2949105115815

Return of Private Foundation

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see instructions.

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

Form **990-PF** (2019)

	Interr	nal Reven	ue Service	► Go to	vww.irs.gov	/Form990PF to	r Instruction	s and t	the late	st informatio	m.	Open	to Public Ins	pection
	For	calen	dar year 20	019 or tax year be	ginning			, 2019	and o	ending			, 20	\mathcal{T}
	Nam	e of foun	dation							A Employe	identific	ation numbe	r	
	Carl	i A. Nel	son Charita	ble Foundation			•				2	0-1713123		
	Num	ber and	street (or P.O.	box number if mail is no	t delivered to	street address)		Room	√suite	B Telephon		(see instructi	ons)	
	1814	S Dos M	loines Ave					1			21	9-754-8415		
	City	or town.	state or provin	nce, country, and ZIP or	foreign posta	code		1		C if prompt		ation is pend	ing chack ha	
٠	-		-	•	• •					C ii exempt	on applic	auon o penu	ing, check ne	" "
3/			, IA 52601 all that app	oly: Initial retu	ırn	Initial return	of a former	nublic	charity	D 4 Faceina		diana abank	hava	ν
10/	7	CHECK	all that app	Diy. ☐ Initial retu		Amended		public	Chamy	U 1. Horeigr	organiza	tions, check	nere .	. ▶∐
` >	C			☐ Address		Name chai			. 1			tions meeting		
		Chaple	tune of ore	panization:				-61	F }			attech compu		. ▶∐
									121			n status was:), check here		nger . ►∏
	_) nonexempt charit								,		٠.
				of all assets at		unting method	: L Cash		ccruai	F If the four	dation is	in a 60-mont b)(1)(B), chect	h termination	·
				n Part II, col. (c),		ther (specify)		 \		unuer ser	NOC NOD	uj(i)(b), checi	Circle .	
		line 16	<u> </u>			umn (d), must b	e on cash bas	395.)						
	Pá	art I		of Revenue and Ex			(a) Revenue		(b) Nei	Investment	(c) Ad	justed net	(d) Disburse for charit	
				xolumns (b), (c), and (d) in column (a) (see insti		essaniy equal	expenses books	per		come	in	come	purpos (cash basi:	ios i
m							ļ		and the second free later to	erica fillande underval	406.E 0 2454	and -attacementation	Decord anomal a	CONTRACTOR OF THE PARTY OF THE
Õ		1		ns, gifts, grants, etc.,		•		18,611	THE PARTY IS			CONTRACTOR OF THE	AND SERVICE	ATTACK TO THE PARTY OF THE PART
<u>}</u>		2		if the foundation is r	•		外提到其時			CALL THE LAND	ATTO A M	THE PARTY		
SCANNED		3		savings and temp				35		35		35	Service Control of the Control of th	
iTT		4		and interest from s	ecunities									
		5a		ts	😘		1011 / 10 10 min	- 1-5/m1	200000000000000000000000000000000000000			2 - 17 LV . 2 - 1 - 2 - 2		
7		b		income or (loss)					3333				A Water	
⊦ŁB	ä	6a	Net gain o	r (loss) from sale o	i assets no	tipin (inetio)	N. 12-151 - 2-15-2	- Control State Line	意味的	是影響			in the second	
w	5	þЬ	Gross sales	price for all assets or	i line 6a				B					
2 4 2022	Revenue	7	Capital ga	in net income (fron	Part IV, III	PENTIT		和建建			被影響			38,485
H->	Œ	8	Net short-	term capital gain.	RELE	AED CIAILI		學是他						and the same
200		9	Income m	odifications					製造鐵					
12		10a		less returns and allo	wances									
		Ь		t of goods sold .	· ·									
		C	-	fit or (loss) (attach :										
	_	11		me (attach schødu	-		<u></u>		<u> </u>					
		12		lines 1 through 11				1 <u>8,646</u>		35		35		域主义
· 103	S	13	•	ation of officers, dir										
W	enses	14	•	oloyee salaries and	-		-					·		
· N	, <u>p</u>	15	-	lans, employee bei	nefits .									
U	ă	16a	_	(attach schedule)										
(30	9	b		g fees (attach sche										
1/2	⋛	С		essional fees (attac					ILC)	LIVE	<u> </u>			
(). ().	Ę	17		<i></i>) SG			
	Ē	18		ach schedule) (see				<u>(8)</u>	Inc T	0 2 2020				
JAN	Ē	19	•	on (attach schedul	•			රි	001	V 2 2020	ဟ္			
	ğ	20	•	y							— <u>E</u>			
8	ď	21		nferences, and me	_		ļ		GU	EN, U				
~	a	22					ļ							
2021	β	23	•	enses (attach sche	•									
21	Operating and Administrative	24		erating and adm										
	er	ĺ		13 through 23			ļ			orbit. See	11113			
Γ_{λ}	O.	25		ons, gifts, grants p			<u> </u>	36,229						36,229
SOPO	_	26		nses and disbursem		nes 24 and 25	<u> </u>	36,229	Complete Com	0	.0010	<u> </u>	Department Cont.	36,229
¥		27		ne 26 from line 12:										
=		а		Leveune ovet exber			drie verbragen aus au Van	17,583						
\Diamond		b		tment income (if n				NO -11-1						
\mathcal{L}		l c	Adjusted	net income (if nea	ative, enter	-()-)	新的特定 第3	100 E				35		A STATE OF THE STA

Cat. No. 11289X

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	1,632	403	403
	2	Savings and temporary cash investments	79,112	62,758	62,758
	3	Accounts receivable >			
		Less: allowance for doubtful accounts ▶	Annaly and Allia better better has	ALM WASHING A MANAGEMENT OF THE PARTY OF THE	THE CASE OF THE PARTY OF THE PA
	4	Pledges receivable ▶			
Ì		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
ı	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use			
SSE	9	Prepaid expenses and deferred charges			
₹∣	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	C	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶		·	
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶	MARKET STATE		
		Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe ►)	1		
	16	Total assets (to be completed by all filers—see the	1. W		
_		instructions. Also, see page 1, item I)	80,744	63,161	
	17	Accounts payable and accrued expenses	· · · · · · ·		
S	18	Grants payable			CONTROL OF PERSONS ASSESSED.
Liabilities	19	Deferred revenue			
iQ.	20	Loans from officers, directors, trustees, and other disqualified persons	17-18-1 - 2		
ij	21 . 22	Mortgages and other notes payable (attach schedule)			
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)		<u> </u>	CHEST WELL STORY OF THE STORY
	23			 	
Balances	_	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.			
ä	24	Net assets without donor restrictions	72 004	50 202	
3a	25	Net assets with donor restrictions	73,684 7.060		CONTRACTOR
P	~~	Foundations that do not follow FASB ASC 958, check here ▶ □	7,000	2.036	
5		and complete lines 26 through 30.			
#	26	O the state of the			
000	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
et	28	Retained earnings, accumulated income, endowment, or other funds			
Net Assets or Fur	29	Total net assets or fund balances (see instructions)	80,744	63,161	
7	30	Total liabilities and net assets/fund balances (see		05,101	
ž		instructions)	80,744	63,161	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
_		Il net assets or fund balances at beginning of year-Part II, colu	mn (a), line 29 (mus	st agree with	
	end-	-of-year figure reported on prior year's return)		•	80,744
2	Ente	er amount from Part I, line 27a		2	-17,583
3	Othe	er increases not included in line 2 (itemize)		3	
4		lines 1, 2, and 3		4	63,161
- 5	Deci	reases not included in line 2 (itemize) ▶		5	
_6	Tota	at net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), li	ne 29 6	63,161
					Form 990-PF (2019)

Part	(a) List and describe the kind	LOSSES TOF TAX ON INVESTOR d(s) of property sold (for example, real ea e; or common stock, 200 shs. MLC Co.)	state,	ii toonie	(b) How acquired P—Purchase D—Donation		ate acquired o , day, yr.)	(d) Date sold (mo., day, yr.)
1a								
b								
_с								
<u>d</u>								
_е								
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g). Cost or plus exper	other basis nse of sale			n or (loss) 1) minus (g))
<u>a</u> b								
C						_	. <u>_</u>	
d								
е								
	Complete only for assets show	ving gain in column (h) and owned	by the	foundation	on 12/31/69.		(I) Gains (Col	. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess over col.	s of col. (i) (i), if any		col. (k), but not	less than -0-) or rom col. (h))
а								
b								
C					<u></u>			
<u>d</u>						<u> </u>		
е			<u> </u>					
2	Capital gain net income or			enter in Pai r -0- in Par		2		
3	If gain, also enter in Part I	or (loss) as defined in sections , line 8, column (c). See instru	ctions	s If (loss),	enter -0- in)			
Part	Van Ouglification Under	er Section 4940(e) for Redu		Tou on N		3		
Vas t	s," the foundation doesn't qu	ection 4942 tax on the distribuualify under section 4940(e). Do	not c	complete th	nis part.			Yes 🗹 No
1		unt in each column for each yea	ar, sec	e the instru	ctions before m	aking	any entries.	
Cale	(e) Base period years andar year (or tax year beginning in)	(b) Adjusted qualifying distributions	s	Net value of	(c) noncharitable-use a	ssets		(d) nbution ratio ivided by col. (c))
	2018	1	9,550		8	9,043		219557
	2017		9,700			B,906		285897
	2016		2,379			0,297		460603
	2015		7,500			2.669		.279245
	'2014		7,500		5	6,695		485052
	Total of line 1 materials (d)							
2	Total of line 1, column (d)		 باد حدث.			_ :	2	1.73035
3		or the 5-year base period—div undation has been in existence				r by ·	3	.346070
4	Enter the net value of nonc	haritable-use assets for 2019 for	rom P	art X, line	5		4	71,87
5	Multiply line 4 by line 3 .					. [5	24,87
6	Enter 1% of net investment	t income (1% of Part I, line 27b) .			.	6	
7	Add lines 5 and 6					.	7	24,87
8	Enter qualifying distribution	ns from Part XII, line 4				. [8	36,22
	If line 8 is equal to or great	er than line 7, check the box in	n Part	VI, line 1b	, and complete t	that pa	art using a 1	% tax rate. See th



Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—	see i	nstru	ction	s)	
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. 1				WATER	
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	1988				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			0	
	here ► 🕜 and enter 1% of Part 1, line 27b				1889	
¢	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)	差割				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2				
3	Add lines 1 and 2	3				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5				
6	Credits/Payments:	378			3924	
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a					
ь	Exempt foreign organizations—tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868) 6c					
ď	Backup withholding erroneously withheld					
7	Total credits and payments. Add lines 6a through 6d	7	ed of the State of	MAN COLF	0	
. 8	en e	-8 -	~			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11		11				
Part	VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or diparticipate or intervene in any political campaign?	lid it	想题 1a	Yes	No √	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See instructions for the definition	the .	1b		-	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mater published or distributed by the foundation in connection with the activities.	rials				
C	Did the foundation file Form 1120-POL for this year?		1C			
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$		2			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposion foundation managers. > \$	ed.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	•	2		✓	
	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, arts of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u>✓</u>	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		√	
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	٠.	4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		✓	
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions	that				
-	conflict with the state law remain in the governing instrument?		6	-/ -		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, coi. (c), and Pa	in XV	7	872A-2648 1	lange Sale	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶					
	If the course of the first of t					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Ger (or designate) of each state as required by General Instruction G? If "No," attach explanation	•	8b	✓		~ .
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942()(2000	Y
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Y complete Part XIV	res,"	9	- [1	U
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	their	 		<u> </u>	
	names and addresses		10	}	1	
) DE	10.04.03	

Part	VII-A Statements Regarding Activities (continued)			
		1	🎕 Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		1	1
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqual person had advisory privileges? If "Yes," attach statement. See instructions	lified 1	2	1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applicat	<u> </u>		
	Website address ► N/A	h		
14	The books are in care of ▶ Christine Robertson Telephone no. ▶	319-7	54-8415	
	Located at ► 1815 Des Moines, Ave, Burlington, IA ZIP+4 ►	52	601	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, dld the foundation have an interest in or a signature or other authover a bank, securities, or other financial account in a foreign country?	. 1	Yes	No ✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name	ie of 🎏		
	the foreign country			电影
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	2009		T
4	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):	I		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	☑ No		
		No		
		No No	* 66	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	∑ No		
	(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			
		☑No		
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions describe Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1,43	b	
	Organizations relying on a current notice regarding disaster assistance, check here			100
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, were not corrected before the first day of the tax year beginning in 2019?	that	c l	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a prioperating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?]No 🎆		
	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(
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	2) to		
	all years listed, answer "No" and attach statement—see instructions.)	. 2	b	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
2-	▶ 20 , 20 , 20 , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
3a]No		
		1000		
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the laps			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if			
	foundation had excess business holdings in 2019.)	. 3	b Barrens	ELECTION A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpos	es? 4	a	1
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize			粉蓬
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20	019? 4		1

D	c
rege	v

Part	VII-B Statements Regarding Activities	for W	hich Form	4720 N	May Be R	equire	d (contir	nued)		
5a	During the year, did the foundation pay or incur a	ny am	ount to:						熟意 Ye	s No
	(1) Carry on propaganda, or otherwise attempt to	o influe	nce legislatio	n (secti	on 4945(e))? .	Yes 🗌	✓ No	美黎教	
	(2) Influence the outcome of any specific public	electio	on (see secti	on 495!	5); or to ca	irry on,		_		
	directly or indirectly, any voter registration dri	ve?					Yes	☑ No		
	(3) Provide a grant to an individual for travel, stud	dy, or c	other similar p	oumose	s?		☐ Yes	✓ No		
	(4) Provide a grant to an organization other than	a cha	ritable, etc., d	organiza	ation desci	ribed in				
	section 4945(d)(4)(A)? See instructions						☐ Yes	☑ No		
	(5) Provide for any purpose other than religious,	charita	able, scientifi	c, litera	ry, or educ	cational				数多数
	purposes, or for the prevention of cruelty to c	hildren	or animals?				Yes	✓ No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the in Regulations section 53.4945 or in a current no	e trans tice reg	actions fail to parding disas	o qualif ter assi	y under the stance? Se	e excep ee instru	otions des actions	cribed	5b	
	Organizations relying on a current notice regarding	ng disa	ster assistan	ce, che	ck here .			▶□		等的
C	If the answer is "Yes" to question 5a(4), does to	_						_		
	because it maintained expenditure responsibility	for the	grant?				☐ Yes	☐ No		
	If "Yes," attach the statement required by Regula	ations s	ection 53.49	45-5(d).			_	_		
6a	Did the foundation, during the year, receive any					emiums				
	on a personal benefit contract?	<u> </u>					Yes"	☑ No		
b	Did the foundation, during the year, pay premium	ns, dire	ctly or indired	ctly, on	a personal	benefit	contract	? .	6b	√
	If "Yes" to 6b, file Form 8870.		•	·	•					1994
7a	At any time during the tax year, was the foundation	a party	to a prohibite	ed tax s	helter trans	action?	Yes Yes	☑ No		
b	If "Yes," did the foundation receive any proceeds						ansaction	1? .	7b	
8	Is the foundation subject to the section 4960 tax	k on pa	lyment(s) of i	more ti	nan \$1,000	,000 in			建筑	5 B325
	remuneration or excess parachute payment(s) du	ring th	e year?		· · · ·		☐ Yes	 ✓ No	建筑	
Part	VIII Information About Officers, Direct	tors, T	rustees, F	ounda	tion Man	agers,	Highly F	Paid E	nployees	s,
	and Contractors	_								
1	List all officers, directors, trustees, and found								•	
	(a) Name and address	hou	e, and average rs per week ed to position	i (it n	npensation of paid, ter -0-)	empic	Contribution yee benefit erred compr	plans	(e) Expense other allow	account, vances
See St	atement 1								<u></u>	
						<u> </u>				
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		4 10		L		<u> </u>	 .	اا		
	Compensation of five highest-paid employee "NONE."	es (oth	er than tho	se incli	aded on h	ne 1—:	see instr	uction	i). If none	e, enter
	(a) Name and address of each employee paid more than \$50,00	o .	(b) Title, and a hours per v devoted to p	vaek 🐪	(c) Compe	nsation	(d) Contribution (d) Co	benefit Jeferred	(e) Expense other allov	account, vances
None									·	
			l			į		[
			L							
					L					
			<u> </u>		<u></u>					
Total	number of other employees paid over \$50,000 .							•		
									om 990-F	PF (2019)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Er and Contractors (continued)	nployees,
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None	
	
	
W-147 00 05 pt	
Total number of others receiving over \$50,000 for professional services	
Part IX-A Summary of Direct Charitable Activities	-1
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	F
organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 Provide financial assistance to 3 individuals in furtherance of their education	
	1
	5,000
2 Provide financial assistance to other organizations in furtherance of their exempt purpose	
	23,450
3 Provide financial assistance to individuals in distress due to medical conditions	
4	7,779
T	1
400	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
	1
2	
***************************************	1
All other anarymy related importments. Con instructions	
All other program-related investments. See instructions 3	
	1
Total. Add lines 1 through 3	
	Form 990-PF (2019

Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn foun	dations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	疆越	
а	Average monthly fair market value of securities	1a	0
Ь	Average of monthly cash balances	1b	72,969
C	Fair market value of all other assets (see instructions)	1c	0
đ	Total (add lines 1a, b, and c)	1d	72,969
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	72,969
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	1,095
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	71,874
6	Minimum investment return. Enter 5% of line 5	6	3,594
Part		oundati	ions
	and certain foreign organizations, check here ▶ □ # and do not complete this part.)	· ·	* * * * *
1	Minimum investment return from Part X, line 6	11	3,594
2a	Tax on investment income for 2019 from Part VI, line 5		
ь	Income tax for 2019. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,594
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	3,594
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	3,594
Part	XII Qualifying Distributions (see instructions)	.1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	323	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	36,229
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
ь	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	38,229
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	a
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	36,229
	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.	3 ·····c	C. THE ISUITABLE
			Form 990-PF (2019)

Part	XIII Undistributed Incor	ne (see instruction	ons)			
			(a) Corpus	(b) Years pnor to 2018	(c) 2018	(d) 2019
1	Distributable amount for 201	9 from Part XI,				3,594
2	Undistributed income, if any, as o	of the end of 2019:			NAMES AND ASSOCIATION OF THE PARTY OF THE PA	
а	Enter amount for 2018 only .					
b	Total for prior years: 20,					
3	Excess distributions carryover	, if any, to 2019:				
a .	From 2014	24,667	一个中心,这个时间的时间,这个时间的一个时间,他们就是一个时间的一个时间,他们就是一个时间的一个时间,他们就是一个时间的一个时间,他们就是一个时间,他们就是一个			
b	From 2015	14,369				
d	From 2016	28,866 16,255				
u e	From 2018	15,098				
f	T 4 1 -4 15 6 Ab	10,030	99.255			
4	Qualifying distributions for 20	· ·	33,23		and the second second second second	
	line 4: ► \$36,229	-				
a	Applied to 2018, but not more				SANTERATORIUS II ARADVATO - ESCANTES A	
b	Applied to undistributed incor (Election required—see instruc	ctions)				
C	required—see instructions) .					
ď	Applied to 2019 distributable a		仍然是非常的			3,604
е	Remaining amount distributed	•	32,635			
5	Excess distributions carryover (If an amount appears in colur amount must be shown in colu	nn (d), the same				
6	Enter the net total of ea indicated below:	ch column as				
а	Corpus. Add lines 3f, 4c, and 4c	e. Subtract line 5	131,890			
b	Prior years' undistributed in line 4b from line 2b	come. Subtract				
С	Enter the amount of prior year Income for which a notice of been issued, or on which the tax has been previously assess	f deficiency has section 4942(a)				
d	Subtract line 6c from line amount—see instructions .	e 6b. Taxable		_		
e	Undistributed income for 201 4a from line 2a. Taxable instructions					
f	Undistributed income for 2019 4d and 5 from line 1. This a distributed in 2020					(10)
7	Amounts treated as distribution to satisfy requirements important (b)(1)(F) or 4942(g)(3) (El required—see instructions)	ection may be				
8	Excess distributions carryover applied on line 5 or line 7 (see		24,667			
9	Excess distributions carry					
	Subtract lines 7 and 8 from line	e6a	107,223			
10_	Analysis of line 9:	1				
_	Excess from 2015	14,369				
b	Excess from 2017	28,866 16,255				
d	Excess from 2018	15,098				
e	Excess from 2019	32,635				

_	00-PF (2019) XIV Private Operating Foundation	one (see instru	ctions and Dart	VII.A quarties C	<u> </u>	Page 1
					"/	
a	If the foundation has received a ruling of foundation, and the ruling is effective for 2					
h	Check box to indicate whether the found		_	,	ction	3) or 🔲 4942(j)
	Enter the lesser of the adjusted net	Tax year	operating loundar	Prior 3 years	5CIION 4942(J)(3) 01 🗀 4342()
_	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	investment return from Part X for each year listed	(1) 2012	(4, 2018	(4,24	(6) 25.0	
h	85% of line 2a			 /		
C	Qualifying distributions from Part XII,		· · · · · · · · · · · · · · · · · · ·	 		
•	line 4, for each year listed		l	/		
d	Amounts included in line 2c not used directly			 / 		
	for active conduct of exempt activities			Y		
8	Qualifying distributions made directly		/			
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c			1		
	Complete 3a, b, or c for the					
	alternative test relied upon:			1	[
3	"Assets" alternative test enter:]	
	(1) Value of all assets			1		
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					<u>.</u>
b	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in					
	Part X, line 6, for each year listed					
;	"Support" alternative test-enter:					
	(1) Total support other than gross			1		
	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)(lii)					
	(3) Largest amount of support from			İ		
	an exempt organization		<u></u>			
	(4) Gross investment income			<u> </u>	1	L
rt	XV Supplementary Information			he foundation h	ad \$5,000 or m	ore in assets
	any time during the year-s		18.)			
	Information Regarding Foundation M			/	المراجع والمراجع والمراجع المراجع المراجع المراجع والمراجع	h4h.a. &a
3	List any managers of the foundation will before the close of any tax year (but on					by the foundati
	• • •	iy ii aley nave cc	mindated more ii	iaii \$5,000). (See s	18CUDN 307(G)(Z).)	
	hnson List any managers of the foundation w	the own 1004 or	more of the stee	ak of a corporatio	n for an acually la	ran portion of t
u	ownership of a partnership or other ent					ige portion of t
_	owner, or a partitional rip of outer out	,, = ,	realization rac L	. o / o o. g. oato,	0,000	
e	Information Regarding Contribution,	Grant Gift Loa	n Scholarshin e	te Programe:		
	Check here ► ✓ if the foundation of				organizations and	does not acce
	unsolicited requests for funds. If the for					
	complete items 2a, b, c, and d. See ins		g, g, e.e.,			
3	The name, address, and telephone num		tress of the perso	n to whom applica	ations should be a	ddressed:
	riama, address, and telephone limit			uppilot		
b	The form in which applications should t	oe submitted and	d information and	materials they sho	ould include:	
_ c	Any submission deadlines:					
_						-
l		irds, such as by	y geographical a	reas, charitable fi	elds, kinds of ins	titutions, or oth
	factors:					

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or stalus of **Amount** contribution Name and address (home or business) recipient or substantial contributor a Paid during the year Kameron Meller, Sperry, IA Unrelated Exempt Scholarship 1,000 Lauren Wilson, Burlington, IA Unrelated Exempt Scholarship 2,000 Regan Jones, Iowa City, IA Unrelated Exempt Scholarship 2.000 Unrelated Organizations, Iowa Unrelated Exempt Grants 23,450 За 28,450 Approved for future payment Total

Ente	r gross ar	nounts unless otherwise in	ndicated.	Unrelated bu	Isiness income	Excluded by sect	ion 512, 513, or 514	į (e)
1	Program	service revenue:		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
•	-	ibutions						10 611
	b	IDUIIO115						18,611
					 			
	d	, <u>.</u>						
	e —				····			
	f							<u> </u>
	g Fees	and contracts from govern	nment agencies					
2	_	ship dues and assessment	_					
3		n savings and temporary ca			-			35
4		s and interest from securit						
5		al income or (loss) from rea						
				11-04-52-40-40-7-40-7-40-7-40-7-40-7-40-7-40-7-	ACTION ASSESSMENT ASSESSMENT	2011/20/24-20 25/25/9/20	State Committee	720000000000000000000000000000000000000
		lebt-financed property		y	28 1 27 150	, ×.	+ 13 1 2	· -
6		il income or (loss) from pe			,, -			<u> </u>
7		estment income	. , .					
8		oss) from sales of assets oth						
9		ne or (loss) from special e						
10		ofit or (loss) from sales of		<u> </u>				
11		/enue: a	•				-	
	b		· · · · · · · · · · · · · · · · · · ·		-			
	c							
								ļ
	d							i
	d							
12	e					25 (35 A) 6/2		18.646
	e Subtotal	Add columns (b), (d), and	i (e)				13	18,646
13 (See	e Subtotal Total. Ad workshee	Add columns (b), (d), and dd line 12, columns (b), (d) et in line 13 instructions to	i (e)				13	18,646 18,646
13 (See	e Subtotal Total. Ac	Add columns (b), (d), and dd line 12, columns (b), (d) et in line 13 instructions to	i (e)				13	
13 (See Pa	e Subtotal Total. Ad workshee t XVI-B	Add columns (b), (d), and dd line 12, columns (b), (d) et in line 13 instructions to Relationship of Act	d (e) , and (e) verify calculation tivities to the A	ns.) Accomplishm	ent of Exemp	t Purposes		18,646
13 (See Pa	e Subtotal Total. Ad workshee t XVI-B	Add columns (b), (d), and dd line 12, columns (b), (d) et in line 13 instructions to	d (e) , and (e) verify calculation tivities to the A	ns.) Accomplishm	ent of Exemp	t Purposes		18,646
13 (See Pa	e Subtotal Total. Ad workshee t XVI-B	Add columns (b), (d), and dd line 12, columns (b), (d) et in line 13 instructions to Relationship of Act	d (e) , and (e) verify calculation tivities to the A	ns.) Accomplishm	ent of Exemp	t Purposes		18,646
13 (See Pa	e Subtotal Total. Ad workshee t XVI-B	Add columns (b), (d), and dd line 12, columns (b), (d) et in line 13 instructions to Relationship of Act	d (e) , and (e) verify calculation tivities to the A	ns.) Accomplishm	ent of Exemp	t Purposes		18,646
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13 (See Pa	e Subtotal Total. Ad workshee t XVI-B	Add columns (b), (d), and dd line 12, columns (b), (d) et in line 13 instructions to Relationship of Act	d (e) , and (e) verify calculation tivities to the A	ns.) Accomplishm	ent of Exemp	t Purposes		18,646
13 (See Pa	e Subtotal Total. Ad workshee t XVI-B	Add columns (b), (d), and dd line 12, columns (b), (d) et in line 13 instructions to Relationship of Act	d (e) , and (e) verify calculation tivities to the A	ns.) Accomplishm	ent of Exemp	t Purposes		18,646
13 (See Pa	e Subtotal Total. Ad workshee t XVI-B	Add columns (b), (d), and dd line 12, columns (b), (d) et in line 13 instructions to Relationship of Act	d (e) , and (e) verify calculation tivities to the A	ns.) Accomplishm	ent of Exemp	t Purposes		18,646
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13 (See Pa	e Subtotal Total. Ad workshee t XVI-B	Add columns (b), (d), and dd line 12, columns (b), (d) et in line 13 instructions to Relationship of Act	d (e) , and (e) verify calculation tivities to the A	ns.) Accomplishm	ent of Exemp	t Purposes		18,646
13 (See Pa	e Subtotal Total. Ad workshee t XVI-B	Add columns (b), (d), and dd line 12, columns (b), (d) et in line 13 instructions to Relationship of Act	d (e) , and (e) verify calculation tivities to the A	ns.) Accomplishm	ent of Exemp	t Purposes		18,646
13 (See Pa	e Subtotal Total. Ad workshee t XVI-B	Add columns (b), (d), and dd line 12, columns (b), (d) et in line 13 instructions to Relationship of Act	d (e) , and (e) verify calculation tivities to the A	ns.) Accomplishm	ent of Exemp	t Purposes		18,646
13 (See Pa	e Subtotal Total. Ad workshee t XVI-B	Add columns (b), (d), and dd line 12, columns (b), (d) et in line 13 instructions to Relationship of Act	d (e) , and (e) verify calculation tivities to the A	ns.) Accomplishm	ent of Exemp	t Purposes		18,646
13 (See Pa	e Subtotal Total. Ad workshee t XVI-B	Add columns (b), (d), and dd line 12, columns (b), (d) et in line 13 instructions to Relationship of Act	d (e) , and (e) verify calculation tivities to the A	ns.) Accomplishm	ent of Exemp	t Purposes		18,646

Form 990	-PF (20	J19)						Page 13
Part 2	XVII	Information Organization	-	nsfers to and Trans	actions and I	Relationshi	ps With Noncha	ritable Exempt
	in se orgar	ction 501(c) (o sizations?	ther than section	engage in any of the fo 501(c)(3) organization	ns) or in sect	ion 527, re	nization described lating to political	Yes No
	(1) C	ash	•	a noncharitable exem				1a(1) /
		ther assets . transactions:						1a(2) ✓
			a noncharitable exe	empt organization .				1b(1)
	(2) Pi	urchases of asse	ets from a noncharite	able exempt organizati	on			1b(2) 🗸
				r assets				1b(3) ✓
			-					15(4)
				nip or fundraising solici				1b(5) ✓
				sts, other assets, or pa				1b(6) /
				s," complete the follow				
	value	of the goods, o	ther assets, or servi	ces given by the repor	ting foundation	n. If the found	dation received less	than fair market
				ement, show in column				
(a) Line	no. [b) Amount involved	(c) Name of noncl	haritable exempt organization	(d) Desc	cription of transfe	ers, transactions, and sha	aring arrangements
	\dashv						· · · · · · · · · · · · · · · · · · ·	
							·	·
	-+							
	+							
								
		·						
	ls the	foundation dire	ectly or indirectly a	ffiliated with, or relate	d to, one or m	nore tax-exe	mot organizations	<u>'</u>
	descr	ibed in section 5	501(c) (other than se	ction 501(c)(3)) or in se	ction 527? .			☐ Yes 🗹 No
<u>b</u>	lf "Ye	s," complete the	following schedule					
		(a) Name of organ	Ization	(b) Type of organ	nization		(c) Description of relatio	nship
			·····					
								
				···				
	Unde	penalties of perjury, I	declare that I have examine	d this return, including accomp	anying schedules an	d statements, and	to the best of my knowled	ige and belief, it is true,
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss					RS discuss this return		
Here	Sign	Aure of officer or trus	Telen Dea	1160 S Date Date	Title Deares	ery/INE		reparer shown below? clions. Yes No
Paid Prana	ror	Print/Type preparer	's name	Preparer's signature		Date	Check if self-employed	PTIN
Prepa Use C		Firm's name					Firm's EIN ▶	
J36 C	-111 y	Firm'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

Carl A. Nelson Charitable Foundation 20-1713123 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (I) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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 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).

Schedule B (Farm 990, 990-EZ, or 990-PF) (2019) Page 2 Name of organization Employer identification number Carl A. Nelson Charitable Foundation 20-1713123 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution \mathbf{V} 1 Person Carl A. Nelson & Company Payroll 10,000 Noncash 1815 Des Moines Avenue (Complete Part II for Burlington, IA 52601 noncash contributions.) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroil Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll | Noncash (Complete Part II for noncash contributions.) (a) (b) (c) **(d)** Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroil

(a) Io.	, Name, address, and ZIP + 4	(c) ': Total contributions'	(d) Type of contribution		
		\$	Person		
a) io.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Noncash (Complete Part II for noncash contributions.)

Employer identification number

Carl A. Nelson Charitable Foundation 20-1713123

Part II	Noncasti Property (see instructions). Use duplicate copies	or Part II if additional Spa	ice is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) .: Date received
		\$	
(a) No. from Part I	(b) Description of ποποαsh property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Employer identification number Name of organization Carl A. Nelson Charitable Foundation Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 (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

Carl A. Nelson Charitable Foundation

FEIN: 20-1713123 Form 990 PF Attachment

Tax Year: 2019

990 PF, Part VIII, Item 1 - List all officer's, directors, trustees, foundation managers and their compensation.

(a) Name and Address	(b) Title, and average hours per week devoted to position	(c)Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp	ense account allowances
Tim C Seibert					
1815 Des Moines Ave, IA 52601	Director / 1		0	0	0
Chris Smith :	. , ,		21.5		-
1815 Des Moines Ave, IA 52601	Director / 1	٤.	,0	o o	. 0
Christine Robertson					_
1815 Des Moines Ave, IA 52601	Director / 1		0	0	0
James Maletta					
1815 Des Moines Ave, IA 52601	Director / 1		0	0	0
Clyde Carlson					
1815 Des Moines Ave, IA 52601	Director / 1		0	n	n