2	9	4	9	1	Ó	5	8	0	5	3	1	
						•	TRAD	NI.	15	AE (101	7

** 990-PF

Department of the Treasury

SCANNED MAR 3 0 2021

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

Int	ernal f	Revenue Service		► Go to i	vww irs	gov/Forn	1990PHor instri	uctions and th	e latest info	rmatic	on. <u>Op</u>	en to rubile inspection
Fo	r cal	endar year 2019	or ta	x year begin	ning			, 2019	, and endin			, 20
Na	me of	foundation								A	Employer identific	
_1	COPI	ELAND TRUST	FBO	THRU TH	E BIB	LE					20~7	7184850
Nu	mber	and street (or PO box	numbe	er if mail is not d	elivered to	street ad	dress)		Room/suite	В	Telephone number	(see instructions)
	590	1 COLLEGE B	OULE	VARD, SU	ITE 1	.00					913	3-319-0300
Cıt	y or to	own, state or province,	country	y, and ZIP or for	eign posta	l code						_
										C	If exemption application pending, check here.	
(OVE	RLAND PARK,	KS	66211							,	
_		ck all that apply.		Initial retur	'n		Initial return	of a former p	ublic charit	:У _D	1 Foreign organization	ons, check here ►
				Final return	า		Amended ret	turn			2 Foreign organization	
				Address ch	nange		Name chang	e	•		85% test, check he computation	
Н	Che	ck type of organi	zation	X Secti	on 501(c)(3) ex	empt private f	oundation	W	. _	If private foundation s	tatus was terminated.
Γ	∏ s	ection 4947(a)(1) n	nonexe	mpt charitable	trust	Ot	her taxable pr	ıvate foundat	tion \	\prod .	under section 507(b)(
ī	Fair	market value o	of all	assets at	J Acco	unting n	nethod X C	ash Acc	rual	F	If the foundation is in	a 60-month termination
	end	of year (from Pa	rt II, co	ol. (c), line	o	ther (spe	ecify)	•		_	under section 507(b)(1)(B), check here .
	16)	▶ \$ 1,	260,	027.	(Part I,	column (g	d), must be on c	ash basis)				
P	art I	Analysis of Rev				(a) R	evenue and	(b.) Ni - 4		1-1		(d) Disbursements for charitable
		total of amounts i					enses per	(b) Net invo		(C)	Adjusted net income	purposes
_		column (a) (see in					books					(cash basis only)
	1	Contributions, gifts, gran								٠.	.	<u>. </u>
	2			fation is not requ				-				<u>.</u>
	3	Interest on savings ar										
	4	Dividends and inte	erest fro	om securities			40 <u>,48</u> 7.] 3	8,735.			STMT 1
	5a	Gross rents										!
	h	Net rental income or	(loss)_									
ē	6a	Net gain or (loss) from		of assets not on	line 10		14,683		•			<u> </u>
ĕ	b	Gross sales price for assets on line 6a	all 	237	<u>7,275.</u>		<u>.</u>					- 1
Revenue	7	Capital gain net in	come (from Part IV, I	ine 2) .]]	4,683.			
Œ	8	Net short-term cap	-									
	9	Income modification	ons .		• • • •	173 7	7 (277)	/ T T T T T	- FR T /		ייטיי ייטיי	
	IVą	and allowances				+	1 3	1	1 L 1		, D 31	4 4 1
	I	Less Cost of goods s										<u> </u>
	l	Gross profit or (los							-			
	11	Other income (atta					55,170		3,418.			
_	12	Total. Add lines 1		-		i	6,430	-	5,787.			643
ý	13	Compensation of offi					0,430	`	NONE		NONE	043
Se	14	Other employee sa							NONE		NONE	<u>.</u>
per	15	Pension plans, em							NONE		NOIVE	
Expens	I ba	Legal fees (attach Accounting fees to			 ИТ 2		880		NONE		NONE	880
3	B	BECEPTE!					6,430		6,430.		1,01,12	
Ħ	C		-1668 (5	D	104.7.		0,130					
눖		Tayes (attach solve	ا ماسام	Cal instruction	AT 4	_	1,498		428.			- · - ·
E	IJ.°	Taxes (attach solve Depreciation (attach	Ch car	Addle) and do	nletion							- <u>- </u>
		-Ossupancy : : :	CII 30 1	Epole, ália ac	pietion .	-						
F	21 /	O G D E Nando	Tand	meetings		<u> </u>			NONE	••	NONE	
Ē	20 21 22 23 24	Printing and publi					 -		NONE		NONE	
, O	23	Other expenses (a			ит. 5		11		11.			
Ë	24	Total operating a										
era		Add lines 13 throi					15,249	:	12,656.		NONE	1,523
ã	25	Contributions, gift	•				60,695					60,695
_	26	Total expenses and dis					75,944		12,656.		NONE	62,218
_	27	Subtract line 26 fi				Ī		•				
	a				ırsements		-20,774					
	ь								10,762.			
	С	Adjusted net inco	me (ıf	negative, ente	er -0-)							<u> </u>

JSA For Paperwork Reduction Act Notice, see instructions.
9E1410 1 000 HQW324 WJ3J 07/07/2020 13:15:09

Form **990-PF** (2019)

")

Pa	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
			amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ng	-3 <u>,79</u> 8.		
			cash investments		-10,628.	-10 <u>,628</u>
		Accounts receivable				
		Less allowance for doub	otful accounts 🕨			
	4	Pledges receivable 🕨				
ı		Less allowance for doub	otful accounts >			
ļ	5	Grants receivable				
	6	Receivables due from	officers, directors, trustees, and other			
		disqualified persons (atta	ach schedule) (see instructions)			
	7	Other notes and loans re	eceivable (attach schedule) 🕨			
		Less allowance for doub	otful accounts NONE			<u> </u>
ţ	8	Inventories for sale or us	se			
Assets	9	Prepaid expenses and de	eferred charges			
٩	10a	Investments - U S and state	government obligations (attach schedule)			
- 1		•	stock (attach schedule)	435,391.		
	c	Investments - corporate	bonds (attach schedule)	549,049.		
	11	Investments - land, building and equipment basis				
		Less accumulated deprecia (attach schedule)	ntion >			
			loans		1 001 064	1 000 655
		Investments - other (atta Land, buildings, and	ch schedule)		1,091,364.	1,270,655
-		equipment basis Less accumulated deprecia	Display		· 	
		(attach schedule)		120		
-)			
		· ·	completed by all filers - see the		1 000 726	1 200 027
\dashv			age 1, item I)		1,080,736.	1,260,027
			ccrued expenses	l I		<u> </u>
,		• •		Γ΄		<u> </u>
<u>اڌ</u> .						
Liabilities	20	•	rs, trustees, and other disqualified persons			!
<u>e</u>			otes payable (attach schedule)	-		, ,
_	22	Other liabilities (describe	e >)			
	23	Total liabilities (add line	es 17 through 22)		NONE	
\dashv			v FASB ASC 958, check here		14011	
Balances		and complete lines 24,				
a	24	•	or restrictions			
Bal	25		estrictions · · · · · · · · · · · · · · · · ·		, <u>.</u>	1
_			ollow FASB ASC 958, check here			
<u>.</u> 51		and complete lines 26 thr				
딍	26	Capital stock, trust princ	cipal, or current funds	1,260,651.	1,080,736.	
S	27	•	r land, bldg , and equipment fund	-		ł
Set	26 27 28 29 30		lated income, endowment, or other funds	-158,093.		
As	29	<u>•</u> ·	d balances (see instructions)	1,102,558.	1,080,736.	
ĕ	30	Total liabilities and	net assets/fund balances (see			
Z		instructions)	<u></u>	1,102,558.	1,080,736.	
P	art III	Analysis of Chai	nges in Net Assets or Fund Bala	ances		
	Tota	I net assets or fund l	balances at beginning of year - Part	II, column (a), line 29 (\
		, , ,	d on prior year's return)			1,102,558.
			line 27a		2	
3	Othe	er increases not includ	ded in line 2 (itemize) ► <u>SEE STA</u>	TEMENT 6	3	1,552.
					<u>4</u>	1,083,336.
				TEMENT 7	5_	2,600.
			alances at end of year (line 4 minus	line 5) - Part II, column (I	o), line 29 6	1,080,736.
_		 -				Form 990-PF (2019)

Form !	990-PF (2019)					Page 3
Part		and Losses for Tax on Inve		(b) How	 .	
		cribe the kind(s) of property sold (for ex ick warehouse, or common stock, 200 s		acquired P - Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
			SIIS. WILC CO.)	D - Donation		
	PUBLICLY TRADED	SECURITIES				
<u>b</u>						
<u>c</u>						
<u>d</u>						
<u>e</u>	····	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	ee)
	(e) Gross sales price	(or allowable)	plus expense of sale		((e) plus (f) minu	
a	237,275.	,	222,592.			14,683.
<u>u</u>	23.112.10.1			_	•	
d						
e						
	Complete only for assets sh	owing gain in column (h) and owned by	the foundation on 12/31/69.	(1)	Gains (Col. (h) ga	ın minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less t Losses (from co	han <i>-</i> 0-) or
a						14,683.
b						
						_
d						
e						
	0 11 1	(If ga	in, also enter in Part I, line 7			
2	Capital gain net income	(11 (10	ss), enter -0- in Part I, line 7	2		14,683.
3	Net short-term capital ga	ain or (loss) as defined in sections 1	222(5) and (6):			
	If gain, also enter in P	art I, line 8, column (c). See inst	ructions. If (loss), enter -0- in	1		
		<u> </u>		3		
Par	V Qualification U	nder Section 4940(e) for Redu	iced Tax on Net Investment Ir	ncome		
Was		the section 4942 tax on the distrib		ase perio	d ⁷	Yes X No
If "Ye	·	t qualify under section 4940(e). Do				
1	Enter the appropriate an	nount in each column for each year	r, see the instructions before makir	ng any en		
	(a) Base period years	(b)	(c)		(d) Distribution ra	tio
Cale	ndar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		(col (b) divided by	
	2018	62,510.	1,176,926.			0.053113
	2017	62,632.	1,225,150.			0.051122
	2016	62,631.	1,201,619.			0.052122
	2015	61,895.	1,187,898.			0.052105
	2014	40,131.	1,231,238.			0.032594
_						0 241056
2		d)		2		0.241056
3		o for the 5-year base period - divid		,		0 040011
	the number of years the	foundation has been in existence i	fless than 5 years	3		0.048211
4	Enter the net value of no	oncharitable-use assets for 2019 fro	om Part X, line 5	4	_1,	206,642.
5	Multiply line 4 by line 3			5	_	58,173.
6	• • • • • • • • • • • • • • • • • • • •	ent income (1% of Part I, line 27b)		6		408.
7						58,581.
						62,218.
8	If line 8 is equal to or general VI instructions.	tions from Part XII, line 4 greater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% tax	

7
$\overline{}$

Pari	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ctions	<u>)</u>
	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1)			$\overline{}$
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		4	<u>08.</u>
	here X and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			<u>ONE</u>
3	Add lines 1 and 2			08.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			ONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		4	<u>08.</u>
6	Credits/Payments			j
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 800 .			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE			-
d	Backup withholding erroneously withheld			00.
7	Total credits and payments Add lines 6a through 6d		0	00.
8	Effet any penalty for underpayment of estimated tax. officer field	-		
9	Tax due. If the total of lines 5 and 6 is more than line 7, enter amount over 2.		٦	92.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10 Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 392. Refunded ▶ 11			<u> </u>
11 Par	VII-A Statements Regarding Activities			—
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
_	instructions for the definition	1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1.		
	published or distributed by the foundation in connection with the activities.			
c	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ► \$(2) On foundation managers ► \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$			ليب
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> X</u>
	If "Yes," attach a detailed description of the activities.			ļ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			X
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 4a		<u> X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 4b		<u></u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	5		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	3		<u>, j</u>
_	If "Yes," attach the statement required by General Instruction T			1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or By language in the governing instrument, or By language in the governing instrument, so, that no mandatory directions that			
	• 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	X	
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	X	
_	Enter the states to which the foundation reports or with which it is registered. See instructions.			$\overline{}$
8a	KS KS			į
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	[
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
-	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes,"			- !
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X
			A DE	

Part	VII-A Statements Regarding Activities (continued)			
			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		Х
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ SECURITY TRUST & INVESTMENTS Telephone no ▶ (913) 319	-030	0	-
	Located at ▶ 5901 COLLEGE BLVD, STE 100, OVERLAND PARK, KS ZIP+4 ▶ 66211-			
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, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country			
Par	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.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			۱ ۱
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			3
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in		 -	
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			-
	were not corrected before the first day of the tax year beginning in 2019?	1c	ļ	X
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))			
а	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?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	2b		
	all years listed, answer "No" and attach statement - see instructions)	20		١.,
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		1	
b	off "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the	3b		
4-	foundation had excess business holdings in 2019.)	4a	<u> </u>	X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	70		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		_X
	services property and the services and property services and the services are services and the services and the services and the services are services and the services and the services are services are	_	A DE	/2019

Part	VII-B Statements Regarding Activities f	<u>or Which Form 4</u>	720 May Be Req	uired (cont	inued)			
5a	During the year, did the foundation pay or incur any amo	unt to					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influen	nce legislation (sectio	n 4945(e)) ⁷	. Yes	X No			
	(2) Influence the outcome of any specific public ele	ction (see section	4955), or to carry or	η,				
	directly or indirectly, any voter registration drive?			. Yes	X No		1]
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes		. Yes	X No			
	(4) Provide a grant to an organization other than a	charitable, etc., org	janization described i	n				ĺ
	section 4945(d)(4)(A)? See instructions			. Yes	X No	ļ		1
	(5) Provide for any purpose other than religious, ch	aritable, scientific,	literary, or educations	al				
	purposes, or for the prevention of cruelty to children	or animals?		. Yes	X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions des	cribed in			
	Regulations section 53 4945 or in a current notice regard	ding disaster assistan	ce? See instructions .			5b		·
	Organizations relying on a current notice regarding disas	ter assistance, check	here		▶[j
C	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax				1
	because it maintained expenditure responsibility for the	grant?		. Yes	No.			
	If "Yes," attach the statement required by Regulations se	ction 53 4945-5(d)						i
6a	Did the foundation, during the year, receive any fur	ds, directly or indir	ectly, to pay premiui	ms]
	on a personal benefit contract?			. Yes	X No			
ь	Did the foundation, during the year, pay premiums, direc	tly or indirectly, on a	personal benefit contra	nct?		6b		X
	If "Yes" to 6b, file Form 8870							
7a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?.	. Yes	X No			
b	If "Yes," did the foundation receive any proceeds or have	•		on?		7b		
8	Is the foundation subject to the section 4960 tax on pay							
	remuneration or excess parachute payment(s) during the			. Yes	X No	<u> </u>	ليسل	!
Par	Information About Officers, Director and Contractors	rs, Trustees, Fou	indation ivianager	s, nignly P	aid Emp	ioyees,		
1	List all officers, directors, trustees, and foundation							
1	List all officers, directors, trustees, and foundation (a) Name and address	n managers and the contract of	reir compensation. (c) Compensation (If not paid, enter -0-)	(d) Contribute employee bene and deferred con	ons to fit plans	(e) Expen other al		
SECUR	(a) Name and address ITY TRUST & INVESTMENTS	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributi employee bene	ons to fit plans			
SECUR	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	(d) Contributi employee bene	ons to fit plans			
SECUR	(a) Name and address ITY TRUST & INVESTMENTS	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributi employee bene	ons to fit plans appensation			es
SECUR	(a) Name and address ITY TRUST & INVESTMENTS	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributi employee bene and deferred con	ons to fit plans appensation			es
SECUR	(a) Name and address ITY TRUST & INVESTMENTS	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributi employee bene and deferred con	ons to fit plans appensation			es
SECUR	(a) Name and address ITY TRUST & INVESTMENTS	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributi employee bene and deferred con	ons to fit plans appensation			es
SECUR	(a) Name and address ITY TRUST & INVESTMENTS	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributi employee bene and deferred con	ons to fit plans appensation			es
SECUR 5901	(a) Name and address ITY TRUST & INVESTMENTS COLLEGE BLVD, STE 100, OVERLAND PARK, KS 66211-1	(b) Title, and average hours per week devoted to position TRUSTEE 2	(c) Compensation (lf not paid, enter -0-)	(d) Contribut employee bene and deferred con	ions to ifit plans ippensation	other al	lowance	- () -
SECUR 5901	(a) Name and address ITY TRUST & INVESTMENTS COLLEGE BLVD, STE 100, OVERLAND PARK, KS 66211-1	(b) Title, and average hours per week devoted to position TRUSTEE 2	(c) Compensation (lf not paid, enter -0-)	(d) Contribute employee beneated deferred con	nons to fift plans appensation -()-	other al	one,	-0-
SECUR 5901 2	(a) Name and address ITY TRUST & INVESTMENTS COLLEGE BLVD, STE 100, OVERLAND PARK, KS 66211-1	(b) Title, and average hours per week devoted to position TRUSTEE 2 (other than thos	(c) Compensation (lf not paid, enter -0-)	(d) Contribute employee beneated to the contribute of the contribute employee beneated to the contribute employee belans and de	nstruction nstruction tionsto	other al	one,	-0- enter
SECUR 5901 2	(a) Name and address ITY TRUST & INVESTMENTS COLLEGE BLVD, STE 100, OVERLAND PARK, KS 66211-1 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 2 (other than thos	(c) Compensation (lf not paid, enter -0-) 6,430.	(d) Contribute and deferred con	nstruction nstruction tionsto	ns). If n	one,	-0- enter
SECUR 5901 2	(a) Name and address ITY TRUST & INVESTMENTS COLLEGE BLVD, STE 100, OVERLAND PARK, KS 66211-1 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 2 (other than thos	(c) Compensation (lf not paid, enter -0-) 6,430. 6 included on line (c) Compensation	e 1 - see i (d) Contribut employee bene and deferred con (d) Contribut employee b plans and d compense	nstruction nstruction tionsto enefit glerred stron	ns). If n	one,	-0- enter
SECUR 5901 2	(a) Name and address ITY TRUST & INVESTMENTS COLLEGE BLVD, STE 100, OVERLAND PARK, KS 66211-1 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 2 (other than thos	(c) Compensation (lf not paid, enter -0-) 6,430.	(d) Contribute employee beneated to the contribute of the contribute employee beneated to the contribute employee belans and de	nstruction nstruction tionsto enefit glerred stron	ns). If n	one,	-0- enter
SECUR 5901 2	(a) Name and address ITY TRUST & INVESTMENTS COLLEGE BLVD, STE 100, OVERLAND PARK, KS 66211-1 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 2 (other than thos	(c) Compensation (lf not paid, enter -0-) 6,430. 6 included on line (c) Compensation	e 1 - see i (d) Contribut employee bene and deferred con (d) Contribut employee b plans and d compense	nstruction nstruction tionsto enefit glerred stron	ns). If n	one,	-0- enter
SECUR 5901 2	(a) Name and address ITY TRUST & INVESTMENTS COLLEGE BLVD, STE 100, OVERLAND PARK, KS 66211-1 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 2 (other than thos	(c) Compensation (lf not paid, enter -0-) 6,430. 6 included on line (c) Compensation	e 1 - see i (d) Contribut employee bene and deferred con (d) Contribut employee b plans and d compense	nstruction nstruction tionsto enefit glerred stron	ns). If n	one,	-0- enter
SECUR 5901 2	(a) Name and address ITY TRUST & INVESTMENTS COLLEGE BLVD, STE 100, OVERLAND PARK, KS 66211-1 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 2 (other than thos	(c) Compensation (lf not paid, enter -0-) 6,430. 6 included on line (c) Compensation	e 1 - see i (d) Contribut employee bene and deferred con (d) Contribut employee b plans and d compense	nstruction nstruction tionsto enefit glerred stron	ns). If n	one,	-0- enter
SECUR 5901 2	(a) Name and address ITY TRUST & INVESTMENTS COLLEGE BLVD, STE 100, OVERLAND PARK, KS 66211-1 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 2 (other than thos	(c) Compensation (lf not paid, enter -0-) 6,430. 6 included on line (c) Compensation	e 1 - see i (d) Contribut employee bene and deferred con (d) Contribut employee b plans and d compense	nstruction nstruction tionsto enefit glerred stron	ns). If n	one,	-0- enter
SECUR 5901 2	(a) Name and address ITY TRUST & INVESTMENTS COLLEGE BLVD, STE 100, OVERLAND PARK, KS 66211-1 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 2 (other than thos	(c) Compensation (lf not paid, enter -0-) 6,430. 6 included on line (c) Compensation	e 1 - see i (d) Contribut employee bene and deferred con (d) Contribut employee b plans and d compense	nstruction nstruction tionsto enefit glerred stron	ns). If n	one,	-0- enter
SECUR 5901 2	(a) Name and address ITY TRUST & INVESTMENTS COLLEGE BLVD, STE 100, OVERLAND PARK, KS 66211-1 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 2 (other than those hours per week devoted to position to	(c) Compensation (lf not paid, enter -0-) 6,430. 6 included on line (c) Compensation	e 1 - see i (d) Contribut employee bene and deferred con (d) Contribut employee b plans and d compense	nstruction nstruction tionsto enefit glerred stron	ns). If n	one,	-0- enter
SECUR 5901 2	(a) Name and address ITY TRUST & INVESTMENTS COLLEGE BLVD, STE 100, OVERLAND PARK, KS 66211-1 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 2 (other than those hours per week devoted to position to	(c) Compensation (lf not paid, enter -0-) 6,430. 6 included on line (c) Compensation	e 1 - see i (d) Contribut employee bene and deferred con (d) Contribut employee b plans and d compense	nstruction nstruction tionsto enefit glerred stron	ns). If n	one,	-0- enter
2 (a)	(a) Name and address ITY TRUST & INVESTMENTS COLLEGE BLVD, STE 100, OVERLAND PARK, KS 66211-1 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 2 (other than thos (b) Title, and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0-) 6,430. 6 included on line (c) Compensation	e 1 - see i (d) Contribut employee bene and deferred con (d) Contribut employee b plans and d compense	nstruction nstruction tionsto enefit glerred stron	ns). If n	one,	-0- enter

Form **990-PF** (2019)

3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
		NONE
IONE		NONE
otal i	number of others receiving over \$50,000 for professional services	NONE
art		
	he foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of nizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NO	NE	
_		
_ —		
2	· ·	
3		
. —		
4 —		
_		
art	X-B Summary of Program-Related Investments (see instructions)	•
Desc	ribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 <u>NO</u>	NE	
		
_		
	ther program-related investments. See instructions	
3 <u>NO</u>	NE	

Par	t X Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ıgn found	ations,
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	1,217,773.
b		1b	7,244.
c	Fair market value of all other assets (see instructions)	1c	NONE
d		1d	1,225,017.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	- 2	NONE
2	Acquisition indebtedness applicable to line 1 assets	3	1,225,017.
3	Subtract line 2 from line 1d		1,223,017.
4		4	18,375.
_	instructions)		
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,206,642.
6	Minimum investment return. Enter 5% of line 5		60,332.
Par	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part.)	ndations	
1	Minimum investment return from Part X, line 6	1	60,332.
2a	Tax on investment income for 2019 from Part VI, line 5 2a 408.		
b		<u>.</u>	
С		2c	408.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	59,924.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4		59,924.
6	Deduction from distributable amount (see instructions)		NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
•	ine 1	7	59,924.
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	_ ,	$\overline{}$	62,218.
b		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	NONE
b		3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	62,218.
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	408.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		61,810.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculates for the section 4940(e) reduction of tax in those years.		whether the foundation

Page **9**

Pai	t XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
	line 7				59,924.
2	Undistributed income, if any, as of the end of 2019			_	
а	Enter amount for 2018 only			NONE	
b	Total for prior years 20,20,20		NONE	. <u> </u>	1
3	Excess distributions carryover, if any, to 2019				
а	From 2014 NONE				
b	From 2015 3,469.				ļ
C	From 2016				
d	From 2017				
	From 2018				<u> </u>
	Total of lines 3a through e	14,534.			
4	Qualifying distributions for 2019 from Part XII,				
	line 4 ▶ \$62,218.			NONE	
а	Applied to 2018, but not more than line 2a			NONE	<u> </u>
b	Applied to undistributed income of prior years		NONIT		
	(Election required - see instructions)		NONE		
C	Treated as distributions out of corpus (Election	NONB			
	required - see instructions)	NONB			<u>.</u> 59,924.
	Applied to 2019 distributable amount	2,294.			33,324.
	Excess distributions carryover applied to 2019	2,234.			
	(If an amount appears in column (d), the same	NONE			NONE
	amount must be shown in column (a))	110111			
6	Enter the net total of each column as indicated below:				
a	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	16,828.			
	Prior years' undistributed income Subtract				Ì
D	line 4b from line 2b		NONE		}
c	Enter the amount of prior years' undistributed]
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b Taxable				1
	amount - see instructions		NONE		ŀ
е	Undistributed income for 2018 Subtract line 4a from line 2a. Taxable amount - see				
	Instructions			NONE	
f	Undistributed income for 2019. Subtract lines	Ì			
	4d and 5 from line 1 This amount must be				NONE
	distributed in 2020				NONE
7	Amounts treated as distributions out of corpus				}
	to satisfy requirements imposed by section				1
	170(b)(1)(F) or 4942(g)(3) (Election may be	NONE			
	required - see instructions)	NONB			
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	NONE			ļ
		1401115			
7	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	16,828.			
10	Analysis of line 9	10,020.			
	Excess from 2015				
	Excess from 2016 3,439.				
	Excess from 2017 2,396.			j	į
	Excess from 2018 5,230 .				
	Excess from 2019 2,294.				

Form **990-PF** (2019)

	20 7104050	_/	- 40
n 990-PF (2019)			Page 10

	t XIV Private Ope	erating Foundations	Isaa instructions a		on 91	NOT APPLICABLE		
	Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) NOT APPLICABLE 1a If the foundation has received a ruling or determination letter that it is a private operating							
18	foundation, and the ruling	~		. ,	•			
_	·		J			1/21 07 4042/-1/51		
	Check box to indicate v	_ 	is a private operating		1 section 4942())(3) or 4942(j)(5)		
Za	Enter the lesser of the ad- justed net income from Part	Tax year		Prior 3 years	1 1 1 2 2 2	(e) Total		
	I or the minimum investment	(a) 2019	(b) 2018	(c) 2017	(d) 2016			
	return from Part X for each							
	year listed		<u></u>					
b	85% of line 2a				<u>/</u>			
C	Qualifying distributions from Part				1	İ		
	XII, line 4, for each year listed .							
ď	Amounts included in line 2c not used directly for active conduct of exempt activities							
е	Qualifying distributions made							
	directly for active conduct of exempt activities Subtract line	,						
	2d from line 2c							
3	Complete 3a, b, or c for the		_					
а	"Assets" alternative test - enter							
-	(1) Value of all assets	ļ			j			
	(2) Value of assets qualifying							
	under section 4942(j)(3)(B)(i)			1				
b	"Endowment" alternative test-							
	enter 2/3 of minimum invest-	ļ			1			
	ment return shown in Part X,							
c	"Support" alternative test - enter		/					
Ī	(1) Total support other than							
	gross investment income	/			1			
	(interest, dividends, rents, payments on securities	/						
	loans (section 512(a)(5)),	/ /						
	or royalties)				·	-		
	public and 5 or more			I	1			
	exempt organizations as provided in section 4942	/						
	(j)(3)(B)(m)							
	(3) Largest amount of sup- port from an exempt							
	organization		· · · · · ·			- -		
Par	t XV Supplemen	tary Information (C	complete this part	only if the founda	tion had \$5,000 o	r more in assets at		
		uring the year - see		•	·			
1	Information Regarding	Foundation Manager	s:					
а	List any managers of					ed by the foundation		
	before the close of any	tax year (but only if th	ey have contributed n	nore than \$5,000). (S	ee section 507(d)(2).)			
	N/A							
þ	List any managers of					y large portion of the		
	ownership of a partner	ship or other entity) of	which the foundation	has a 10% or greater	ınterest.			
	N/A Information Regarding							
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarshi	p, etc., Programs:				
	Check here ► X if the foundation only makes contributions to preselected charitable organizations and does not accept							
	unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions,							
	complete items 2a, b, c, and d. See instructions.							
а	The name, address, an	d telephone number o	r email address of the	person to whom appl	ications should be add	iressed.		
b	The form in which app	lications should be sub	mitted and information	on and materials they	should include.			
C	Any submission deadli	nes.						
d	Any restrictions or li	mitations on awards,	such as by geogra	phical areas, charita	ible fields, kinds of	institutions, or other		
	factors							

3 Grants and Contributions Paid During	ng the Year or Appl	oved for	Future Payment	<u></u>
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation		Amazza
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
THRU THE BIBLE RADIO NETWORK C/O LEO S. KARLY P.O. BOX 7100 PASADENA CA 91109		PC	RELIGIOUS	60,695.
				·
b Approved for future payment		<u></u>		60,695.
				^
			> 3b	

Part XVI-	Analysis of Income-Produ	ucing Acti	ivities			
	mounts unless otherwise indicated	Unrela (a)	ated business income	Excluded by	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program	service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a						
b					_	
c						
d				-		
f						
•	and contracts from government agencies					
	ship dues and assessments					
	s and interest from securities			14	40,487.	
	al income or (loss) from real estate		- '			
	financed property					
	ebt-financed property					
	I income or (loss) from personal property					
	vestment income					
	oss) from sales of assets other than inventory			18	14,683.	
	me or (loss) from special events · · ·					
	ofit or (loss) from sales of inventory					
	venue a					
d						
е						
	Add columns (b), (d), and (e)				55,170.	55,170.
	dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calci Relationship of Activities	ulations)				
Line No. ▼	Explain below how each activit accomplishment of the foundation					
			NOT APPLICAB	LE		
		_				
·		<u> </u>				
						

Par	XVII	Information Re Organizations	garding	Transfers	to and	Transactio	ns and	Relationships	With	Nonchar	itable	Exe	mpt
1	ın sed organı	e organization direct ation 501(c) (other zations?	than sec	tion 501(c)(3) orga	nızations) oı	in sec	tion 527, rela				Yes	No_
а	(1) Ca:	ers from the reporting									1a(1)		X
b	Other	her assets transactions									1a(2)	-	<u>X</u>
		les of assets to a non rchases of assets fror											<u>X</u>
		ntal of facilities, equi											X
		ımbursement arrange											X
		ans or loan guarantee rformance of services											<u>X</u>
c		g of facilities, equipm											X
d		answer to any of th											
		of the goods, other in any transaction or											
(a) L	ine no	(b) Amount involved		ne of noncharit		•		escription of transfer					
				-			-						
2a		foundation directly bed in section 501(c)										es D	No
b		s," complete the follow											
		(a) Name of organization	n		(b) Type	of organization		(c) Descripti	on of relations	ship		
	Unde	er penalties of perjury, I decli	are that I have	examined this	return, includi	ng accompanying	schedules a	nd statements, and to	the best o	of my knowledg	ge and t	elief, it	ıs true,
Sig		ict, and complete Declaration of	i preparer (otne	т (пан тахраўсі) і		_				May the IRS	3 discus	s this	return
Her		rature of officer or trustee			07/07 Date	/2020	Title	SIDENT		with the pre		Yes	below? No
		AVID B YOST								<u> </u>			
Paid	d	Print/Type preparer's na		P	arer's agna	ature /		Date 07/07/2	Che	"	PTIN DOOG	42E4	c 1
	- parer	BRADLEY N SE	PRONG PMG LLP	1/2	MILE	1 V J / J/J	-	07/07/2	0 2 0) self Firm's EIN		<u> P006</u> 5565) <u>T</u>
	Only			NCIAL PL	AZA, S	UITE 2300)		i iiii s Eliv	<u>, 13</u>			
			ROVIDENC				2903		Phone no	401-2	28-2		<u> </u>
										En	- M M I	I SP	120101

JSA

- DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF, PART I

NET INVESTMENT INCOME	3,142. 16,054. 17,240. 2,671. 565. -2,461.	38,735.
REVENUE AND EXPENSES PER BOOKS	154. 3,142. 16,054. 375. 17,240. 2,671. 565.	40,487.
DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS FOREIGN DIVIDENDS DOMESTIC DIVIDENDS OTHER INTEREST CORPORATE INTEREST U.S. GOVERNMENT INTEREST (FEDERAL TAXABLE NONQUALIFIED DOMESTIC DIVIDENDS SECTION 199A DIVIDENDS MARKET DISCOUNT - OTHER INTEREST BOND PREMIUM AMORTIZATION-OTHER INTEREST BOND PREMIUM AMORTIZATION-U.S. GOVERNMEN	TOTAL

ACCOUNTING FEES	
1	ii
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COPELAND TRUST FBO THRU THE BIBLE

CHARITABLE PURPOSES	880.	880.	
ADJUSTED NET INCOME			
NET INVESTMENT INCOME			
REVENUE AND EXPENSES PER BOOKS		0	
DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC	TOTALS	

7

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

NET INVESTMENT INCOME	6,430. 6,430.
REVENUE AND EXPENSES PER BOOKS	6,430. 6,430.
	FES (NON-DED TOTALS
DESCRIPTION	INVESTMNT MNGMNT FEES (NON-DED

- TAXES

FORM 990PF, PART I

428.

428. 800.

INVESTMENT INCOME

EXPENSES PER BOOKS

REVENUE AND 1,498.

FOREIGN TAXES FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - PRINCIPAL TOTALS DESCRIPTION

Ŋ

20-7184850

OTHER EXPENSES	
1	ii
	ii
Η	11
PART	
990PF,	
FORM)

	NET	INVESTMENT	INCOME	1 1 1 1	11
REVENUE	AND	EXPENSES	PER BOOKS	1 1 1 1 1	11.
	•				OTHER EXPENSE (NON-DEDUCTIBLE
			DESCRIPTION		OTHER EXPENSE

11.	
11.	
TOTALS	

FORM 990PF, PART 111 - OTHER INCREASES IN NET WC	PRIN OR FUND BALANCES
DESCRIPTION .	AMOUNT
MARKET DISCOUNT ADJUSTMENT TO BEG. TAX COST MUTUAL FUND TIMING DIFFERENCE	721. 536. 295.
TOTAL	1,552.

FORM 990PF,	PART	III	- OTHER	DECREASES	IN	NET	WORTH	OR	FUND	BALANCES	
========	:	====	=====	=======		====	=====	===	====:	=======	
DESCRIPTION										AMOUNT	

AMORTIZATION PURCHASE ACCRUED INTEREST

2,473. 127.

TOTAL

2,600. =========

AVERAGE MONTHLY FMV - 990PF, PART X, LINES 1a-1c

MONTH	LINE la-FMV SECURITIES	LINE 1b-FMV CASH BALANCES	LINE 1c-FMV OTHER ASSETS
JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER NOVEMBER DECEMBER	1,191,129. 1,210,639. 1,226,695. 1,223,616. 1,177,489. 1,214,635. 1,209,240. 1,217,570. 1,224,343. 1,222,548. 1,224,719. 1,270,655.	2,119. 650. -12,030. 2,201. 21,105. 10,541. 19,301. 3,178. 4,403. 15,092. 30,999. -10,628.	
DECEMBER			
TOTAL	14,613,278.	86,931.	
	=======================================	=========	
AVERAGE FMV	1,217,773.	7,244.	==========