Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0047

	For	calen	dar year 2019 or tax year beginning March	31	, 2019, and	ending	March 28	, 20 20
		e of four					r identification numbe	
	4	<u>Stan</u> le	y Consultants Charitable Foundation			42-	1186325	
	Num	ber and	street (or P O box number if mail is not delivered to street address)		Room/suite	B Telephon	e number (see ınstructı	ons)
		225 I	owa Avenue			563-	-264-6600	
22	City	or town,	state or province, country, and ZiP or foreign postal code			C If exempt	ion application is pendi	ng. check here ▶ □
٦,		Mus	catine, IA 52761					g, chook held F
Ò	G	Check	all that apply:	of a former	oublic charity	D 1. Foreigi	n organizations, check l	nere . ▶□
4			☐ Final return ☐ Amended		,,		_	_
۲			☐ Address change ☐ Name cha	nge			n organizations meeting here and attach compu	
Ĭ	H	Check	type of organization: X Section 501(c)(3) exempt p		ation (Y)	í	foundation status was	
1			n 4947(a)(1) nonexempt charitable trust				07(b)(1)(A), check here	▶□
បី			arket value of all assets at J Accounting method			_ ,,,,		
			year (from Part II, col. (c), Other (specify)				ndation is in a 60-montl ction 507(b)(1)(B), check	
		line 16		e on cash basi	ıs)			_
;		art I	Analysis of Revenue and Expenses (The total of	i -				(d) Disbursements
			amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue expenses p	er (b) Net	: investment	(c) Adjusted net income	for charitable purposes
2			the amounts in column (a) (see instructions).)	books	"	icome	moome	(cash basis only)
1.	$\overline{}$	1	Contributions, gifts, grants, etc., received (attach schedule)	180,115				
\mathcal{I}_{ℓ}	$\setminus \mid$	2	Check ► ☐ if the foundation is not required to attach Sch. B		······································		**********	
J	`	3	Interest on savings and temporary cash investments	3,783	3	,783	3,783	***************************************
J		4	Dividends and interest from securities			,, 05	5,705	
J		5a	Gross rents					
4		b	Net rental income or (loss)					
2	e	6a	Net gain or (loss) from sale of assets not on line 10	1				
⊇	2	b	Gross sales price for all assets on line 6a					
0 0 2 2 A 0 6 1	Revenue	7	Capital gain net income (from Part IV,		· · · · · · · · · · · · · · · · · · ·			
5	Re	8	Net short-term capital gain					
>		9	Income modifications					
-		10a	Gross sales less returns and allowances					
77		b	Less: Cost of goods sold					
<u> </u>		С	Gross profit or (loss) (attach schedule)					
j		11	Other income (attach schedule)					
5		12	Total. Add lines 1 through 11	183,898	3,7	83	3,783	
>	~	13	Compensation of officers, directors, trustees, etc.					
	Expenses	14	Other employee salaries and wages					
	e	15	Pension plans, employee benefits					
	Хp	16a	Legal fees (attach schedule)					
		b	Accounting fees (attach schedule)				100 400	
	Ę	С	Other professional fees (attach schedule)			REC	EIVED_,	
	rat	17	Interest				16	
•	ist	18	Taxes (attach schedule) (see instructions)	68	1044	ADDA	<u> 8 2021 S</u>	68
)	Ē	19	Depreciation (attach schedule) and depletion		18	אי יש	RS RS	
_	ģ	20	Occupancy			<u> </u>		
2	d b	21	Travel, conferences, and meetings			OGL	EN, UT	
	aŭ	22	Printing and publications		<u> </u>			
١	ğ	23	Other expenses (attach schedule)	233				233
-	ıtir	24	Total operating and administrative expenses.	201				201
	Operating and Administrative		Add lines 13 through 23	301				301
	ď	25	Contributions, gifts, grants paid	65,750				65,750
	<u> </u>	26	Total expenses and disbursements. Add lines 24 and 25	66,051				66,051
		27	Subtract line 26 from line 12:	117,847				
		а	Excess of revenue over expenses and disbursements	,				
		b	Net investment income (if negative, enter -0-) .		3,7	783		
		С	Adjusted net income (if negative, enter -0-)	l	1		3,783	

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form **990-PF** (2019)

Pa	ırt 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	18	(c) Fair Market Value
	1	Cash—non-interest-bearing	200,450	224,658		224,658
	2	Savings and temporary cash investments	182,584	276,223		276,223
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ► Less: allowance for doubtful accounts ►				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		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)				
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment: basis ▶				
	1	Less: accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule) ▶				
	15	Other assets (describe ►)				
	16	Total assets (to be completed by all filers—see the	383,034	500,881		500,881
		ınstructions. Also, see page 1, item l)				
	17	Accounts payable and accrued expenses				
S	18	Grants payable				
Liabilities	19	Deferred revenue				<u> </u>
豆	20	Loans from officers, directors, trustees, and other disqualified persons	- ,			
Ë	21	Mortgages and other notes payable (attach schedule)				
_	22	Other liabilities (describe ▶)	-			
_	23	Total liabilities (add lines 17 through 22)	0	0		
Balances		Foundations that follow FASB ASC 958, check here				
Ĕ		and complete lines 24, 25, 29, and 30.				
퓽	24	Net assets without donor restrictions		_		
	25	Net assets with donor restrictions				
pur		Foundations that do not follow FASB ASC 958, check here ▶ □				
ĭ	00	and complete lines 26 through 30.				
ō	26	Capital stock, trust principal, or current funds		<u> </u>		<u> </u>
şţ	27	Paid-in or capital surplus, or land, bldg., and equipment fund	383,034	500,881		- 1
SS	28	Retained earnings, accumulated income, endowment, or other funds		500,881		
Ä	29	Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see	383,034	300,001		
Net Assets or Fu	30	instructions)	383,034	500,881		
	rt III	Analysis of Changes in Net Assets or Fund Balances				
		al net assets or fund balances at beginning of year—Part II, column	mn (a), line 29 (mus	t agree with		
•		of-year figure reported on prior year's return)			1	383,034
2		er amount from Part I, line 27a			2	117,847
3		er increases not included in line 2 (itemize)			3	
4		lines 1, 2, and 3			4	500,881
5	_				5	
6	Tota	reases not included in line 2 (itemize) ► If net assets or fund balances at end of year (line 4 minus line 5)—I	Part II, column (b), li	ne 29	6	500,881

Part	IV Capital Gains and	Losses for Tax on Investn	nent Income				
		nd(s) of property sold (for example, real e se, or common stock, 200 shs MLC Co		(b) How acquired P-Purchase D-Donation	(c) Date a (mo , da		(d) Date sold (mo , day, yr)
1a	-						
b							
<u>c</u>							
<u>d</u>							
<u>е</u>	·	(A) Degree entree alleveed	(a) Cook on			(h) Co	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis ense of sale			ın or (loss) (f) mınus (g))
а							
b							-
С							
<u>d</u>							
е							
	Complete only for assets sho	wing gain in column (h) and owned	by the foundation	on 12/31/69.			(h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ssofcol (i) (j), ıfany	COI		ot less than -0-) or from col (h))
		25 01 125 1755	0,00,00,	(), ii (ii)			
<u>а</u> ь							
<u>`</u>							
h							
е							
2	Capital gain net income o		also enter in Pa		2		
3		n or (loss) as defined in sections	s 1222(5) and (6)):			
		I, line 8, column (c). See instru					
Part					3		· · · · · · · · · · · · · · · · · · ·
		vate foundations subject to the					
•		•	00011011 4040(4)	tax on not invoc		,,,,,	
If sect	ion 4940(d)(2) applies, leav	e this part blank.					
Was t	he foundation liable for the	section 4942 tax on the distribu	itable amount of	f any year in the l	base perio	od?	☐ Yes ☐ No
If "Yes		qualify under section 4940(e). Do					
1		ount in each column for each ye	ar; see the instru	uctions before m	akıng any	entries.	
Calc	(a) Base penod years Indar year (or tax year beginning in	(b) Adjusted qualifying distribution	s Net value o	(c) f nonchantable-use a	ssets	Dis	(d) stribution ratio divided by col (c))
Calc	2018	42,279		264,390		(001 (0)	16
	2017	67,435		203,422			33
	2016	78,053		152,154			51
	2015	104,940		134,609			78
	2014	75,956		145,040			53
2	Total of line 1, column (d)				· 2	 	2 31
3		for the 5-year base period—divoundation has been in existence			r by		46
4	Enter the net value of non	charitable-use assets for 2019 f	rom Part V June	5	. 4		379,419
7	Litter the het value of hon	Chantable-use assets for 2019 f	TOTT T ATT X, IIIIC	3	· -	+	
5	Multiply line 4 by line 3				5		174,533
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b	o)		. 6		38
•	Server rye in the firm, 1010 t		.,		· -	+	
7	Add lines 5 and 6				. 7		174,571
8	Enter qualifying distribution	ons from Part XII, line 4			. 8		66,051
		ater than line 7, check the box ii			that part u	ising a	1% tax rate. See the

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—se	<u>e ins</u>	<u>tru</u>	<u>ctio</u>	າ <u>s)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶☐ and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	_			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		7	76	
	here ► □ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)	_			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0	
3	Add lines 1 and 2	-		6	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		7	76	
6	Credits/Payments:				
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a				
b	Exempt foreign organizations—tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld				
7	Total credits and payments. Add lines 6a through 6d	_		0	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9			76	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10	,—			
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ Refunded ▶ 11				
art	/II-A Statements Regarding Activities		_		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	ıt	\Box	Yes	No
	participate or intervene in any political campaign?		а		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1	ь		x
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any material published or distributed by the foundation in connection with the activities.	_			
С	Did the foundation file Form 1120-POL for this year?		С		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	_			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	i			
	on foundation managers. ▶ \$	_	_		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	-	2		<u> </u>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article	es			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .	_	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4	la		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	<u> </u>	b		
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> .	Ļ	5		<u> </u>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions th	at			
	conflict with the state law remain in the governing instrument?	4	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part I	αĒ	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶			•	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gener		-		
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation		b	$\overline{\mathbf{x}}$	
0			-+		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes		-		
	complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the	_	\dashv		
	names and addresses		0		X

Pari	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► The books are in care of ► William C Harper, Assistant Treasurer Telephone no. ► 563-264-			
14	Located at N 225 Iowa Avenue Muscatine IA 71D.4 N 5 2 7	6600	1	
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 ▶ 15			_
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		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? Yes No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(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		
С	Organizations relying on a current notice regarding disaster assistance, check here			
·	were not corrected before the first day of the tax year beginning in 2019?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
b	If "Yes," list the years ▶ 20, 20, 20, 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
_	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b		X
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
За	▶ 20 , 20 , 20 , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	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		х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4h		l x

Pad	е	6
чy	v	•

Par	VII-3 Statements Regarding Activities	tor w	nich Form	4720 I	иау ве к	equire	a (contii	nuea)			
5a	During the year, did the foundation pay or incur a	ny am	ount to:		<u> </u>					Yes	No
	(1) Carry on propaganda, or otherwise attempt to		_	•		•	Yes Yes	🛚 No			\Box
	(2) Influence the outcome of any specific public				•	-					Ī
	directly or indirectly, any voter registration dri						☐ Yes	⊠ No			ŀ
	(3) Provide a grant to an individual for travel, stud						🔲 Yes	🗓 No			1
	(4) Provide a grant to an organization other than section 4945(d)(4)(A)? See instructions			-			☐ Yes	⊠ No			
	(5) Provide for any purpose other than religious, purposes, or for the prevention of cruelty to determine the prevention of cruelty the determined the prevention of cruelty the crue the prevention of cruelty the prevention of cruelty the crue the prevention of cruelty the crue the prevention of cruelty the crue the						∏Yes	X No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the in Regulations section 53.4945 or in a current no							cribed	5b		
	Organizations relying on a current notice regarding	ng disa	ster assistan	ce, che	ck here .			▶□			$\overline{}$
С	If the answer is "Yes" to question 5a(4), does to	_									
	because it maintained expenditure responsibility	for the	grant?				Yes Yes	☐ No			
	If "Yes," attach the statement required by Regula	ations s	ection 53.49	45-5(d)							
6a	Did the foundation, during the year, receive any										1
	on a personal benefit contract?							☑ No			
b	Did the foundation, during the year, pay premium If "Yes" to 6b, file Form 8870.	ns, dire	ctly or indired	ctly, on	a personal	benefit	contract	? .	6b		X
7a	At any time during the tax year, was the foundation	a party	to a prohibite	ed tax s	helter trans	action?	☐ Yes	☑ No			
b	If "Yes," did the foundation receive any proceeds	or hav	ve any net ind	ome at	tributable	to the tr	ansactio	n? .	7b		
8	Is the foundation subject to the section 4960 tax										
	remuneration or excess parachute payment(s) du										i
Par	VIII Information About Officers, Direct	tors, 1	rustees, F	ounda	tion Mana	agers,	Highly F	Paid E	mploy	ees,	
	and Contractors										
1	List all officers, directors, trustees, and found								·		
	(a) Name and address	hou	e, and average rs per week ed to position	i (If n	npensation ot paid, ter -0-)	emplo	Contribution yee benefit erred compe	plans	(e) Expe	nse acc allowan	
	Sec Attached list		-								
	_										
2	Compensation of five highest-paid employee "NONE."	s (oth	er than tho	se incli	uded on li	ne 1—:	see instr	uction	s). If n	one, e	enter
	(a) Name and address of each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to p	/eek ¯	(c) Comper	nsation	(d) Contribi employee plans and compens	benefit deferred	(e) Expe	nse acc allowan	
		-+					·· <u> </u>				
									<u></u> _		
											
 Total	number of other employees paid over \$50,000 .		_					. •	No	ne	
. viai	number of other employees hair over 400,000 .				· · · · ·				140	110	

and Contractors (continued)		
3 Five highest-paid independent contractors for professional ser	vices. See instructions. If none, enter "NON	IE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	<u> </u>	
		
•••••		
		
	*	
Total number of others receiving over \$50,000 for professional services	<u> </u>	None
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include organizations and other beneficiaries served, conferences convened, research papers processes and other beneficiaries.		Expenses
1 NONE TO REPORT		1
		İ
2	· <u>·</u> ·······	
i		•
		_
3		
AL		
4		
	. :	
•44££	• .	
Part IX-B Summary of Program-Related Investments (see	e instructions)	
Describe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2	Amount
1 NONE TO REPORT		
		+
?		
All other program-related investments. See instructions	·	
3		
<u> </u>		
	,	
Total. Add lines 1 through 3		
· · · · · · · · · · · · · · · · · · ·		Farry 000-DE (201

Part	Minimum Investment Heturn (All domestic foundations must complete this part. Forei see instructions.)	gn τοι	indations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	-	
a	Average monthly fair market value of securities	1a	205 107
b	Average of monthly cash balances	1b	385,197
С	Fair market value of all other assets (see instructions)	1c	205 107
d	Total (add lines 1a, b, and c)	1d	385,197
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	385,197
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		<i>5</i> 770
	instructions)	4	5,778
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	379,419
6	Minimum investment return. Enter 5% of line 5	6	18,971
Part 1		ounda	tions
1	Minimum investment return from Part X, line 6	1	18,971
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.)	1	
c	Add lines 2a and 2b	2c	76
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	18,895
4	Recoveries of amounts treated as qualifying distributions	4	24,472
5	Add lines 3 and 4	5	18,895
6	Deduction from distributable amount (see instructions)	6	10,075
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	┝┷╅	
•	line 1	7	18,895
Part	XII Qualifying Distributions (see instructions)	<u>'''</u>	
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	66,051
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	 ''' 	
_	purposes	2	
•	Amounts set aside for specific charitable projects that satisfy the:	-	
3_	· · · · · · · · · · · · · · · · · · ·		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	66,051
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	00,031
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	38
_	Enter 1% of Part I, line 27b. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	66,013
	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 whet	
			- 000 DE

Part	XIII Undistributed Income (see instruction	nş)			
		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7				18,895
2	Undistributed income, if any, as of the end of 2019:				i
a	Enter amount for 2018 only				
b	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2019:				
a	From 2014 68,712				
b	From 2015 98,214				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e	323,838			
4	Qualifying distributions for 2019 from Part XII, line 4: ► \$ 66,051				
а	Applied to 2018, but not more than line 2a .				
b	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2019 distributable amount				18,895
е	Remaining amount distributed out of corpus	47,156			
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:	350.004			
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	370,994		:	
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		
e	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
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)				
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	68,712			
9	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	302,282			
10	Analysis of line 9:				
а	Excess from 2015 98,214				
b	Excess from 2016				
C	Excess from 2017		1		
d	Excess from 2018				
е	Excess from 2019 47,156				

organization under Section 501C(3) of the Internal Revenue Code and indicate if it is a private foundation. Gifts and grants are not made to individuals

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: Foundation only supports 501(c)(3) organizations that generally meet charitable purposes and eligibility guidelines intended to improve the lives of

Applications are accepted at any time Notice of approval, rejection or requests for additional information usually issued within three months

general public, programs directed at youth to help develop self-reliance, character, citizenship and/or leadership

c Any submission deadlines:

Form **990-PF** (2019)

ar 3	Supplementary Information (con Grants and Contributions Paid During	tinued)	ed for Eu	ure Payment	
• 	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or	Amo
	Name and address (home or business)	or substantial contributor	recipient	contribution	
8	Paid during the year				'
	See attached list				
			1		
			1		
				,	
					ļ
]		
	Total	<u> </u>		· · · · · · · · •	3a 65,75
b	Approved for future payment				
		,			
	-				
			l		
			1	1	

		unless of Income-Producing Adults of Income-Producing Income-Produ	Y'	siness income	Excluded by secti	on 512, 513, or 514	Γ
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
1	Program service	revenue:				-	
	'						
						·	
	d						
	e						·
	T		ļ		 		ļ
_	-	ntracts from government agencies					
_		es and assessments			14	3,783	
3		nterest from securities				3,763	
5		ne or (loss) from real estate:					1
•	a Debt-finance				 		
		anced property					
6		ne or (loss) from personal property					
		it income					
8		n sales of assets other than inventory					<u> </u>
9	, ,	oss) from special events					
		oss) from sales of inventory				<u> </u>	
11	Other revenue.	•					
• •	L						
	d	_					
	e						
	0.1	aliumana (la) (d) anad (a)				3,783	i
12	Subtotal, Add co	Diumns (D), (a), and (e)				0,700	li .
		blumns (b), (d), and (e)					3,783
13	Total. Add line 1	olumns (b), (d), and (e) I2, columns (b), (d), and (o) I3 instructions to verify calculation					3,783
13 See	Total. Add line 1 worksheet in line	12, columns (b), (d), and (o)	 s.)				3,783
13 See Par Line	Total. Add line 1 worksheet in line t XVI-B Rel	12, columns (b), (d), and (o) e 13 instructions to verify calculation	is.) accomplishm	ent of Exemp	t Purposes	13	
13 See Par Line	Total. Add line 1 worksheet in line t XVI-B Rel	2, columns (b), (d), and (o) 13 instructions to verify calculation ationship of Activities to the A	is.) accomplishm	ent of Exemp	t Purposes	13	
13 See Par Line	Total. Add line 1 worksheet in line t XVI-B Rel No. Explain accomp	2, columns (b), (d), and (o) 13 instructions to verify calculation ationship of Activities to the A	is.) accomplishm	ent of Exemp	t Purposes	13	
13 See Par Line	Total. Add line 1 worksheet in line t XVI-B Rel No. Explain accomp	2, columns (b), (d), and (o) 13 instructions to verify calculation ationship of Activities to the A	is.) accomplishm	ent of Exemp	t Purposes	13	
13 See Par Line	Total. Add line 1 worksheet in line t XVI-B Rel No. Explain accomp	2, columns (b), (d), and (o) 13 instructions to verify calculation ationship of Activities to the A	is.) accomplishm	ent of Exemp	t Purposes	13	
13 See Par Line	Total. Add line 1 worksheet in line t XVI-B Rel No. Explain accomp	2, columns (b), (d), and (o) 13 instructions to verify calculation ationship of Activities to the A	is.) accomplishm	ent of Exemp	t Purposes	13	
13 See Par Line	Total. Add line 1 worksheet in line t XVI-B Rel No. Explain accomp	2, columns (b), (d), and (o) 13 instructions to verify calculation ationship of Activities to the A	is.) accomplishm	ent of Exemp	t Purposes	13	
13 See Par Line	Total. Add line 1 worksheet in line t XVI-B Rel No. Explain accomp	2, columns (b), (d), and (o) 13 instructions to verify calculation ationship of Activities to the A	is.) accomplishm	ent of Exemp	t Purposes	13	
13 See Par Line	Total. Add line 1 worksheet in line t XVI-B Rel No. Explain accomp	2, columns (b), (d), and (o) 13 instructions to verify calculation ationship of Activities to the A	is.) accomplishm	ent of Exemp	t Purposes	13	
13 See Par Line	Total. Add line 1 worksheet in line t XVI-B Rel No. Explain accomp	2, columns (b), (d), and (o) 13 instructions to verify calculation ationship of Activities to the A	is.) accomplishm	ent of Exemp	t Purposes	13	
13 See Par Line	Total. Add line 1 worksheet in line t XVI-B Rel No. Explain accomp	2, columns (b), (d), and (o) 13 instructions to verify calculation ationship of Activities to the A	is.) accomplishm	ent of Exemp	t Purposes	13	
13 See Par Line	Total. Add line 1 worksheet in line t XVI-B Rel No. Explain accomp	2, columns (b), (d), and (o) 13 instructions to verify calculation ationship of Activities to the A	is.) accomplishm	ent of Exemp	t Purposes	13	
13 See Par Line	Total. Add line 1 worksheet in line t XVI-B Rel No. Explain accomp	2, columns (b), (d), and (o) 13 instructions to verify calculation ationship of Activities to the A	is.) accomplishm	ent of Exemp	t Purposes	13	
13 See Par Line	Total. Add line 1 worksheet in line t XVI-B Rel No. Explain accomp	2, columns (b), (d), and (o) 13 instructions to verify calculation ationship of Activities to the A	is.) accomplishm	ent of Exemp	t Purposes	13	
13 See Par Line	Total. Add line 1 worksheet in line t XVI-B Rel No. Explain accomp	2, columns (b), (d), and (o) 13 instructions to verify calculation ationship of Activities to the A	is.) accomplishm	ent of Exemp	t Purposes	13	
13 See Par Line	Total. Add line 1 worksheet in line t XVI-B Rel No. Explain accomp	2, columns (b), (d), and (o) 13 instructions to verify calculation ationship of Activities to the A	is.) accomplishm	ent of Exemp	t Purposes	13	
13 See Par Line	Total. Add line 1 worksheet in line t XVI-B Rel No. Explain accomp	2, columns (b), (d), and (o) 13 instructions to verify calculation ationship of Activities to the A	is.) accomplishm	ent of Exemp	t Purposes	13	
13 See Par Line	Total. Add line 1 worksheet in line t XVI-B Rel No. Explain accomp	2, columns (b), (d), and (o) 13 instructions to verify calculation ationship of Activities to the A	is.) accomplishm	ent of Exemp	t Purposes	13	
13 See Par Line	Total. Add line 1 worksheet in line t XVI-B Rel No. Explain accomp	2, columns (b), (d), and (o) 13 instructions to verify calculation ationship of Activities to the A	is.) accomplishm	ent of Exemp	t Purposes	13	
13 See Par Line	Total. Add line 1 worksheet in line t XVI-B Rel No. Explain accomp	2, columns (b), (d), and (o) 13 instructions to verify calculation ationship of Activities to the A	is.) accomplishm	ent of Exemp	t Purposes	13	
13 See Par Line	Total. Add line 1 worksheet in line t XVI-B Rel No. Explain accomp	2, columns (b), (d), and (o) 13 instructions to verify calculation ationship of Activities to the A	is.) accomplishm	ent of Exemp	t Purposes	13	
13 See Par Line	Total. Add line 1 worksheet in line t XVI-B Rel No. Explain accomp	2, columns (b), (d), and (o) 13 instructions to verify calculation ationship of Activities to the A	is.) accomplishm	ent of Exemp	t Purposes	13	
13 See Par Line	Total. Add line 1 worksheet in line t XVI-B Rel No. Explain accomp	2, columns (b), (d), and (o) 13 instructions to verify calculation ationship of Activities to the A	is.) accomplishm	ent of Exemp	t Purposes	13	

Firm's address ▶

Part	XVII	Informati Organiza		nsfers to and Tran	sactions an	d Relationsh	ips With I	Nonchar	itable		empt
1	ın s orga	ection 501(c) inizations?	(other than section	engage in any of the 501(c)(3) organization	ons) or in s	ection 527, re				Yes	No
а				to a noncharitable exe					1a(1)		X
	(2)	Other assets							1a(2)		X
b		er transactions:							15/4		X
				empt organization . table exempt organiza					1b(1) 1b(2)		X
				er assets					1b(3)		х
	(4) F	Reimbursement	arrangements						1b(4)		Х
		_							1b(5)		X
•				ship or fundraising soli lists, other assets, or p					1b(6) 1c		X
		_	- · ·	es," complete the follo						air m	<u> </u>
•				ces given by the rep							
	valu			gement, show in colur		ue of the goods	, other ass	ets, or se	rvices	recei	ved.
(a) Line	no	(b) Amount involved	d (c) Name of non-	chantable exempt organizati	on (d) [Description of trans	fers, transactio	ons, and sha	ring arra	ingeme	ents
	-										
								 			
											
											
								-			
	-										
	desc	cribed in section	n 501(c) (other than s	affiliated with, or rela ection 501(c)(3)) or in :					☐ Ye	s X] No
<u>n</u>	11 " Y	es, complete t	he following schedul	e. (b) Type of orc	nanization		(c) Description	on of relation	nehin		
		(a) Name of org	amzation	(b) Type of org	janization	-	(c) Description	- Telation	isinp		
			· · · · · · · · · · · · · · · · · · ·								
				ļ							
	Line	der penalties of peruin	v. I declare that whave examin	hed this return, including accor	mnanying schedule	es and statements ar	nd to the best of	f my knowled	ne and b	nelief it	is true
Sign Here	correct, and complete Declaration of preparer (other th		an taxpayer) is based on all information of which pr 04/13/2021 Assistant Tr		preparer has any kn	oreparer has any knowledge. May the IRS disc			ss this	return pelow?	
		nature of officer or t	<u> </u>	Date	Title			<u> </u>		่าเคล[7,40
Paid Prepa	arer	Print/Type prepa	rer's name	Preparer's signature		Date		ck	PTIN		
llea (•		-		Firm's EIN	•			

Phone no

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

2019

Employer Identification number

42-1186325 **Stanley Consultants Charitable Foundation** Organization type (check one): Filers of: Section: Form 990 or 990-EZ ☐ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.-For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
Stanley Consultants Charitable Foundation

Employer identification number 42-1186325

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	Stanley Consultants, Inc		Person ☑ Payroll ☐			
	225 Iowa Avenue	\$\$	Noncash			
	Muscatine, IA 52761		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person			

(b) Name, address, and ZIP + 4

(a) No. Noncash

(c)
Total contributions

(Complete Part II for noncash contributions.)

(d) Type of contribution

Employer identification number 42-1186325

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (c) FMV (or estimate) (a) No. (b) Description of noncash property given from **Date received** (See instructions.) Part I (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given **Date received** Part I (See Instructions.) (c) FMV (or estimate) (a) No. (d) (b) from Description of noncash property given **Date received** Part I (See instructions.) (c) FMV (or estimate) (a) No. (d) from **Date received** Description of noncash property given Part I (See instructions.) (c) FMV (or estimate) (a) No. (b) from Date received Description of noncash property given Part I (See instructions.) (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.)

	,		_			
Name of or	Form 990, 990-EZ, or 990-PF) (2019)		Page Employer identification number			
	onsultants Charitable Foundation		42-1186325			
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the state of the st	ne year from any one contribut ns completing Part III, enter the year. (Enter this information once	s described in section 501(c)(7), (8), or cor. Complete columns (a) through (e) and total of exclusively religious, charitable, etc. e. See instructions.)			
(a) No.		(c) Use of gift				
from Part I	(b) Purpose of gift	(c) Ose of gift	(d) Description of how gift is held			
}		(e) Transfer of gift				
	Transferee's name, address, and	ZIP + 4 Rela	ationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift				
_	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
}	transferee's name, address, and		ationship of transferor to transferee			
(a) No. from						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Stanley Consultants Charitable Foundation EIN #42-1186325 Form 990-PF 2019

·	Amount	
Part 1, Line 1		
Contributions Received: Stanley Consultants, Inc.	\$180,1	15
Part I, Line 18 Taxes		
Excise Tax, 2018 Form 990-PF	\$	68
	Total \$	68
Part I, Line 23 Other Expenses		
Book Food	en	22
Bank Fees		33
	Total \$2	233

Stanley Consultants Charitable Foundation EIN #42-1186325 Form 990-PF 2019

a)	(b)	(c)	(d) Benefit Plan	(e)
Name &	Time in	Compen-	Contri-	Expense
Address	Position	sation	butions	account
Kate E C Harris		None	None	None
3373 Snowberry Lane	Director			
Niwot, CO 80503	Part-Time			
Dale R Sweere	Director	None	None	None
2604 Dover Downs Street Muscatine, IA 52761	Part-Time			
Michael R. Helms	Director	None	None	None
1919 Glenwood Drive Moline, IL 61265	⊬art-Timę			
James A. Nepple	Secretary	None	None	None
615 Cedar Street Suite 101 Muscatine, IA 5 <u>2</u> 761	Part-Time			
Jesse J Herron	Treasurer	None	None	None
I402 W 141st Court Westminster, CO 80023	Part-Time			
William C Harper	Asst Treasurer	None	None	None
2232 Hickory Hills Road Muscatine, IA 52761	Part-Time			
Christine L Cole 2602 Wrotham Heath	Asst Treasurer Part-Time	None	None	None

Stanley Consultants Charitable Foundation EIN #42-1186325 Form 990-PF 2019

Part XV, Line 3 Contributions Paid During the Year

Recipient	Foundation Status of Recipient	Purpose of Contribution	<u>Amount</u>
Engineers Without Borders USA 125 S Wacker Dr Suite 3000 Chicago, IL 60606	Non-profit Organization	Charitable	\$10,000
Iowa College Foundation 505 Fifth Ave , Suite 1034 Des Moines, IA 50309-9639	Non-profit Organization	Educational	\$1,750
Muscatine Center for Social Action 312 Iowa Avenue Muscatine, IA 52761	Non-profit Organization	Chantable	\$1,500
Muscatine History & Industry Center 117 W 2nd St Muscatine, IA 52761	Non-profit Organization	Educational	\$5,000
University of Iowa Center for Advancement P O Box 4550 Iowa City, IA 52244-4550	Non-profit Organization	Educational	\$20,000
United Way of Muscatine P O Box 797 Muscatine, IA 52761	Non-profit Organization	Chantable	\$18,750
Freedom Service Dogs of America 7193 S Dillon Court Englewood, CO 80112	Non-profit Organization	Chantable	\$3,750
Community Foundation of Greater Muscatine 208 W 2nd St Suite 13 Muscatine, IA 52761	Non-profit Organization	Chantable	\$5,000

\$65,750

Total