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

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

Open to Public Inspection

* F	őr caler	ndar year 2019 or tax year beginning	, 201	9, and	ending		, 20
Na	ame of fou	ndation				er identification number	
D	ONALD	C. & DORIS K. BYERS CHARITABLE TRUST	?		· 42-1	306612	•
		street (or P O. box number if mail is not delivered to street address)		n/suite		ne number (see instruct	ions)
5	00 1s	T ST N	224		(641	787-4412	
		, state or province, country, and ZIP or foreign postal code	122.			tion application is pend	ing check here
N	EWTON	IA 50208			o ii cxciiip	non application to pend	ing, oncox here
_			n of a former public	charity	D 1. Foreig	n organizations, check	here . ▶□
		☐ Final return ☐ Amended	•		ľ		
		Address change Name cha	nge			n organizations meeting here and attach compl	
H	Check	type of organization: X Section 501(c)(3) exempt p		nu		foundation status was	
		on 4947(a)(1) nonexempt charitable trust \(\bigcup \) Other ta				607(b)(1)(A), check here	. •
Ī		narket value of all assets at J Accounting method					
1		f year (from Part II, col. (c),			F If the fou under se	ndation is in a 60-mont ction 507(b)(1)(B), chec	h termination k here ▶ ☐
*		334, 873. (Part I, column (d), must b	e on cash basis.)				
	Part I	Analysis of Revenue and Expenses (The total of					(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal.	(a) Revenue and expenses per		investment	(c) Adjusted nêt	for charitable
		the amounts in column (a) (see instructions))	books	"	come	ıncome	purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received (attach schedule)		1611	in the trace	STEPPEN STEPPEN	CANCEL CANCEL
سدا	2	Check ► ☑ if the foundation is not required to attach Sch. B	THE PARTY OF THE P	CHARLES	CHECK THE PARTY OF	LOUIS TO SELECT AND	
1	3	Interest on savings and temporary cash investments	76.	2749444005.	76.	76.	52322224024744
1	4	Dividends and interest from securities	9,216.		9,216.	9,216.	
	5a	Gross rents	5,210.		9,210.	9,210.	
	Ь	Net rental income or (loss)	With the Children was the	30:48:170	No. of the last of		
đ	1	Net gain or (loss) from sale of assets not on line 10	/ Q5Q	STEEN STEEN		Day of Manager and Control of the Co	
Š) Ja	Gross sales price for all assets on line 6a 127,006.			Status		
3	7	Capital gain net income (from Part IV, line 2)	PROCESSION NAMED AND ADDRESS OF THE PROCESS OF THE	Mr.W.O.dy		AND THE RESIDENCE OF THE REAL PROPERTY OF THE REAL	
	8	Net short-term capital gain	AND A SECURE AND	W 1433 W	<u>4,857.</u>		
_	9	1	ACCOUNT TO SELECT THE	AUG TORK		0.	PLACE TIPS NAMED AND A
_	10a	Gross sales less returns and allowances	ASSESSED FOR AN	STATE OF THE STATE		Walking books and	THE RESERVE THE PROPERTY OF THE PERSON OF TH
מ	b			125725 PRO			THE PARTY OF THE P
5	C	Gross profit or (loss) (attach schedule)	张泽顶的"建设","张泽边","	STATE OF STATE			THE TAX PROPERTY OF
	11	Other income (attach schedule) See. Stmt	F 47	苏京以后 为		E 4.7	
	12	Total. Add lines 1 through 11	547.		547. 14,696.	547.	AND
╸.	12	Compensation of officers, directors, trustees, etc.	14,697.		14,090.	9,039.	
	13	Other employee salaries and wages					
MAY	15	Pension plans, employee benefits	1				
		Legal fees (attach schedule) L-16a. Stmt	F00		520	520	520
⊸ ù	16a b	Accounting fees (attach schedule)	520.		520.	520.	520.
9 9	C	Other professional fees (attach schedule) L-16c Stmt	3,119.		3,119.	3,119.	3,119.
ر م	17.	Interest	3,119.		3,119.	3,119.	3,119.
2 +	18	Taxes (attach schedule) (see instructions) See. Stmt	. 496.	 	496.	496.	496.
2	19	Depreciations (attach schedule) and depletion	1 490.		490.	490.	490.
A U OCOS	20	Occupanion		 	•		ALSO CONTROL MANAGEMENT AND
4	21	Travel, conferences, and meetings					
7	22	Printing and publications	<u> </u>				
<u>-</u>	23	Other expenses (attach schedule)	<u> </u>	 			
2	24	Tatal appraising and administrative expenses	<u> </u>	 			<u></u>
Ġ	<u> </u>	Add these Grand and administrative expenses.	A 13E		A 125	A 12E	1 125
9	25	Contributions, gifts grants Gajo	4,135. 14,000.	PALIFES 251	4,135.	4,135.	4,135.
Ĉ	26	Colleggenses and dishursements. Add lines 24 and 25	18,135.	ASSESS VALUE	MENTALIZATION A 1 2 C	A 1 2 C	14,000.
	27	Subtractine 26,110m line 12	10,133.	THE STATE OF	4,135.	4,135.	18,135.
	1	Exercise 200000 mine ilk	3 430				
1	a b	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	-3,438.	200 S. 27 E	M.数据的数据		
400	C	Adjusted net income (if negative, enter -0-) .	MARITUM PROMETURE		10,561.		
	0	Aujusteu net moonie (ii negative, cilter -u-) 🤄 .	PMED ARCHEST STREET, TO SEE ST	IZAGANIZIA UK	ent the backers in	ı 5./U4.	ENGLY THE STATE OF THE STATE OF

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2019)

Pai	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End o	of year	
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Valu	ie	(c) Fair	Market Value
	1	Cash—non-interest-bearing					
	2	Savings and temporary cash investments	3,259.		75.		4,575.
	3	Accounts receivable ►	4 (4)	~ 4			· P · September
		Less: allowance for doubtful accounts ▶	l				
1	4	Pledges receivable ►	the first of the second	£1.	*		V 10 10
1		Less: allowance for doubtful accounts ▶					
1	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶	1 1 1	12. 14 date.		3 7 % 0	# 127
		Less: allowance for doubtful accounts ▶					
ţ;	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
&	10a	Investments—U.S. and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)	248,054.	330,2	98.		330,298.
	C	Investments—corporate bonds (attach schedule)	. ,				
	11	Investments—land, buildings, and equipment: basis ▶	主 医比性 运车	3 . 3 . 3) T*8	- Par - 4-4-
		Less. accumulated depreciation (attach schedule) ▶					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)					
	14	Land, buildings, and equipment: basis ▶	The state of the state of the	15 may 15 mg	4" 1"		W 16 8 1
		Less: accumulated depreciation (attach schedule) ▶					
	15	Other assets (describe ▶)					
	16	Total assets (to be completed by all filers-see the					
		instructions. Also, see page 1, item I)	251,313.	334,8	73.		334,873.
	17	Accounts payable and accrued expenses				Tang.	7.
ς l	18	Grants payable				, -	4. 41. 45
Liabilities	19	Deferred revenue				1. 1.35	1
≣	20	Loans from officers, directors, trustees, and other disqualified persons				1	· 0. m
<u>e</u>	21	Mortgages and other notes payable (attach schedule)					e to the second
	22	Other liabilities (describe ▶)					84 gr ()
	23	Total liabilities (add lines 17 through 22)				, • _	
S		Foundations that follow FASB ASC 958, check here ▶ □			•		4
Balances		and complete lines 24, 25, 29, and 30.				_	٠ نه
<u> </u>	24	Net assets without donor restrictions					
_ ,	25	Net assets with donor restrictions				4	, ,
Net Assets or Fund		Foundations that do not follow FASB ASC 958, check here ▶ 🗵				٠.	, •
고		and complete lines 26 through 30.				'	
ō	26	Capital stock, trust principal, or current funds	39,176.	334,8	73.		4.·
2	27	Paid-in or capital surplus, or land, bldg., and equipment fund	124,703.				·
Se	28	Retained earnings, accumulated income, endowment, or other funds	87,434.			. 1	
¥8	29	Total net assets or fund balances (see instructions)	251,313.	334,8	73.	::	
e l	30	Total liabilities and net assets/fund balances (see				-	, , , , , , , , , , , , , , , , , , ,
1		instructions)	251,313.	334,8	73.		
	t III	Analysis of Changes in Net Assets or Fund Balances					
1		Il net assets or fund balances at beginning of year-Part II, colu					
		of-year figure reported on prior year's return)			1		251 , 313.
2		er amount from Part I, line 27a			2	<u> </u>	-3,438.
3		er increases not included in line 2 (itemize) BOOK VALUE AD			3	<u> </u>	86,998.
4		lines 1, 2, and 3			4	<u> </u>	334,873.
5		reases not included in line 2 (itemize) ▶	<u></u>		5	<u> </u>	
6	Tota	Il net assets or fund balances at end of year (line 4 minus line 5)-	Part II, column (b), lı	ne 29	6	1	334,873.

Part	V Capital Gains and	Losses for Tax on Investm	ent Income			<u></u>
		(s) of property sold (for example, real e.e., or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquire (mo , day, yr)	d (d) Date sold (mo , day, yr)
1a	WELLS FARGO SHORT TI	ERM		P	01/01/2019	9 12/31/2019
<u>b</u>	WELLS FARGO LONG TE	RM		P	12/31/2018	3 12/31/2019
	WELLS FARGO CAP GAIL	N DIST		P	12/31/2018	3 12/31/2019
<u>d</u>						
<u>e</u>						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		Gain or (loss) lus (f) minus (g))
<u>a</u>	59,917.			61,689.		-1 <u>,7</u> 72.
<u> </u>	66,931.			60,460.		6,471.
<u> </u>	158.			0.		<u>15</u> 8.
<u>d</u>						
<u>е</u>	Complete and for acceptant			10/04/00	-	
	Complete only for assets snow	ring gain in column (h) and owned				(Col. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) I. (j), if any		t not less than -0-) or es (from col. (h))
a						-1,772.
<u> </u>						6,471.
<u>c</u>						158.
d						
<u>е</u>					1	
2	Capital gain net income or (also enter in Pa			
_		, ,	enter -0- in Pa		2	4,857.
3		or (loss) as defined in sections				
		line 8, column (c). See instru				1 770
Par		r Section 4940(e) for Redu			3	-1,772.
		ate foundations subject to the				
		·	30011011 4040(4)	tax on her inves		
If sec	tion 4940(d)(2) applies, leave	this part blank.				
Was t	the foundation liable for the se	ection 4942 tax on the distribu	table amount o	f any year in the	base period?	☐ Yes 🗵 No
		alify under section 4940(e). Do		• •	bado ponda.	100 <u>F</u> 110
1		int in each column for each yea			akıng anv entri	
	(a)	(b)		(c)		(d)
Cal	Base period years endar year (or tax year beginning in)	Adjusted qualifying distributions	s Net value o	of noncharitable-use a	assets (col	Distribution ratio (b) divided by col (c))
	2018	16,5	43.	312,8		0.052878
	2017	17,2		306,4		0.056382
	2016	12,5		282,9		0.044409
	2015	17,8		291,8		0.061262
	2014	15,1		321,8		0.047005
		•	•			
2	Total of line 1, column (d)				. 2	0.261936
3	Average distribution ratio for	or the 5-year base period—div	ide the total or	n line 2 by 5.0, o	r bv	
		ındation has been in existence				0.052387
	·		-			
4	Enter the net value of nonch	naritable-use assets for 2019 fi	om Part X, line	5	. 4	316,442.
5	Multiply line 4 by line 3 .				. 5	16,577.
	, ,					
6	Enter 1% of net investment	income (1% of Part I, line 27b))		. 6	106.
		•				
7	Add lines 5 and 6				. 7	16,683.
8	Enter qualifying distributions	s from Part XII, line 4			. 8	18,135.
		er than line 7, check the box in				
	Part VI instructions.			•		

3

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—	·see i	nstruc	tions)	
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶□ and enter "N/A" on line 1.	77.77	- 174	. : :	7
	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	1		106	
	here ► 🗵 and enter 1% of Part I, line 27b			•	1
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)		,		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2		0	
3	Add lines 1 and 2	3		106	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4		0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5		106	_
6	–	17		4 17.5	
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a	. ' 4 .,	, , ,	, gr	
b	Exempt foreign organizations—tax withheld at source			K.	1
С	Tay paid with application for extension of time to file (Form 9969)		1 1	,	·
d	Backup withholding erroneously withheld 6d		f 12.	o") " -	•
7	Total credits and payments. Add lines 6a through 6d	7	}		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			_
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9		106	_
10	_ -	10		0	
11	Enter the amount of line 10 to be. Credited to 2020 estimated tax ▶ Refunded ▶	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 of	did it	14. Y	es No	,
	participate or intervene in any political campaign?		1a	×	_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See instructions for the definition		1b	×	_
c	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any mate published or distributed by the foundation in connection with the activities. Did the foundation file Form 1120-POL for this year?	erials	,	15 1 et	<u>:</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1c	^	7.3
u	(1) On the foundation. ► \$ (2) On foundation managers. ► \$		177	1 8 Y	1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos		1 .		1
_	on foundation managers. ► \$,		f ·	1
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.	Ť	7 , 1		7
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, art		<u> </u>	(d. 43	
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	š.	3	×	_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a :	×	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	.	- · · · ·	×	_
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		5	×	-
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		1
•	By language in the governing instrument, or		3		1
	 By state legislation that effectively amends the governing instrument so that no mandatory directions 	45-4	}-1-11		1
	conflict with the state law remain in the governing instrument?	mat		×	נ
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 Pa	irt XV/	-	$\hat{\mathbf{x}}$	-
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	", "	J16	7. 5	7
	IA				g) -
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Ger		· 14	. .	1
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	iciai		×	_
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3, 2-	5		1
J	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	·	9	×	4
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	their			_
	names and addresses		10	×	

Pan	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		×
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		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	<u> </u>
	Website address ► N/A			
14	The books are in care of ► DORIS BYERS Telephone no. ► (641)	787 <u>-</u>	4412	<u> </u>
45	Located at ► 500 1ST ST N #224 NEWTON IA ZIP+4 ► 50208			
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	<u> </u>	×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	1.,"	` ', `,	
Parl	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			1 .
	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):	T 1	1	100,00
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	disqualified person?	ייי אַניין די אָניין		1.3
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☐ No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☐ No	F	1112	1, 6.
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	E ₁₂	1 (**) 1 1 1 1 1 1 1 1 1 1	.5°
	the benefit or use of a disqualified person)?	1624	, T.,	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1.4.7		
	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.)			- 1
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 .		13 ³	
	Organizations relying on a current notice regarding disaster assistance, check here	1b		17
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	44.1	200	• F
	were not corrected before the first day of the tax year beginning in 2019?	1c		×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	- 1	47	ا، د ب
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	1. 1. 1.	. j. j.a'	1,
	6d and 6e) for tax year(s) beginning before 2019?	41.	, N	1 6 4 7
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	14.7) (i) (i)	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		• •	7
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 , 20 , 20 , 20	- , ,	. ! !	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		٠,٠	14
	at any time during the year?	,		1
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or	٠,	., .	· ;
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	1.5.1	•	
	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	1.	' 4 to	# #14g
	foundation had excess business holdings in 2019.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	• 3	, L.	**
	charitable ourpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	I Ah		l Y

Part	t VII-B Statements Regarding Activ	ties for \	Which Form	4720	May Be F	equire	d (conti	nued)			
5a	During the year, did the foundation pay or in								"-	Yes	No
	(1) Carry on propaganda, or otherwise atten						☐ Yes	🔀 No	,	. 1 3	, 4
	(2) Influence the outcome of any specific p		ion (see sect	ion 495	55); or to c	arry on					* /
	directly or indirectly, any voter registration						☐ Yes	⊠ No		' '	
	(3) Provide a grant to an individual for travel	•					☐ Yes	⊠ No	b .	١	,
	(4) Provide a grant to an organization other section 4945(d)(4)(A)? See instructions	tnan a cha	aritable, etc.,	organiz	ation desc	ribed in	_		,	11	
	(5) Provide for any purpose other than relig		table sejentif	 io litori			Yes	⊠ No		. •	
	purposes, or for the prevention of cruelty				ary, or edu		_	. I	1,	ŧ	. "]
b	If any answer is "Yes" to 5a(1)–(5), did any						Yes otions de	No 🔀			
_	in Regulations section 53.4945 or in a currer							·	5b		ئــــــ
	Organizations relying on a current notice reg							▶□	, ,	7	10.
С	If the answer is "Yes" to question 5a(4), do					the tax			,	. '	1, 4
	because it maintained expenditure responsil	ulity for the	e grant?				☐ Yes	☐ No	*, **		ا د نے
	If "Yes," attach the statement required by Re								1.	, .	,
6a	Did the foundation, during the year, receive	any funds,	directly or in	directly	, to pay pro	emiums	i		1.	e	3-4
	on a personal benefit contract?						☐ Yes	⊠ No	311		_i ² ,
b	Did the foundation, during the year, pay prer	niums, dire	ectly or indire	ctly, on	a persona	l benefi	t contract	t? .	6b	<u></u>	X
7-	If "Yes" to 6b, file Form 8870.								1 1 1	,	7.0
7a b	At any time during the tax year, was the foundation receive any proc								72	10.00	
8	Is the foundation subject to the section 496							nr.	7b	1472	5 1
	remuneration or excess parachute payment(□No		110	
Part	VIII Information About Officers, Di			ounda	tion Man	agers,			mploy	ees,	
	and Contractors					_				•	
	List all officers, directors, trustees, and fo	undation	managers ar	nd their	compens	ation. S	See instr	uctions	•		
	(a) Name and address	ho	le, and average urs per week ted to position	l (lf i	mpensation not paid, iter -0-)	(d) emplo	Contribution byee benefit erred comp	s to plans	(e) Expe	nse ac allowar	
	IS K. BYERS	ho	ted to position	l (lf i	mpensation not paid,	(d) emplo	yee benefit	s to plans	(e) Expe		
500	IS K. BYERS 1ST ST N #224 NEWTON IA 50208	TRUS	urs per week ted to position	l (lf i	mpensation not paid,	(d) emplo	yee benefit	s to plans	(e) Expe		
500 ALA	IS K. BYERS 1ST ST N #224 NEWTON IA 50208 N M BYERS	TRUS	tree to position TEE 1.00	l (lf i	mpensation not paid, iter -0-)	(d) emplo	yee benefit	plans plans ensation	(e) Expe		0 .
500 ALA	IS K. BYERS 1ST ST N #224 NEWTON IA 50208	TRUS	urs per week ted to position	l (lf i	mpensation not paid, nter -0-)	(d) emplo	yee benefit	is to plans ensation	(e) Expe		ces
500 ALA	IS K. BYERS 1ST ST N #224 NEWTON IA 50208 N M BYERS	TRUS	tree to position TEE 1.00	l (lf i	mpensation not paid, iter -0-)	(d) emplo	yee benefit	plans plans ensation	(e) Expe		0 .
500 ALA	IS K. BYERS 1ST ST N #224 NEWTON IA 50208 N M BYERS	TRUS	tree to position TEE 1.00	l (lf i	mpensation not paid, iter -0-)	(d) emplo	yee benefit	plans plans ensation	(e) Expe		0 .
500 ALA	IS K. BYERS 1ST ST N #224 NEWTON IA 50208 N M BYERS	TRUS	tree to position TEE 1.00	l (lf i	mpensation not paid, iter -0-)	(d) emplo	yee benefit	plans plans ensation	(e) Expe		0 .
500 ALA	IS K. BYERS 1ST ST N #224 NEWTON IA 50208 N M BYERS	TRUS	tres per week ted to position of TEE 1.00	(If i	mpensation not paid, iter -0-)	(d) emplo and def	yee benefit	plans ensation 0.	(e) Expe other	allowar	0. 0.
500 ALAN 1911	IS K. BYERS 1ST ST N #224 NEWTON IA 50208 N M BYERS 1 KONA DRIVE FORT COLLINS CO 805 Compensation of five highest-paid emple	TRUS TRUS 28	TEE 1.00 TEE 1.00 TEE 1.00	(If i er	mpensation not paid, iter -0-)	(d) emplo and def	see instr	os to plans ensation O. O. uctions	(e) Experiment (e)	one,	0.
500 ALAN 1911	IS K. BYERS 1ST ST N #224 NEWTON IA 50208 N M BYERS 1 KONA DRIVE FORT COLLINS CO 805 Compensation of five highest-paid employees	TRUS TRUS 28	TEE 1.00 TEE 1.00	se incl	mpensation not paid, iter -0-)	(d) emplo and def	oyee benefit erred compo	os to plans ensation O. O. utions to benefit deferred	(e) Experience other	one,	0. 0.
500 ALAN 1911	IS K. BYERS 1ST ST N #224 NEWTON IA 50208 N M BYERS 1 KONA DRIVE FORT COLLINS CO 805 Compensation of five highest-paid emple "NONE." (a) Name and address of each employee paid more than \$	TRUS TRUS 28	ted to position TEE 1.00 TEE 1.00 TEE (b) Title, and a hours per veek	se incl	mpensation not paid, liter -0-) 0. 0.	(d) emplo and def	see instr	os to plans ensation O. O. utions to benefit deferred	(e) Experience other	one,	0. 0.
500 ALAN 1911	IS K. BYERS 1ST ST N #224 NEWTON IA 50208 N M BYERS 1 KONA DRIVE FORT COLLINS CO 805 Compensation of five highest-paid emple "NONE." (a) Name and address of each employee paid more than \$	TRUS TRUS 28	ted to position TEE 1.00 TEE 1.00 TEE (b) Title, and a hours per veek	se incl	mpensation not paid, liter -0-) 0. 0.	(d) emplo and def	see instr	os to plans ensation O. O. utions to benefit deferred	(e) Experience other	one,	0. 0.
500 ALAN 1911	IS K. BYERS 1ST ST N #224 NEWTON IA 50208 N M BYERS 1 KONA DRIVE FORT COLLINS CO 805 Compensation of five highest-paid emple "NONE." (a) Name and address of each employee paid more than \$	TRUS TRUS 28	ted to position TEE 1.00 TEE 1.00 TEE (b) Title, and a hours per veek	se incl	mpensation not paid, liter -0-) 0. 0.	(d) emplo and def	see instr	os to plans ensation O. O. utions to benefit deferred	(e) Experience other	one,	0. 0.
500 ALAN 1911	IS K. BYERS 1ST ST N #224 NEWTON IA 50208 N M BYERS 1 KONA DRIVE FORT COLLINS CO 805 Compensation of five highest-paid emple "NONE." (a) Name and address of each employee paid more than \$	TRUS TRUS 28	ted to position TEE 1.00 TEE 1.00 TEE (b) Title, and a hours per veek	se incl	mpensation not paid, liter -0-) 0. 0.	(d) emplo and def	see instr	os to plans ensation O. O. utions to benefit deferred	(e) Experience other	one,	0. 0.
500 ALAN 1911	IS K. BYERS 1ST ST N #224 NEWTON IA 50208 N M BYERS 1 KONA DRIVE FORT COLLINS CO 805 Compensation of five highest-paid emple "NONE." (a) Name and address of each employee paid more than \$	TRUS TRUS 28	ted to position TEE 1.00 TEE 1.00 TEE (b) Title, and a hours per veek	se incl	mpensation not paid, liter -0-) 0. 0.	(d) emplo and def	see instr	os to plans ensation O. O. utions to benefit deferred	(e) Experience other	one,	0. 0. enter
500 ALAN 1911	IS K. BYERS 1ST ST N #224 NEWTON IA 50208 N M BYERS 1 KONA DRIVE FORT COLLINS CO 805 Compensation of five highest-paid emple "NONE." (a) Name and address of each employee paid more than \$	TRUS TRUS 28	ted to position TEE 1.00 TEE 1.00 TEE (b) Title, and a hours per veek	se incl	mpensation not paid, liter -0-) 0. 0.	(d) emplo and def	see instr	os to plans ensation O. O. utions to benefit deferred	(e) Experience other	one,	0. 0. enter
500 ALAN 1911	IS K. BYERS 1ST ST N #224 NEWTON IA 50208 N M BYERS 1 KONA DRIVE FORT COLLINS CO 805 Compensation of five highest-paid emple "NONE." (a) Name and address of each employee paid more than \$	TRUS TRUS 28	ted to position TEE 1.00 TEE 1.00 TEE (b) Title, and a hours per veek	se incl	mpensation not paid, liter -0-) 0. 0.	(d) emplo and def	see instr	os to plans ensation O. O. utions to benefit deferred	(e) Experience other	one,	0. 0. enter
500 ALAN 1911	IS K. BYERS 1ST ST N #224 NEWTON IA 50208 N M BYERS 1 KONA DRIVE FORT COLLINS CO 805 Compensation of five highest-paid emple "NONE." (a) Name and address of each employee paid more than \$	TRUS TRUS 28	ted to position TEE 1.00 TEE 1.00 TEE (b) Title, and a hours per veek	se incl	mpensation not paid, liter -0-) 0. 0.	(d) emplo and def	see instr	os to plans ensation O. O. utions to benefit deferred	(e) Experience other	one,	0. 0. enter
500 ALAN 1911 2 NONE	IS K. BYERS 1ST ST N #224 NEWTON IA 50208 N M BYERS 1 KONA DRIVE FORT COLLINS CO 805 Compensation of five highest-paid emple "NONE." (a) Name and address of each employee paid more than \$	TRUS TRUS TRUS Oyees (oti	ted to position TEE 1.00 TEE 1.00 TEE (b) Title, and a hours per veek	se incl	mpensation not paid, liter -0-) 0. 0.	(d) emplo and def	see instr	os to plans ensation O. O. utions to benefit deferred	(e) Experience other	one,	0. 0.

3 Five I	and Contractors (continued) 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	-	
Cotal numbe	er of others receiving over \$50,000 for professional services	
Part IX-A	Summary of Direct Charitable Activities	0
	indation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	<u></u>
	s and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1		
2		
3		
4		
Part IX-B	Summary of Program-Related Investments (see instructions)	L
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
Describe the		
Describe the		
1		
2		
2All other pro	gram-related investments See instructions	
2	gram-related investments. See instructions	
2All other pro	gram-related investments. See instructions	

Part	see instructions.)	gn tou	ndations,
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	310,279.
b	Average of monthly cash balances	1b	10,982.
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	321,261.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	321,261.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	4,819.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	316,442.
6	Minimum investment return. Enter 5% of line 5	6	15,822.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► and do not complete this part.)	ounda	tions
1	Mınımum investment return from Part X, line 6	1	15,822.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	106.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	15,716.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	15,716.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	15,716.
Part	XII Qualifying Distributions (see instructions)		15,710.
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	18,135.
ь	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	18,135.
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	106.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	18,029.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g wheth	ner the foundation

Part	XIII Undistributed Income (see instruction	tions)			
	,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI,				15,716.
2	Undistributed income, if any, as of the end of 2019.			The second of th	
а	Enter amount for 2018 only				
b	Total for prior years. 20, 20, 20		le accommentation de la communicación de la co		
3	Excess distributions carryover, if any, to 2019.				
a b	From 2014	- Termina anno a magain la communitation a pre-	and the second of the second o		ENTER SECTION AND AND AND AND AND AND AND AND AND AN
C	From 2016	THE STATE OF THE PROPERTY OF THE PARTY OF TH	Provide at the second		
d	From 2017		All deficitions and the second	Conversal Construction	
e	Γrom 2018	\$1.07 PLG WERTSCHOOL OF PROPERTY AND TO PROPERTY AND THE	2 - Ing 2 laft in 80 Caldres Control of State (1997) 20 Valuation in 8 Caldres Control of State (1997)		
Ť	Total of lines 3a through c	1,221.		viin oogaa in saabaa	A CONTROL OF THE CONT
4	Qualifying distributions for 2019 from Part XII, line 4. ▶ \$18,135.				
a	Applied to 2018, but not more than line 2a.			Western Company of Service	
b	Applied to undistributed income of prior years (Election required—see instructions)		signandakkatan kantaban dan kantabah		
С	Treated as distributions out of corpus (Election required—see instructions)	of the section was a section of the			
d	Applied to 2019 distributable amount .	ARTERIA MALA			15,716.
e	Remaining amount distributed out of corpus	2,419.			St. 1990 St. 1990 St. and St. 1990 St.
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:			The state of the s	
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	5,640.	Anno de grande priminal propried propried propried by the control of the control	ominant reading the strain of	
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		`		
d	Subtract line 6c from line 6b. Taxable amount—see instructions		0.		
е	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions	The state of the s		0.	
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020	*X-74.20X2-79.7029A-20X2-20XX			0.
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)		Share Colors to the colors of		
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	0.			
9	Excess distributions carryover to 2020.	1			
	Subtract lines 7 and 8 from line 6a	5,640.			
10	Analysis of line 9: Excess from 2015		The programme of the same of t		
a b	Excess from 2015		rthu ithe bertagness and a second a second and a second and a second and a second and a second a		
C	Excess from 2017 2, 011		Makabadhanani s vasi i bilabdini)		7,45, 4,000,000,000
d	Excess from 2018				
e	Excess from 2019 2, 419	- Ludballandanningsseinen ist Estera Materialen			enonomonomonio de la final de

	90-FF (2019)					Page 10
Part	XIV Private Operating Foundat	ions (see instri	uctions and Par	t VII-A, question	9)	N/A
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective for					
b O-	Check box to indicate whether the foun	· · · · · · · · · · · · · · · · · · ·	e operating found		section	3) or <u> </u>
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
	each year listed					
b	85% of line 2a				-/	
С	Qualifying distributions from Part XII, line 4, for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test-enter.					
	(1) Value of all assets		1			
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in Part X, line 6, for each year listed					
С	"Support" alternative test-enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part			-	the foundation I	had \$5,000 or mo	ore in assets at
	any time during the year —		ns.)			
1 a	Information Regarding Foundation Nation List any managers of the foundation was before the close of any tax year (but or	ho have contrib				by the foundation
b	List any managers of the foundation ownership of a partnership or other en					ge portion of the
2	Information Regarding Contribution, Check here ► ☒ if the foundation of unsolicited requests for funds. If the focomplete items 2a, b, c, and d. See instance.	only makes cont undation makes	ributions to pres	elected charitable		
а	The name, address, and telephone nur	mber or email ad	dress of the perso	on to whom applic	ations should be ad	dressed:
b	The form in which applications should	be submitted an	d information and	materials they sho	ould include:	
С	Any submission deadlines:					
d	Any restrictions or limitations on awa	ards, such as b	y geographical a	areas, charitable f	elds, kinds of inst	itutions, or other

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

3 Grants and Contributions Paid During t	he Year or Approve	ed for Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or .	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year		_		
FIRST UNITED METHODIST CHURCH				
210 N 2ND AVE E				
NEWTON IA 50208		PUBLIC	GENERAL OPERATING BUDGET	5,000.
DES MOINES SYMPHONY				
1011 LOCUST ST SUITE 200				
DES MOINES IA 50309		PUBLIC	GENERAL OPERATING BUDGET	250.
YMCA OF THE ROCKIES				
2515 TUNNEL RD				
ESTES PARK CO 80511		PUBLIC	GENERAL OPERATING BUDGET	0.
CENTRE FOR ARTS AND ARTISTS				
501 W 3RD ST N				
NEWTON IA 50208		PUBLIC	GENERAL OPERATING BUDGET	2,000.
WESLEY RETIREMENT CENTRE				
5508 NW 88TH ST				
JOHNSTON IA 50131		PUBLIC	GENERAL OPERATING BUDGET	2,000.
PARK CENTRE GOOD SAMARITAN				
5508 NW 88TH ST				
JOHNSTON IA 50131		PUBLIC	GENRAL OPERATING BUDGET	0.
PLANNED PARENTHOOD				
434 W 33RD ST				_
NEW YORK NY 10001		PUBLIC	GENERAL OPERATING BUDGET	0.
DOLLARS FOR SCHOLARS				
PO BOX 1492				
NEWTON IA 50208		PUBLIC	GENERAL OPERATING BUDGET	2,000.
NEWTON YMCA				
1701 S 8TH AVE E				
NEWTON IA 50208		LOBPIC	GENERAL OPERATING BUDGET	1,000.
See Statement				
				1 750
				1,750.
Total	<u></u>		▶ 3a	14,000.
b Approved for future payment				
			İ	
			İ	
•				
`\				
Total	<i>.</i>		▶ 3b	

Ente	r gros	ss amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	on 512, 513, or 514	(e)
	_,		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income (See instructions.
7	_	gram service revenue:			-		
	a _						
	p _						
	c d						
	e _						
	-						<u> </u>
	g F	ees and contracts from government agencies				<u>. </u>	
2	_	nbership dues and assessments					
3		rest on savings and temporary cash investments		<u></u>	14	76.	
4		dends and interest from securities			14	9,216.	
5		rental income or (loss) from real estate:	, ,	1,4, 4	, t, t, t	1,4	9,
•		Debt-financed property			, "1,4		<u> </u>
		Not debt-financed property					
6		rental income or (loss) from personal property					
7		er investment income			<u> </u>		-
8		or (loss) from sales of assets other than inventory	-		18	4,858.	
9		income or (loss) from special events			10	4,030.	
10		ss profit or (loss) from sales of inventory					
11		er revenue: a K-1			14	804.	
	b	<u> </u>				004.	<u> </u>
	c -						
	d -						
	e						
10	Subi	total. Add columns (b), (d), and (e)	** 4*			14 054	
12	Subi	total. Add columns (b), (d), and (e)	1		احيا	14,954.	
						14,954. 13	14,954.
13	Tota	al. Add line 12, columns (b), (d), and (e)	 ıs.)				14,954
13 See	Tota work	al. Add line 12, columns (b), (d), and (e)	 ıs.)				14,954
13 See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes	13	
13 See Pa Lin	Tota work	al. Add line 12, columns (b), (d), and (e)	is.) Accomplishm	ent of Exemp	t Purposes	13	
13 See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes	13	
13 See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes	13	
13 See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes	13	
13 See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes	13	
13 See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes	13	
13 See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes	13	
13 See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes	13	
13 See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes	13	
13 See Pai Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes	13	
13 See Pai Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes	13	
13 See Pai Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes	13	
13 See Pai Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes	13	
13 See Pai Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes	13	
13 See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes	13	
13 See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes	13	
13 See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes	13	
13 See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes	13	
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1 Dot the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(d) organizations) or in section 527, relating to political organizations? 1 Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash	Part	XVII	Informatio Organizati	n Regarding Tran	nsfers to	and Transa	action	s and R	elationshi	ps Wit	h Nonc	haritabl	e Exe	empt
a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets 1a(1)		in se	ne organization of	directly or indirectly										No
(1) Cash (2) Other assets (2) Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rembursement arrangements (5) Loans or loan guarantees (6) Loans or loan guarantees (7) Experimence of services or membership or fundralsing solicitations (8) Rental of facilities, equipment, mailing lists, other assets, or paid employees (9) Performance of services or membership or fundralsing solicitations (10) It the answer to any of the above is "Yes," complete the following schedule. Column (9) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangements, show in column (4) the value of the goods, other assets, or services received. (8) Line no (9) Amount involved (9) Name of noncharitable exempt organization (4) Remain (1) Press (1) (1) (1) (1) Press (1) (1) (1) (1) Press (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	_	_		nadina farmdation tr		مدودة واطمعاده			-£.					
(2) Other assets 142	а											40/4	<u>'</u>	ليا
b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rembursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundralsing solicitations (7) It the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangements, show in column (d) the value of the goods, other assets, or services received. (a) Line to goods, other assets, or services received. (a) Line to goods, other assets, or services received. (a) Line to goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (d) the value of the goods, other assets, or services received. (a) Line to goods, other assets, or services received. (a) Line to goods, other assets, or services received. (b) Line to goods, other assets, or services received. (a) Line to goods, other assets, or services received. (b) Line value of the goods, other assets, or services received. (b) Line value of the goods, other assets, or services received. (b) Line value of the goods, other assets, or services received. (b) Line value of the goods, other assets, or services received. (b) Line value of the goods, other assets, or services received. (b) Line value of the goods, other assets, or services received. (b) Line value of the goods, other assets, or services received. (b) Line value of the goods, other assets, or services received. (b) Line value of the goods, other assets, or services received. (b) Line value of the goods, other assets, or services received. (c) Line value of the goods,														
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(2) Purchases of assets from a noncharitable exempt organization				a noncharitable eve	emnt orga	nization						1b/1	: 	
(3) Rental of facilities, equipment, or other assets (4) Rembursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Sharing of facilities, equipment, mailing lists, other assets, or paid employees (8) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) In the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements described in section 501(c) (other than section 501(c)(3)) or in section 527?														
(4) Rembursement arrangements (5) Las		(3) R	ental of facilities	equipment or othe	er assets	ipt organizatio	011 .					1b(2)	+	
(6) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations 15(5)		(4) R	eimbursement a	rrangements .			•	• • •	• • • •			1b(4)		 -
(6) Performance of services or membership or fundraising solicitations Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangements (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (e) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? □ Yes ☑ No b If "Yes," complete the following schedule. (a) Name of organization (e) Description of relationship Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tine. Sign Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tine. Sign Final Penalty per preparer's name Properer's signature Mark A. Otto Properer's signature Mark A. Otto Properer's signature Mark A. Otto Properer's agreature Mark A. Otto Properer's agreature Mark A. Otto Properer's agreature Properer's agreature Properer's agreature Mark A. Otto Properer's agreature Properer's		(5) L	oans or loan qua	rantees								1b(5)	+	
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described in section 501(c) (other than section 501(c)(3)) or in section 527?	(a) Line													
described in section 501(c) (other than section 501(c)(3)) or in section 527?								-						_
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described in section 501(c) (other than section 501(c)(3)) or in section 527?														
described in section 501(c) (other than section 501(c)(3)) or in section 527?									_					
Sign Here Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below? See instructions TRUSTEE Tritle		desci	ribed in section 5	501(c) (other than se	ction 501	oth, or related (c)(3)) or in se	d to, o ction 5	ne or m 27? .	ore tax-exe	mpt org	ganization		es 🗵	No No
Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below? See instructions TRUSTEE Title			(a) Name of organ	ızatıon		(b) Type of organ	nization			(c) Descr	ption of rel	lationship		
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Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below? See instructions TRUSTEE Title		Unde	r penalties of penury. I	declare that I have examine	ed this return	including accomp	anving sc	hedules and	statements, and	to the be	st of my kno	wledge and	belief it	is true
Here Signature of officer or trustee Date Tritle Paid Preparer Preparer Mark A. Otto Mark A. Otto Date Date Date Date Date Date Date Date	Sian		correct, and complete Declaration of preparer (other the										-	
Paid Print/Type preparer's name Preparer's signature Date Check ▼ if self-employed PTIN Preparer Mark A. Otto Mark A. Otto 07/12/2020 Pirm's EIN ► 27-1128871 Firm's address ► 123 W 2ND ST N Phone no. (641) 792-7000	_		ature of officer or true	· Fig. Co		• / • / • 	,	STEE			with t	he preparer	shown b	elow?
Preparer Use Only Mark A. Otto Firm's name ▶ OTTO LAW OFFICE PLLC Firm's EIN ▶ 27-1128871 Firm's address ▶ 123 W 2ND ST N Phone no. (641) 792-7000		l Jigii			Prenarer'		7146		Date	<u>I</u>		PTIN		
Use Only Firm's name ▶ OTTO LAW OFFICE PLLC Firm's EIN ▶ 27-1128871 Firm's address ▶ 123 W 2ND ST N Phone no. (641) 792-7000					'	•					heck 🔀 i	ıf	C010	1
Firm's address ► 123 W 2ND ST N Phone no. (641) 792-7000	-								10//12/2					<u>T</u>
	Use (nly				<u>. </u>								
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Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

Continuation Statement

Recipient name and address (home o business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year		·	· · · · · · · · · · · · · · · · · · ·	
SALVATION ARMY		PUBLIC	GENERAL OPERATING	0.
301 N 2ND AVE E			BUDGET	
NEWTON, IA 50208				
IOWA SCULPTURE FESTIVAL		PUBLIC	GENERAL OPERATING	1,000.
501 W 3RD ST N			BUDGET	
NEWTON, IA 50208				
PI FOUNDATION		PUBLIC	GENERAL OPERATING	500.
1017 E 7TH ST N			BUDGET	
NEWTON, IA 50208				
DRAKE UNIVERSITY		PUBLIC	GENERAL OPERATING	0.
2507 UNIVERSITY AVE			BUDGET	
DES MOINES, IA 50311				
PROJECT AWAKE		PUBLIC	GENERAL OPERATING	0.
3000 N 4TH AVE E	i		BUDGET	
NEWTON, IA 50208				
NEWTON MAIN STREET		PUBLIC	GENERAL OPERATING	250.
113 1ST AVE W			BUDGET	
NEWTON, IA 50208				
NEWTON LIONS CLUB		PUBLIC	GENERAL OPERATING	0.
501 W 3RD ST N			BUDGET	
NEWTON, IA 50208				

1,750.

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Other Income

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income
BROOKFIELD INFRASTRUCTURE K-1 UBTI	518.	518.	518.
ENTERPRISE PRODUCTS K-1 UBTI	29.	29.	29.
Total	547.	547.	547.

Form 990-PF: Return of Private Foundation

Taxes

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
FOREIGN	111.	111.	111.	111.
990	310.	310.	310.	310.
990Т	75.	75.	75.	75.
Total	496.	496.	496.	496.

Name		Employer Identification No
DONALD C. & DORIS K. BYERS	S CHARITABLE TRUST	42-1306612
A a a a 4 lunfa uma a 4 i a um		
Asset Information:		
Description of Property V	WELLS FARGO SUMMARY	
Business Code Exclus	sion Code <u>1</u> <u>4</u>	
Date Acquired	How Acquired	
Date Sold	Name of Buyer .	
Check Box, if Buyer is a Business		
Sales Price 158	Cost or other basis (do not reduce by deprecia	tion)0.
Sales Expense	_ Valuation Method	
Total Gain (Loss)	158. Accumulated Depreciation	····
Description of Property §	VELLS FARGO SUMMARY	
Business Code Exclus	sion Code <u>18</u>	
Date Acquired	How Acquired	
Date Sold	Name of Buyer .	
Check Box, if Buyer is a Business		
Sales Price 126, 848	Cost or other basis (do not reduce by deprecia	tion) 122,148.
Sales Expense	_ Valuation Method	
Total Gain (Loss)	1,700. Accumulated Depreciation	
Description of Property		
business CodeExclus	sion Code	
Date Acquired	How Acquired	-
Date Sold	Name of Buyer.	
Check Box, if Buyer is a Business		
Sales Price	Cost or other basis (do not reduce by deprecia	tion)
Sales Expense	_ Valuation Method	.
Total Gain (Loss)	Accumulated Depreciation	
Description of Property		
business CodeExclus	sion Code	
Date Acquired	How Acquired	
Date Sold	Name of Buyer.	
Check Box, if Buyer is a Business		
Sales Price	Cost or other basis (do not reduce by deprecia	tion)
Sales Expense	_ Valuation Method	_
Total Gain (Loss)	Accumulated Depreciation	
Description of Property		
business codeExclus	sion Code	
Date Acquired	How Acquired	
Date Sold	Name of Buyer .	
Check Box, if Buyer is a Business.		
Sales Price	Cost or other basis (do not reduce by deprecia	tion)
Sales Expense	_ Valuation Method	
Total Gain (Loss)	Accumulated Depreciation	···
Tatala		
Totals:		
Fotal Gain (Loss) of all assets		1
Gross Sales Price of all assets		
Unrelated Business Income	Business Code .	
Excluded by section 512, 513, 514	4,858. Exclusion Code . 14	_
Related/Exempt Function Income		
Ouisle7s on horse to Feet 000 DE D		
	ge 1	
uick∠oom nere to Form 990-PF, Pa	ge 12	

Legal and Professional Fees

2019

Name				Employer Identification No
DONALD C. & DORIS	K. BYERS	CHARITABLE	TRUST	42-1306612

Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTTO LAW OFFICE PLLC	TAX PREPARATION	520.	520.	520.	520.
Total to Form 990-	PF, Part I, Line 16a	520.	520.	520.	520.

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
otal to Form 990)-PF, Part I, Line 16b				

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
WELLS FARGO	INV EXP	3,119.	3,119.	3,119.	3,119.
Total to Form 990-	PF, Part I, Line 16c	3,119.	3,119.	3,119.	3,119.