	Check box to indicate whether the four	idation is a private	operating foundat		ection 🗌 4942(j)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(0, 10
	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					
е	Qualifying distributions made directly				 / 	· · · · · · · · · · · · · · · · · · ·
C	for active conduct of exempt activities.			j	/	
	Subtract line 2d from line 2c .			/	./	
_						
3	Complete 3a, b, or c for the				İ	
	alternative test relied upon.					
а	"Assets" alternative test-enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under			/		
_	section 4942(j)(3)(B)(i)					
ь	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"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					
Down	(4) Gross investment income .	(O l - 4 - 4b	:	- 4 1 - 4 1	- 4 65 000	
Part				ne toundation r	iad \$5,000 or m	ore in assets at
	any time during the year-		IS.)			
1	Information Regarding Foundation I	-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
а	List any managers of the foundation v					
	before the close of any tax year (but o	nly if they have co	intributed more th	an \$5,000). (See s	section 507(a)(2).)	
	D. Bryant and James D. Daubenmier					
b	List any managers of the foundation			•		irge portion of the
	ownership of a partnership or other er	itity) of which the	foundation has a 1	10% or greater int	erest.	
None						
2	Information Regarding Contribution	, Grant, Gift, Loa	n, Scholarship, e	tc., Programs:		
	Check here ▶ ☑ If the foundation	only makes contr	ibutions to presel	lected charitable	organizations and	does not accept
	unsolicited requests for funds. If the fo		gifts, grants, etc.,	to individuals or o	organizations unde	r other conditions,
	complete items 2a, b, c, and d. See in	structions.				
а	The name, address, and telephone nu	mber or email add	ress of the persor	n to whom applica	ations should be a	ddressed:
	·		-			
b	The form in which applications should	be submitted and	information and	materials they sho	ould include.	
_				, 2		
С	Any submission deadlines:					
U	, my submission deadines.					
d	Any restrictions or limitations on aw	rards, such as by	/ geographical ar	reas, charitable fi	elds, kinds of ins	titutions, or other
_	factors:	, 	, g gp	,	.,	

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual Recipient Foundation show any relationship to any foundation manager Purpose of grant or status of Amount contribution Name and address (home or business) recipient or substantial contributor a Paid during the year PC Religious 200 Zion Lutheran Church, Iowa City, Iowa PC Educational 50 Kennedy Booster Club, Cedar Rapids, Iowa PC Medical 50 Leukemia \$ Lymphoma Society, Des Moines, Iowa PC Educational 100 Morning Sun Elemetary School, Morning Sun, Iowa PC Educational 300 Iowa Public Radio, Des Moines, Iowa PC Medical 250 JDRF 4218 Eastern Iowa, Cedar Rapids, Iowa PC Religious 200 Community Outreach Center, Sigourney, Iowa PC Medical 500 Aging Services, Cedar Rapids, Iowa PC Educational 1,000 University of Iowa, Iowa City, Iowa PC Educational 200 Friends of Iowa Public TV, Des Moines, Iowa PC Charitable 100 Echo Food Shelf, Mankato, Minnesota PC Charitable 500 Linn County Trails Assn, Cedar Rapids, Iowa PC Religious 100 First Lutheran Church, Cedar Rapids, Iowa PC Medical 250 St Lukes Foundation, Cedar Rapids, Iowa PC Educational 100 Iowa Bicycle Coalition, Des Moines, Iowa 675 See attached List 4,575 За Approved for future payment

Рa	ırt XV	I-A Analysis of Income-Producing Ac	ctivities				
nte	er gro	ss amounts unless otherwise indicated.	Unrelated bu	Isiness income	Excluded by sect	ion 512, 513, or 514	(e) Related or exempt
			(a)	(b)	(c)	(d)	function income
1	Proc	gram service revenue	Business code	Amount	Exclusion code	Amount	(See instructions.)
•		NA					
	h -						
	~ -						
	ď	• • • • • • • • • • • • • • • • • • • •					
	е -				· — ·		
	f	 					
	q i	Fees and contracts from government agencies			_	-	
2	_	nbership dues and assessments					
3		rest on savings and temporary cash investments					
4		dends and interest from securities					
5	Net	rental income or (loss) from real estate:	. i serve englishen b				Marie Commence
	a i	Debt-financed property					
	b l	Not debt-financed property					
6	Net	rental income or (loss) from personal property					
7		er investment income					
8		or (loss) from sales of assets other than inventory					
9		income or (loss) from special events					
10		ss profit or (loss) from sales of inventory					
11		er revenue: a					
	Ь.						
	C _						
	d _						
10	e Cub	total Add columns (b) (d) and (a)					
		total. Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e)		<u> </u>	<u> </u>	13	
		sheet in line 13 instructions to verify calculation				. 13	
	rt XV			ent of Exemp	t Purposes		
	e No.					I-A contributed in	mportantly to the
	<u> </u>				us for such purp	oses). (See ilistruc	Juons.)
		NA					
					-		
						_	
							
_		<u> </u>				··-·	
							
						- .	
					•		
	_				-		
	-						
-							

Part	XVII	Information Organization	n Regarding Tran	sfers to and Tr	ansaction	ns and Ro	elationshi	ps Wil	h No	onchai	ritable	e Exe	empt
1		ne organization o	directly or indirectly enther than section									Yes	No
		nizations?			,		,				-		
а	_	Fransfers from the reporting foundation to a noncharitable exempt organization of:										<u></u>	
	(1) C	ash									1a(1)		~
	(2) O	ther assets .									1a(2)		~
b	Othe	r transactions:											
	(1) S	ales of assets to	a noncharitable exe	mpt organization							1b(1)		~
	(2) P	urchases of asse	ets from a noncharita	ble exempt organ	ization .						1b(2)		~
	(3) R	ental of facilities,	, equipment, or other	rassets							1b(3)		~
	(4) R	eimbursement ai	rrangements								1b(4)		~
	(5) L	oans or loan gua	rantees								1b(5)		~
	(6) P	erformance of se	ervices or membersh	ip or fundraising s	solicitations	s					1b(6)		~
С	Shar	ng of facilities, e	quipment, mailing lis	ts, other assets, o	or paid emi	oloyees .					1c		~
d			of the above is "Yes										
			ther assets, or service										
		•	on or sharing arrange	ement, show in co	olumn (d) ti	ne value of	the goods,	other	asset	s, or se	rvices	recei	ved.
(a) Line	no (b) Amount involved	(c) Name of nonch	antable exempt organi	zation	(d) Descri	ption of transfe	rs, trans	actions	s, and sha	anng am	angem	ents
				<u> </u>									
				_									
				-									
2a			 ectly or indirectly af 501(c) (other than sec									es 🗹	
b	If "Y€	s," complete the	following schedule.										
		(a) Name of organ	ization	(b) Type of	organization			(c) Desc	ription	of relatio	nship		
				<u></u>									
0:		n penalties of perjury & ect. and complete. Deck	declare that I have examine	d this return, including a or taxpayer) is based on	ccompanying s all information	schedules and of which oreos	statements, and irer has any kno	to the bowledge	est of n	ny knowle	dge and	belief, r	i is true,
Sign				1/2-	/ 1 -		_	.		May the I			
Here		- perc		1/10	<u> </u>	RESIT	いたいて		1	with the p See instru			
	Sign	nature of officer or true		Date 1	Title		I n		L			=	==
Paid		Pfint/Type preparer	rs name	Preparer's signature	•		Date		Check	□ "	PΠN		
Prep	arer			L.,			<u> </u>	!:	self-en	nployed			
Use		Firm's name						Fırm's	EIN 🕨				
		Fırm's address ▶						Phone	no.				

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

Employer identification number

Bryant F	oundation Inc	82-3278552			
Organiz	cation type (check	one):			
Filers o	f:	Section:			
Form 990 or 990-EZ		☐ 501(c)() (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private fo	undation		
		☐ 527 political organization			
Form 99	90-PF	✓ 501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private found	ation		
		☐ 501(c)(3) taxable private foundation			
	nly a section 501(c	is 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		
Genera	l Rule				
V		on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributor. Complete Parts I and II. See instructions.			
Special	Rules				
	regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9nd that received from any one contributor, during the year, total contributor of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	990 or 990-EZ), Part II, line utions of the greater of (1)		
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

Bryant Foundation Inc 82-3278552

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	John D Bryant 3700 River Ridge Dr NE Cedar Rapids, Iowa 52402-7598	\$6,000	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	James D Daubenmier 4101 N Willowbend Rd NE Cedar Rapids, Iowa 52411	\$ 8,097	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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) / Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	, (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization Employer identification number
Bryant Foundation Inc 82-3278552

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	John D Bryant 3700 River Ridge Dr NE Cedar Rapids, Iowa 52402-7598	\$6,000	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	James D Daubenmier 4101 N Willowbend Rd NE Cedar Rapids, Iowa 52411	\$8,097	Person Payroli Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		`\$	Person Payroli Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			

Name of organization
Bryant Foundation Inc

Employer identification number 82-3278552

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
2	77 shares of SCHG (Schwab US Growth Large Cap ETF)		
`		\$5,497	December 19, 2018
(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
		\$	

Name of organization

Employer identification number

Bryant Fou	undation Inc				82-3278552		
Part III	Exclusively religious, charitable, et (10) that total more than \$1,000 for the following line entry. For organiza contributions of \$1,000 or less for the	r the year from any tions completing Pa ne year. (Enter this in	one contributor. rt III, enter the tota nformation once. S	Complete co	olumns (a) through (e) and ely religious, charitable, etc.,		
(a) No	Use duplicate copies of Part III if add	ditional space is nee	ded.	 			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
			·				
					•		
	Transferee's name, address, a		fer of gift Relatio	ft Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift (c) Use		of gift	(d) Description of how gift is held			
					•••••		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
			•••••		••		
			•••••				
					***-*		
(a) No. from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift		(d) Desc	ription of how gift is held		
					•••••••••••••••••••••••••••••••••••••••		
					•••••••••••••••••••••••••••••••••••••••		
			••••				
	(e) Transfer of gift						
	Transferee's name, address, a		nship of trans	sferor to transferee			
				·			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift (d) Description of how gift is I		ription of how gift is held		
		•••••••					
					······································		
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of trans	sferor to transferee		
Γ							

Bryant Foundation Inc Year Ended December 31, 2018

Form 990-PF Part XV Supplementary Information Grants and Contributions Paid Duriong the Year or Approved for Future Payments

Recipient Name and Address	<u>Foundation Status</u> <u>of Recipient</u>	Purpose of Grant or Contribution	<u>Amount</u>
St Patricks Catholic Church Cedar Rapids, Iowa	PC	Religious	\$100
Central College Pella, Iowa	PC	Educational	\$75
Shawl Anderson Dance Center Berkeley, California	PC	Educational	\$500
Total			\$675