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Department of the Treasury

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STRATTON CHARITABLE TRUST C/O C DAVID NEWBERY SA-3236-775	For	calendar ye	ear 2019 or tax year beginning	OCT	1, 2019	, and ending	DEC 31, 2019	
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Form **990-PF** (2019)

Page 2

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2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 2 2,688,350. 3 0. 4 2,688,350. 5 0.			· · · · · · · · · · · · · · · · · · ·	29 .		·		
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4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 6 2,688,350.				_		2,688,350.		
5 Decreases not included in line 2 (itemize) ► 5 0. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 6 2,688,350.				<u></u>		2 600 250		
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 6 2,688,350.				•		∠,088,35U.		
				aluma (h) lina 00		2 688 350		
	<u>b</u>	rotal	net assets or lund parances at end of year (line 4 minus line 5) - Part II, co	Jiuinn (0), iine 29		Form 990-PF (2019)		

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Part V Capital Gains	and Losse	es for Tax on Inv	estment/	Income					_
(a) List and describe 2-story brick w	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)					low acquired - Purchase - Donation	(c) Date a (mo , da	cquired y, yr)	(d) Date sold (mo., day, yr)
<u>1a</u>									
b NC	ONE								
					<u> </u>				
_d					ļ				
e					<u> </u>				
(e) Gross sales price		eciation allowed allowable)		st or other basis expense of sale				in or (loss) (f) minus (
<u>a</u>									
<u>b</u>									
C	ļ					 -			
<u>d</u>	 								
e Consolate and the constant of the		(5) and award by th		on 10/01/60				1 (1)	
Complete only for assets show	T					c	(I) Gains (Co of (k), but no		
(ı) FMV as of 12/31/69		djusted basis of 12/31/69		col. (j), if any			Losses (from col (h))
<u>a</u>			_						
<u>b</u>	ļ								
<u> </u>							-		
_d					_			_	
<u>e</u>					-	<u> </u>			
2 Capital gain net income or (net c	capital loss)	$ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0-} \end{cases} $	in Part I, line in Part I, line	7 : 7	}	2			
3 Net short-term capital gain or (lo	oss) as defined	in sections 1222(5) and	d (6) [.]						
If gain, also enter in Part I, line 8	3, column (c).	```	` ,		}				
If (loss), enter -0- in Part I, line in Part Val Qualification	B Inder Sect	ion 4940/e) for	Reduced	Tay on Net	Inve	3 stment Inc	ome	-	
<u> </u>									N/A
(For optional use by domestic priva	te foundations :	subject to the section 4	940(a) tax on	net investment in	come)			N/A
If section 4940(d)(2) applies, leave	this part blank.		1						
Was the foundation liable for the se				•	ıod?				Yes No
If "Yes," the foundation doesn't qual					atriac				
1 Enter the appropriate amount in (a)	each column		structions bei	ore making any e				_	(d)
Base period years Calendar year (or tax year beginn	ing in)	(b) Adjusted qualifying dist	ributions	Net value of no	(c) nchar	ıtable-use asse	is (Distrib col. (b) div	(d) oution ratio ided by col. (c))
2018									···
2017									
2016						_			
2015									
2014							+ +		
2 Total of line 1, column (d)							2		
3 Average distribution ratio for the	5-vear base pe	eriod - divide the total o	n line 2 by 5.0	D, or by the numb	er of v	rears			•
the foundation has been in exist			•	-, - · · ,	,		3		
4 Enter the net value of noncharita	ble-use assets	for 2019 from Part X, II	ne 5				4		
5 Multiply line 4 by line 3							5		
6 Enter 1% of net investment incom	me (1% of Part	I, line 27b)					6		
7 Add lines 5 and 6							7		····
8 Enter qualifying distributions fro	m Part XII, line	4					8		
If line 8 is equal to or greater that See the Part VI instructions.	ın line 7, check	the box in Part VI, line	1b, and comp	olete that part usin	g a 19	% tax rate			

Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

b If "Yes," has it filed a tax return on Form 990-T for this year?

Was there a liquidation, termination, dissolution, or substantial contraction during the year?

If "Yes," attach the statement required by General Instruction T

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either

By language in the governing instrument, or

By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

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

8a Enter the states to which the foundation reports or with which it is registered. See instructions

KS

b 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

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

10 Did any persons become substantial contributors during the lax year? If "Yes" attach a schedule listing their names and addresses

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4b

C/O C. DAVID NEWBERY

į₽ε	rtVII-A Statements Regarding Activities (continued)			
	1	100 A 7 - 8 250 A 7 - 8	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?			
12	If "Yes," attach statement See instructions	12		х
10	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
13		L 19 1	,	<u> </u>
	Website address ► N/A The books are in care of ► C · DAVID NEWBERY Telephone no ► 785-27	13-5'	250	
14	Located at \triangleright 2231 SW WANAMAKER ROAD SUITE 101, TOPEKA, KS ZIP+4 \triangleright 66		200	
4-		,014	_	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	N	/A	
	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		163	X
	securities, or other financial account in a foreign country?	16	WENCH	A
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		2000 A T	
· D -	foreign country		ARQU	Electric to
, F.,	Statements Regarding Activities for Which Form 4720 May Be Required	#ROBERTAN	V	NI.
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	7.5.000	Yes	No
1a	During the year, did the foundation (either directly or indirectly).			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No		a co	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes 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			
С	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		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			A COMPANY
	defined in section 4942(j)(3) or 4942(j)(5)).		203	
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	7.3833		
-	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	15.33%		
·	~			
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1,400		25.22.7
Ja	during the year?			
	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after			
U	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 foundation had excess business holdings in 2019.) N/A	3b	**************************************	3 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2
4.	·	4a		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 charitable purpose that	\rightarrow	r R	
D	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	12.789375	X
	nau not been removed from jeopardy before the first day of the tax year beginning in 2013?	1 40		

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		14111014	CIMINITIA	
~ / ~	_			

Part VIEB Statements Regarding Activities for Which F	orm 4720 May Be R	equired _{(contin}	ued)	<u> </u>
5a During the year, did the foundation pay or incur any amount to		· · · · · · · · · · · · · · · · · · ·	Ę	Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Y	es 🗶 No 🍇	
(2) Influence the outcome of any specific public election (see section 4955), or		ectly,	[3	
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes'	?	Y	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? See instructions		Yo	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo	or	٤	
the prevention of cruelty to children or animals?		Y	es 🗓 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations	K	
section 53 4945 or in a current notice regarding disaster assistance? See instru	ictions		N/A	5b
Organizations relying on a current notice regarding disaster assistance, check h	nere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				
expenditure responsibility for the grant?	N	[/A Y	es 🔲 No 🛔	
If "Yes," attach the statement required by Regulations section 53 4945-5(d).			1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on		3	
a personal benefit contract?		Yo	es 🗓 No 🖺	
${f b}$ Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		7	6b X
If "Yes" to 6b, file Form 8870		 -		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Yo	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or		[]	
excess parachute payment(s) during the year?			es X No	育議 江北 田本
Information About Officers, Directors, Truste Paid Employees, and Contractors	es, Foundation Mar	agers, nignly		
List all officers, directors, trustees, and foundation managers and the	neir compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	account, other allowances
MARY ELIZABETH STRATTON	CO-TRUSTEE	enter -o-y	Compensation	unovanoso
2231 SW WANAMAKER ROAD, SUITE 101	CO INOBIEE	ŀ		
TOPEKA, KS 66614	0.00	0.	0.	0.
C. DAVID NEWBERY	CO-TRUSTEE			
2231 SW WANAMAKER ROAD, SUITE 101				
TOPEKA, KS 66614	0.00	0.	0.	0.
				4
	`			
. ,				
2 Compensation of five highest-paid employees (other than those incl		enter "NONE."	(d) Contributions to	(-) [
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
<u></u>	devoted to position	(-,	compensation	allowances
NONE				
				
		-		-
		1		
Table number of other ampleyees and ours 000 000	<u>. </u>	l		0
Total number of other employees paid over \$50,000			Corm	990-PF (2019)
			FOLM	(2019)

, TTG GERLAMON GULDTMARIE MRUGG		
LIZ STRATTON CHARITABLE TRUST		677E D
Part VIII Information About Officers, Directors, Trustees, Formation About Contractors (continued)	84-323 undation Managers, Highly	6775 Page 7
3 Five highest-paid independent contractors for professional services. If none	enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include releval number of organizations and other beneficiaries served, conferences convened, research paper.		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax	year on lines 1 and 2.	Amount
. NT / 7		

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3 _____

Total. Add lines 1 through 3

All other program-related investments. See instructions.

P	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.	4. 1.	
·	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	2,046,841.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,046,841.
е	Reduction claimed for blockage or other factors reported on lines 1a and	1469	
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0 <u>.</u>
3	Subtract line 2 from line 1d	3	2,046,841.
4	Cash-deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	30,703.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,016,138.
6	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	25,409.
<u>.P.</u>	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations, check here and do not complete this part)	nd certain	
1	Minimum investment return from Part X, line 6	1	25,409.
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.)		
С	Add lines 2a and 2b	2c	93.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	25,316.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	25,316.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	25,316.
P	Qualifying Distributions (see instructions)		
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	100,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
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	100,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	100,000.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies for	the section

Page 9_

Part XIII Undistributed Income (se	e instructions)			
	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				25,316.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2019.				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from				
Part XII, line 4 ► \$ 100,000.			_	
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				25,316.
e Remaining amount distributed out of corpus	74,684.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as				
indicated below	74,684.			
a Corpus Add lines 3f, 4c and 4e Subtract line 5	74,004.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously			:	
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions				
e Undistributed income for 2018. Subtract line			0.	
4a from line 2a Taxable amount - see instr. f Undistributed income for 2019 Subtract			•	
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020				
Subtract lines 7 and 8 from line 6a	74,684.			
10 Analysis of line 9				
a Excess from 2015				
b Excess from 2016	}			
c Excess from 2017		İ		
d Excess from 2018				
e Excess from 2019 74,684.				
923581 12-17-19				Form 990-PF (2019)

LIZ STRATTON CHARITABLE TRUST Form 990-PF (2019) C/O C. DAVID NEWBERY 84-3236775 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling 4042(j)(3) 4042(j)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (a) 2019 (b) 2018 (c) 2017 (d) 2016 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4, for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i)b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(1)(3)(B)(III) (3) Largest amount of support from an exempt organization Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any lax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) MARY ELIZABETH STRATTON b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🔀 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number or email address of the person to whom applications should be addressed b The form in which applications should be submitted and information and materials they should include

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c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Supplementary Information (continued)

Supplementary information				
3 Grants and Contributions Paid During the Ye	ar or Approved for Future F	Payment T		
Recipient Nàme and address (home or 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
	or substantial continution	recipient		
Paid during the year				
•				
HELPING HANDS HUMANE SOCIETY		PC	TO PROVIDE SANCTUARY	
5720 SW 21ST STREET			FOR ANIMALS IN NEED OF	
TOPEKA, KS 66604			COMPASSIONATE CARE AND	
			PROTECTION.	100,000.
•				
				-
			- 	
Total			► 3a	100,000.
b Approved for future payment				
			,	
NONE				
			-	
				•
-			'	
•				
		L		
Total			▶ 3b	0.
			Foi	m 990-PF (2019)

Form 990-PF (2019) C/O C. DAVID N				84-3	236775 Page 12
Part XVI-A Analysis of Income-Produ	ıcing Activitie	s			
Enter gross amounts unless otherwise indicated	Unrelated t	ousiness income		by section 512, 513, or 514	(e)
	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue.	code	Amount	sion code	Amount	function income
a					
b					
C					
d	_				
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	176.	
4 Dividends and interest from securities			14	4,449.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory	-	···			
9 Net income or (loss) from special events			 		 _
10 Gross profit or (loss) from sales of inventory			+ +		
11 Other revenue					
a	-		+		
b	1 1		-		
c					
d					· · · · · · · · · · · · · · · · · · ·
6	-	0.		4,625.	0.
12 Subtotal Add columns (b), (d), and (e)	<u> </u>) ·	13	4,625.
13 Total Add line 12, columns (b), (d), and (e)				13 <u></u>	4,025.
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities	to the Accom	nlishment of Ex	empt Pu	ırnoses	
Line No. Explain below how each activity for which inc			A contribute	d importantly to the accomp	lishment of
the foundation's exempt purposes (other that	n by providing tunds	for such purposes)		·	
					
<u> </u>					
		<u> </u>		·	
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Form **990-PF** (2019)

Part XVII	Information Re Exempt Organi	•	sters to ai	nd Transactions a	na Kelationshi	ps with Noncharit	apie		
1 Did the or			of the followin	g with any other organizati	on described in section		T	Yes	No
	,	, , , ,		y with any other organizations?		JII 30 I(6)			
•	from the reporting founda	•	, -	•					
(1) Cash	from the reporting sounda	tion to a noncharita	DIE EXEMPLOIG	janization of.			1a(1)		X
(1) Casii (2) Other	accate						1a(1)		X
. 0							18(2)		
		ala ayamat araaniza	tion				1b(1)		X
	of assets to a noncharitat						1b(1)		X
• •	nases of assets from a nor	•	organization				1b(2)		X
• •	al of facilities, equipment, o	JI Ulliel assets					1b(3)		X
, ,	bursement arrangements						1b(4)		X
` ,	s or loan guarantees Irmance of services or mer	mhorchin or fundra	cina colicitatio	ne			1b(6)	1	X
` '	f facilities, equipment, mai	*	-				1c		X
-				dule. Column (b) should al	lwave chow the fair m	narket value of the goods of		LLl	 -
	•	•	-	ed less than fair market valu	•			,010,	
	i) the value of the goods, o			o 1000 than fan market vak	ac in any transaction	or sharing arrangement, or			
(a) Line no	(b) Amount involved			exempt organization	(d) Description	of transfers, transactions, and s	haring arr	angemen	its
(-,	(0)	(0)	N/A	- Control of Garage	(=)====				
			**/ **						
			· · · · · · · · · · · · · · · · · · ·						
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				· · · · · · · · · · · · · · · · · · ·					
						· ·			
	ndation directly or indirect 501(c) (other than section	•		or more tax-exempt organ	izations described		Yes	X	No No
b If "Yes," co	omplete the following sche		_	-	T	·			
	(a) Name of orga	anization		(b) Type of organization	1	c) Description of relations	пр		
	N/A				<u></u>				
			-	<u> </u>					
						 			
·									
Sign Here	elief it is true correct and com			accompanying schedules and staxpayer) is based on all information	CO-TRU	s any knowledge retu sho	y the IRS of irn with the wn below Yes	? See ins	er
J Sigi	nature of officer or trustee	me	Preparer's a	Date	Title Date	Check If PTIN			
	Print/Type preparer's nai	INC	Preparer's si	ynature •	1	self- employed			
Paid	0 033770 37		1- Ste	-125	11/11/20	, ,	1110	666	
	C. DAVID NI		ء مقامقا	III OVEDE A TE			0119		
Preparer Use Only	Firm's name NEW	BEKY, UNG	ERER &	HICKERT LLP		Firm's EIN ► 48 – 11	.490	4 9	
USE UIIIY	F	21 617 177	- - -	DOAD CITTEE	101				
	1			ROAD, SUITE	101	705 05	72 -	252	
<u> </u>	<u> TO</u>	PEKA, KS	66614-	44/5	_	Phone no 785-27			
						Fo	orm 99 0	ソードト	(2019)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

LIZ STRATTON CHARITABLE TRUST

OMB No 1545 0047

2019

Employer identification number

C/O C. DAVID NEWBERY 84-3236775 Organization type (check one) Filers of Section: 501(c)(Form 990 or 990 EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990 PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990 EZ, or 990 PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990 PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

C/O C. DAVID NEWBERY

Name of organization
LIZ STRATTON CHARITABLE TRUST

Employer identification number

84-3236775

Part I	Contributors (see instructions) Use duplicate copies of Part I if additi	ional space is needed	
(a) No.	(b) · Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARY ELIZABETH STRATTON 2231 SW WANAMAKER ROAD, SUITE 101 TOPEKA, KS 66614	\$2,785,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)

Name of organization
LIZ STRATTON CHARITABLE TRUST
C/O C. DAVID NEWBERY

Employer identification number

84-3236775

art II, No	oncash Property (see instructions) Use duplicate copies of Pa	art ii ii additional space is needed	· · · · · · · · · · · · · · · · · · ·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_ _		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) , (See instructions)	(d) Date received
		\$	· · · · · · · · · · · · · · · · · · ·
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			

Employer identification number Name of organization LIZ STRATTON CHARITABLE TRUST 84-3236775 C/O C. DAVID NEWBERY Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor Complete columns (a) through (e) and the following line entry. For organizations completing Part III enter the total of exclusively religious charitable etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift / (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTEREST	ON SAVI	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT 1
SOURCE	REVE	(A) REVENUE PER BOOKS 176.		(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
ALLIANCE BANK - CHECK				176.		
TOTAL TO PART I, LINE				176.	176.	
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	M SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE	(A) EVENUE BOOKS	(B) NET INVES MENT INCO	
VANGUARD - DIVIDENDS	4,449	•	0.	4,449.	4,44	9. 4,449.
TO PART I, LINE 4	4,449	•	0.	4,449.	4,44	9. 4,449.
FORM 990-PF		ACCOUNTI		3)	(C)	STATEMENT 3
DESCRIPTION		EXPENSES PER BOOKS	NET IN	IVEST- INCOME	ADJUSTED NET INCOM	
ACCOUNTING & TAX PREPARATION	_	1,275.		0.		0. 0.
TO FORM 990-PF, PG 1,	LN 16B	1,275.		0.		0. 0.
-						•
FORM 990-PF		SUBSTANTIA ART VII-A,				STATEMENT 4
NAME OF CONTRIBUTOR		ADDR:	ESS			
MARY ELIZABETH STRATT	ON	2231	SW WAN	AMAKER	ROAD, SUIT	E 101

TOPEKA, KS 66614