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2020

OMB No. 1545-0052

Return of Private Foundation

Form 990-PF Department of the Treasury

Internal Revenue Service

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

or	caler	ndar year 2020, or tax year beginning 01-01-20)20 , ar	nd en	ding 12-31-	2020	
		ındation Y S TURNER CHARITABLE TRUST			A Employer ide	entification numbe	r
	, OTT 11 E	TO TOTAL CALLING THE ST			43-6316904		
		d street (or P.O. box number if mail is not delivered to street address) AMERICA NA PO BOX 831	Room/suite		B Telephone nu	mber (see instructior	ns)
					(800) 357-7094		
		n, state or province, country, and ZIP or foreign postal code 752831041			C If exemption	application is pendin	g, check here
G Ch	neck al	ll that apply: \Box Initial return \Box Initial return of a	former public charity		D 1. Foreign org	ganizations, check he	re
		\square Final return \square Amended return				ganizations meeting	
		Address change Name change			·	k here and attach cor	· _
		rpe of organization: ✓ Section 501(c)(3) exempt private				indation status was t n 507(b)(1)(A), chec	
			e private foundation Cash Accru	!	F 16+1- 6	tion is in a CO mount	
of '	year (f	xet value of all assets at end from Part II, col. (c), ▶\$ 36,527,086 Under (specify) (Part I, column (d) must		ıaı		ition is in a 60-month n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	Ι			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	(d)	Net investment income	(c) Adjusted net income	for charitable purposes
	1	Contributions, gifts, grants, etc., received (attach		-			(cash basis only)
	-	schedule)					
	2	Check \blacktriangleright \checkmark if the foundation is not required to attach					
	3	Sch. B Interest on savings and temporary cash investments		1			
	4	Dividends and interest from securities	668,433	3	668,433		
	5a	Gross rents	3337.33				
	b	Net rental income or (loss)					
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	-219,272	2			
Revenue	b	Gross sales price for all assets on line 6a					
	7	Capital gain net income (from Part IV, line 2)			0		
	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	449,161	-	668,433		
	13	Compensation of officers, directors, trustees, etc.	212,139	9	127,283		84,856
_	14	Other employee salaries and wages		-	0	0	(
ses	15 16a	Legal fees (attach schedule)		1	0	0	,
ĕ	b	Accounting fees (attach schedule)	1,800		1,080	0	720
Ĕ	c	Other professional fees (attach schedule)	79,808	1	1,000		79,808
Ne	17	Interest	73,300	1			, 5,500
Ta T	18	Taxes (attach schedule) (see instructions)	15,538	3	10,538		(
<u> </u>	19	Depreciation (attach schedule) and depletion	0		0		
Ē	20	Occupancy					
Ă	21	Travel, conferences, and meetings			0	0	
anc	22	Printing and publications			0	0	
Operating and Administrative Expenses	23	Other expenses (attach schedule)	1,500				1,500
Tati	24	Total operating and administrative expenses.					
<u>e</u>		Add lines 13 through 23	310,785	-	138,901	0	166,884
ت	25	Contributions, gifts, grants paid	1,381,885	5			1,381,885
	26	Total expenses and disbursements. Add lines 24 and 25	1,692,670		138,901	0	1,548,769
	27	Subtract line 26 from line 12:	_,,	1		-	,= .=,. ==
	а	Excess of revenue over expenses and	1 242 500				
	b	disbursements Net investment income (if negative, enter -0-)	-1,243,509	1	529,532		
	c	Adjusted net income (if negative, enter -0-)		1	323,332	0	
_			<u> </u>	1			L

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	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	2,080,520	1,767,974	1,767,9
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶		0	
	4	Pledges receivable ▶			
		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 ▶			
,	8	Inventories for sale or use			
5	9	Prepaid expenses and deferred charges			
Ì	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	20,964,529	20,053,430	34,759,:
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	1				

Investments—other (attach schedule) 13 Land, buildings, and equipment: basis ▶ 14 Less: accumulated depreciation (attach schedule) ightharpoonsOther assets (describe Liabilities nces |

	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	23,045,049	21,821,404	36,527,086
	17	Accounts payable and accrued expenses			
	18	Grants payable			
62	19	Deferred revenue			
111	20	Loans from officers, directors, trustees, and other disqualified persons			
יו מוי	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe)			
	23	Total liabilities(add lines 17 through 22)		0	
balances	24	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29 and 30. Net assets without donor restrictions			
or Fund	25	Foundations that do not follow FASB ASC 958, check here And complete lines 26 through 30.			
۸	26	Capital stock, trust principal, or current funds	23,045,049	21,821,404	
ser	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
AS	28	Retained earnings, accumulated income, endowment, or other funds			
Net	29	Total net assets or fund balances (see instructions)	23,045,049	21,821,404	
_	30	Total liabilities and net assets/fund balances (see instructions) .	23,045,049	21,821,404	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1	Tota	net assets or fund balances at beginning of year—Part II, column (a), line	e 29 (must agree with	end-	

- ≛		and complete lines 24, 25, 29 and 30.				
Balan	24	Net assets without donor restrictions				
8	25	Net assets with donor restrictions				
Fund		Foundations that do not follow FASB ASC 958, check here 🕨 🗹				
5		and complete lines 26 through 30.				
.s	26	Capital stock, trust principal, or current funds	23,045,049		21,821,404	
Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
A S	28	Retained earnings, accumulated income, endowment, or other funds				
Ret	29	Total net assets or fund balances (see instructions)	23,045,049		21,821,404	
	30	$\textbf{Total liabilities and net assets/fund balances} \ (\textbf{see instructions}) \ \ \textbf{.}$	23,045,049		21,821,404	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances				
1		ll net assets or fund balances at beginning of year—Part II, column (a), line ear figure reported on prior year's return)	29 (must agree with		1	23,045,049
_	•			⊢	_	
2		er amount from Part I, line 27a		• ⊢	2	-1,243,509
3	Oth	er increases not included in line 2 (itemize) ▶	<u>~</u>	Ļ	3	19,901
4	Add	lines 1, 2, and 3		. L	4	21,821,441
5	Dec	reases not included in line 2 (itemize) 🕨	~		5	37
6	Tota	l net assets or fund balances at end of year (line 4 minus line 5)—Part II,	column (b), line 29	.	6	21,821,404
					F	orm 990-PF (2020)

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	pe the kind(s) of property sold (e. arehouse; or common stock, 200	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a See Additional Data Tabl	le				
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowe (or allowable)		(g) other basis ense of sale	Gain o	h) r (loss)) minus (g)
a See Additional Data Tabl	le				
b					
c					
d					
e					
	•				
Complete only for assets	s showing gain in column (h) and	owned by the foundation	on 12/31/69	(I)
(i) F.M.V. as of 12/31/69	(j)	Excess	(k) s of col. (i) l. (j), if any	Gains (Col. (col. (k), but not	h) gain minus less than -0-) or om col.(h))
a See Additional Data Tabl			(3),		
b					
С					
d					
e					
	•	•		•	
Capital gain net income Net short-term capital	e or (net capital loss) gain or (loss) as defined in sectio	If gain, also enter in F If (loss), enter -0- in		2	-219,272
•	art I, line 8, column (c) (see instru		D }	3	
Don't V Overliff section	Haday Castian 4040(a) faw	Dadward Taylor Not	,		
	Under Section 4940(e) for			come	
	ALED ON DECEMBER 20, 20	119 - DO NOT COMPL	ETE		
1 Reserved	1 (1)			7 D	
(a) Reserved	(b) Reserved	(c) Reserved		(d) Reserved	
2 Reserved			2		
3 Reserved]	
4 Reserved			<u> </u>	i	
			بت	ì	
			<u> </u>]	
			<u> </u>	<u> </u> 	
				L	
8 Reserved ,			8		

Page **6**

5a	5a During the year did the foundation pay or incur any amount to:						No
	(1) Carry on propaganda, or otherw	vise attempt to influence legis	slation (section 4945(e))?	☐ Yes ☑	l No		
	(2) Influence the outcome of any sp	pecific public election (see se	ction 4955); or to carry	L les L	1 110		
	on, directly or indirectly, any vo	ter registration drive?		· · 🔲 Yes 🗸	No No		
	(3) Provide a grant to an individual	for travel, study, or other sir	milar purposes?	Yes V	No		
	(4) Provide a grant to an organizati	on other than a charitable, e	tc., organization described	l les E	1 140		
	in section 4945(d)(4)(A)? See ir	nstructions		· · ✓ Yes] No		
	(5) Provide for any purpose other the	han religious, charitable, scie	ntific, literary, or	1.65			
	educational purposes, or for the	prevention of cruelty to child	dren or animals?	· · 🗌 Yes 🗸	No		
b	If any answer is "Yes" to $5a(1)-(5)$,	did any of the transactions t	fail to qualify under the ex				
	Regulations section 53.4945 or in a	current notice regarding disa	ister assistance? See instr	uctions	5b		No
	Organizations relying on a current n]		
С	If the answer is "Yes" to question 5a	a(4), does the foundation clai	im exemption from the				
	tax because it maintained expenditu			· · 🗸 Yes 🗌] No		
	If "Yes," attach the statement requir	red by Regulations section 53	3.4945−5(d). %				
6 a	Did the foundation, during the year,	receive any funds, directly o	or indirectly, to pay premit	ıms on			
	a personal benefit contract?			I Yes IV	No		
b	Did the foundation, during the year,	pay premiums, directly or in	directly, on a personal be	nefit contract?	6 b		No
	If "Yes" to 6b, file Form 8870.						
7a	At any time during the tax year, was			⊔ Yes 💌			
	If "Yes", did the foundation receive a	, ,			7b	+	
8	Is the foundation subject to the sect				_		
	excess parachute payment during th	ne year?		·· 🗌 Yes 🗸	No L		
Pai	t VIII Information About C	Officers, Directors, Trus	stees, Foundation Ma	inagers, Highly Paid E	mployees	;,	
1	List all officers, directors, trustee	es foundation managers	and their compensation	See instructions			
	List an officers, anectors, trustee	(b) Title, and average	(c) Compensation (If	(d) Contributions to	1,,,,		
	(a) Name and address	hours per week	not paid, enter	employee benefit plans and	d (e) Expe	nse acc allowan	
		devoted to position	-0-)	deferred compensation	- Carlet	anoman	
	OF AMERICA N A	CO-TRUSTEE	130,160				
	X 219119 AS CITY, MO 641219119				I		
	43 CITT, MO 041219119						
JOHN	H MIZE JR - CO BOA	CO-TRUSTEE	81,979				
РО ВС	H MIZE JR - CO BOA X 219119	CO-TRUSTEE 1	81,979				
PO BO	H MIZE JR - CO BOA XX 219119 AS CITY, MO 641219119	1	·			"NONE	71
PO BO	H MIZE JR - CO BOA X 219119	1	·	L—see instructions). If no	one, enter	"NONE	,"
PO BO KANS	H MIZE JR - CO BOA XX 219119 AS CITY, MO 641219119	id employees (other than	those included on line	L—see instructions). If no (d) Contributions to employee benefit plans and deferred	(e) Expe		ount,
PO BOKANS. 2 (a)	H MIZE JR - CO BOA OX 219119 AS CITY, MO 641219119 Compensation of five highest-pai Name and address of each employee more than \$50,000	id employees (other than paid (b) Title, and average hours per week	those included on line	L—see instructions). If no (d) Contributions to employee benefit	(e) Expe	nse acco	ount,
PO BO KANS	H MIZE JR - CO BOA OX 219119 AS CITY, MO 641219119 Compensation of five highest-pai Name and address of each employee more than \$50,000	id employees (other than paid (b) Title, and average hours per week	those included on line	L—see instructions). If no (d) Contributions to employee benefit plans and deferred	(e) Expe	nse acco	ount,
PO BOKANS. 2 (a)	H MIZE JR - CO BOA OX 219119 AS CITY, MO 641219119 Compensation of five highest-pai Name and address of each employee more than \$50,000	id employees (other than paid (b) Title, and average hours per week	those included on line	L—see instructions). If no (d) Contributions to employee benefit plans and deferred	(e) Expe	nse acco	ount,
PO BOKANS. 2 (a)	H MIZE JR - CO BOA OX 219119 AS CITY, MO 641219119 Compensation of five highest-pai Name and address of each employee more than \$50,000	id employees (other than paid (b) Title, and average hours per week	those included on line	L—see instructions). If no (d) Contributions to employee benefit plans and deferred	(e) Expe	nse acco	ount,
PO BOKANS. 2 (a)	H MIZE JR - CO BOA OX 219119 AS CITY, MO 641219119 Compensation of five highest-pai Name and address of each employee more than \$50,000	id employees (other than paid (b) Title, and average hours per week	those included on line	L—see instructions). If no (d) Contributions to employee benefit plans and deferred	(e) Expe	nse acco	ount,
PO BOKANS. 2 (a)	H MIZE JR - CO BOA OX 219119 AS CITY, MO 641219119 Compensation of five highest-pai Name and address of each employee more than \$50,000	id employees (other than paid (b) Title, and average hours per week	those included on line	L—see instructions). If no (d) Contributions to employee benefit plans and deferred	(e) Expe	nse acco	ount,
PO BOKANS. 2 (a)	H MIZE JR - CO BOA OX 219119 AS CITY, MO 641219119 Compensation of five highest-pai Name and address of each employee more than \$50,000	id employees (other than paid (b) Title, and average hours per week	those included on line	L—see instructions). If no (d) Contributions to employee benefit plans and deferred	(e) Expe	nse acco	ount,
PO BOKANS. 2 (a)	H MIZE JR - CO BOA OX 219119 AS CITY, MO 641219119 Compensation of five highest-pai Name and address of each employee more than \$50,000	id employees (other than paid (b) Title, and average hours per week	those included on line	L—see instructions). If no (d) Contributions to employee benefit plans and deferred	(e) Expe	nse acco	ount,
PO BOKANS. 2 (a)	H MIZE JR - CO BOA OX 219119 AS CITY, MO 641219119 Compensation of five highest-pai Name and address of each employee more than \$50,000	id employees (other than paid (b) Title, and average hours per week	those included on line	L—see instructions). If no (d) Contributions to employee benefit plans and deferred	(e) Expe	nse acco	ount,
PO BOKANS. 2 (a)	H MIZE JR - CO BOA OX 219119 AS CITY, MO 641219119 Compensation of five highest-pai Name and address of each employee more than \$50,000	id employees (other than paid (b) Title, and average hours per week	those included on line	L—see instructions). If no (d) Contributions to employee benefit plans and deferred	(e) Expe	nse acco	ount,
PO BC KANS 2 (a) NON	H MIZE JR - CO BOA OX 219119 AS CITY, MO 641219119 Compensation of five highest-pai Name and address of each employee more than \$50,000	id employees (other than paid (b) Title, and average hours per week devoted to position	(c) Compensation	L—see instructions). If no (d) Contributions to employee benefit plans and deferred	(e) Expe	nse acco	ount,

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Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	Foundation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter "NO	NE".
(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		0
Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relev organizations and other beneficiaries served, conferences convened, research papers produc		Expenses
1		
2		
3		
		_
*		
Part IX-B Summary of Program-Related Investments (see in	nstructions)	
Describe the two largest program-related investments made by the foundation during the	-	Amount
1		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		

2b

2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

7,360

1,575,166

1.575.166

1,575,166

1,548,769

1,548,769

1,548,769

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Income tax for 2020. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

3

4 5

6

1

2

3

4

5

Part XII

Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1,272,070

303,096

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22	O-FI	(20
rt	XII	

a From 2015. **b** From 2016. c From 2017. d From 2018. e From 2019.

Excess distributions carryover, if any, to 2020:

f Total of lines 3a through e. 4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ 1,548,769 a Applied to 2019, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

6 Enter the net total of each column as

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 2015 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016. . . **b** Excess from 2017. . . c Excess from 2018. . . . **d** Excess from 2019. . . . e Excess from 2020. . .

Subtract lines 7 and 8 from line 6a

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract 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. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020

indicated below:

d Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

same amount must be shown in column (a).)

Undistributed Income (see instructions) (a)

1 Distributable amount for 2020 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2020:

a Enter amount for 2019 only.

Corpus

(b)

Years prior to 2019

276,699

(c)

2019

276,699

	Part XIV	Private Operating Found	ations (see instru	uctions and Part V	II-A, question 9)		
1a		ation has received a ruling or det and the ruling is effective for 20			rating		
b	Check box t	o indicate whether the organizati	on is a private opera	ating foundation des	cribed in section \Box] 4942(j)(3) or 🗆] 4942(j)(5)
2a	income fror	sser of the adjusted net n Part I or the minimum	Tax year (a) 2020	(b) 2019	Prior 3 years (c) 2018	(d) 2017	(e) Total
		return from Part X for each	(4) 2020	(5) 2013	(0) 2010	(u) 2017	
b	,	2a					
	line 4 for ea	istributions from Part XII, ch year listed					
d		cluded in line 2c not used active conduct of exempt					
	for active co Subtract line	istributions made directly induct of exempt activities. 2 2d from line 2c					
3		b, or c for the est relied upon:					
а		ernative test—enter:					
	(2) Value (of all assets of assets qualifying section 4942(j)(3)(B)(i)					
b	of minimun	t" alternative test— enter 2/3 n investment return shown in 6 for each year listed					
С	"Support" al	ternative test—enter:					
	investn divider on sect	upport other than gross nent income (interest, nds, rents, payments urities loans (section					
	, ,	(5)), or royalties) t from general public					
	and 5 o organi	or more exempt zations as provided in 4942(j)(3)(B)(iii)					
	(3) Larges	amount of support exempt organization					
		nvestment income					
Pa		pplementary Information sets at any time during the			foundation had s	\$5,000 or more	in
1	a 3	n Regarding Foundation Mana		i uctions.)			
а		agers of the foundation who hav close of any tax year (but only if					n
b		nagers of the foundation who own of a partnership or other entity) o				arge portion of the	
2	Informatio	n Regarding Contribution, Gra	ant, Gift, Loan, Sch	nolarship, etc., Pro	grams:		
	unsolicited	▶ ☐ if the foundation only mak requests for funds. If the founda tions, complete items 2a, b, c, ar	tion makes gifts, gra	nts, etc. to individua	e organizations and als or organizations	does not accept under	
а	The name, a	address, and telephone number o	or email address of t	he person to whom	applications should l	be addressed:	
_		nal Data Table					
b	The form in	which applications should be sub	omitted and informa	tion and materials th	ney should include:		
_	See Additio	onal Data Table					
C	Any submis	sion deadlines:					
_	See Additio	nal Data Table					
d	Any restrict factors:	ons or limitations on awards, suc	ch as by geographica	al areas, charitable f	ields, kinds of institu	utions, or other	

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	I-A Analysis of Income-Producing	Activities				rage xx
Enter gros	s amounts unless otherwise indicated.		usiness income	Excluded by section		(e) Related or exempt function income
1 Program	m service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions.)
-	and contracts from government agencies					
	ership dues and assessments					
3 Interes	st on savings and temporary cash ments					
4 Divide	nds and interest from securities			14	668,433	
	ntal income or (loss) from real estate:					
	-financed property					
6 Net re	ntal income or (loss) from personal property					
	investment income					
invent				18	-219,272	
	come or (loss) from special events:					
	profit or (loss) from sales of inventory revenue: a_					
b						
	_					
12 Subtot	cal. Add columns (b), (d), and (e).				449,161	
	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu			1	3	449,161
Part XV	I-B Relationship of Activities to the	ne Accomplisi	nment of Exem	pt Purposes		
Line No.	Explain below how each activity for which					
▼	the accomplishment of the foundation's exinstructions.)	kempt purposes	(other than by pro	viding funds for such	purposes). (See	
	+					
	-					
	1					

orr	n 990-PF	· ,							Pa	age 13
P	art XVI	Information Re Exempt Organia		insfers To a	nd Transactio	ns and Relati	ionships With Nonchar	itable		
		organization directly or in- er than section 501(c)(3)					tion described in section 501 ons?		Yes	No
а	Transfer	s from the reporting foun	dation to a nor	ncharitable exe	mpt organization	of:				
	(1) Cas	sh						1a(1)		No
	(2) Oth	ner assets						1a(2)		No
b	Other tra	ansactions:								
	(1) Sale	es of assets to a nonchari	table exempt o	organization.				1b(1)		No
	(2) Pur	chases of assets from a n	oncharitable e	xempt organiz	ation			1b(2)		No
	(3) Rer	ntal of facilities, equipmer	it, or other ass	ets				1b(3)		No
	(4) Rei	mbursement arrangemen	ts					1b(4)		No
	(5) Loa	ins or loan guarantees.						1b(5)		No
		ormance of services or m		-				1b(6)		No
	-	of facilities, equipment, n						1c		No
	of the go in any tr	oods, other assets, or servants	vices given by ngement, show	the reporting f v in column (d	oundation. If the) the value of the	foundation recei goods, other as	always show the fair market ved less than fair market val sets, or services received.	ue		
(a)	Line No.	(b) Amount involved	(c) Name of no	oncharitable exen	npt organization	(d) Description	of transfers, transactions, and sh	aring arra	ngemer	ıts
	describe	undation directly or indire d in section 501(c) (other complete the following so	than section 5	501(c)(3)) or in	n section 527? .		Yes	✓ No		
		(a) Name of organization	n	(b) Type of organizati	on	(c) Description of rela	ionship		
	of	my knowledge and belief	, it is true, corr				nying schedules and stateme er than taxpayer) is based o			
Się He		nich preparer has any kno *****	wieuge.		2021-04-22	*****	retui	the IRS di n the prepa		
		Signature of officer or to	rustee		Date	Title	belo		_	
Pa		Print/Type preparer's	name P	Preparer's Sign	ature	Date	Check if self- employed ▶ ☐			
	epare e Onl	i ii ii o ii aii i e r					Firm's	EIN ►		
	. .	Firm's address ▶					Phone	no.		

orm 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns a - d	
	kind(s) of property sold (e.g., real use; or common stock, 200 shs. ML		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
4000. SPDR BLOOMBERG BAR	CLAYS SHORT TERM HIGH YIELD B	BD ETF		2014-05-29	2020-03-23
16000. SPDR BLOOMBERG BA	RCLAYS SHORT TERM HIGH YIELD	BD ETF		2014-04-11	2020-03-23
12000. SPDR BLOOMBERG BA	RCLAYS SHORT TERM HIGH YIELD	BD ETF		2016-02-10	2020-03-23
CAPITAL GAIN DIVIDENDS			Р		
CAPITAL GAIN DIVIDENDS			Р		
CAPITAL GAIN DIVIDENDS			Р		
orm 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns e - h	1
(e) Gross sales price	Depreciation allowed (f) (or allowable)		r other basis pense of sale	Gain (h) (e) plus	or (loss) (f) minus (g)
86,398			123,920		-37,522
345,592			494,560		-148,968
259,194			292,619		-33,425
					643
					643
					643
orm 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns i - I	
Complete only for assets show	ring gain in column (h) and owned b	by the foundation	on 12/31/69		(h) gain minus
(i) F.M.V. as of 12/31/69	Adjusted basis (j) as of 12/31/69		ss of col. (i) ol. (j), if any		t less than -0-) or from col.(h))
					-37,522
					-148,968
					-33,425

or	m 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
а	The name, address, and telephone number of the person to whom applications should be addressed:
	TONY TWYMAN - BANK OF AMERICA N A PO BOX 219119 KANSAS CITY, MO 641219119 (816) 292-4342
b	The form in which applications should be submitted and information and materials they should include:
	REQUEST FOR PROPOSALS WILL BE SENT TO SELECTED CHARITABLE ORGANIZATIONS FOR CONSIDERATION.
C	Any submission deadlines:

c Any submission deadlines:

MARCH 31

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

PREFERENCE TO QUALIFIED CHARITABLE ORGANIZATIONS IN THE KANSAS CITY, MO AREA

Fo	orm 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
	a The name, address, and telephone number of the person to whom applications should be addressed:
	ATCHISON ADVISORY COMMITTEE PO BOX 249 ATCHISON, KS 66002 (816) 292-4342
	b The form in which applications should be submitted and information and materials they should include: ONLINE APPLICATION ONLY COURTNEYTURNER-TRUST.ORG

c Any submission deadlines:
 SEPTEMBER 30
 d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

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

501(C)(3) ORGANIZATIONS IN THE ATCHISON, KS COMMUNITY AREA

Recipient If recipient is an individual, Foundation Purpose of grant or Amount

Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	

CKATE LICH WITH HODE JOSHUA	NI/A	DC.	CURRORT CHATE BARK FOR	10.000
a Paid during the year				
,	or substantial contributor			

ATCHTCON COUNTY FOOD DANTEN	N1 / A	20	LINID ECTRICITED CENTERAL	2 - 2 2
FOUNDATION1201 S 5TH ST ATCHISON, KS 66002				
KINSMAN	IN/A	۲	SUPPORT SKATE PARK FOR	10,000

ATCHISON, KS 66002				
ATCHISON COUNTY FOOD PANTRY 301 N 7TH ST	N/A	PC	UNRESTRICTED GENERAL	2,500

ATCHISON COUNTY FOOD PANTRY 301 N 7TH ST ATCHISION, KS 66002	N/A	PC	UNRESTRICTED GENERAL	2,500

BENEDICTINE COLLECE 1020 N 2ND ST	N/A	DC.	JOHN CASEV LACROSSE	262.065
301 N 7TH ST ATCHISION, KS 66002				
ATCHISON COUNTY FOOD PANTRY	N/A	l PC	UNRESTRICTED GENERAL	2,500

301 N 7TH ST ATCHISION, KS 66002				
BENEDICTINE COLLEGE1020 N 2ND ST	N/A	PC	JOHN CASEY LACROSSE	262,065

ATCHISION, KS 66002				
BENEDICTINE COLLEGE1020 N 2ND ST	N/A	PC	JOHN CASEY LACROSSE	262,0

Total .

BENEDICTINE COLLEGE 1020 N 2ND ST	N/A	I PC	JOHN CASEY LACROSSE	262,065
ATCHISON, KS 66002				

1,381,885

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BOYS AND GIRLS CLUBS OF ATCHISON N/A PC PROGRAM ENRICHMENT/NEW 15,000

INC 1215 ASH ST ATCHISON, KS 66002				
BOY SCOUTS OF AMERICA - PONY EXPRESS COUNCILPO BOX 8157 ST JOSEPH, MO 64508	N/A	PC	SUPPORT YOUTH PROTECTION	15,000
ATCHISON COMMUNITY EDUCATIONAL FOUNDATION626 COMMERCIAL ST	N/A	PC	SUPPORT LEADERS SCHOLARSHIP	10,000

1,381,885

ATCHISON, KS 66002

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
HUMANE SOCIETY OF ATCHISON INC 125 N 21ST ST ATCHISON, KS 66002	N/A	PC	UNRESTRICTED GENERAL	7,500

ATCHISON, KS 66002				
KANSAS CITY PUBLIC LIBRARY 14 W 10TH ST KANSAS CITY, MO 64105	N/A	PC	TRANSFORMING, REBUILDING	35,000

14 W 10TH ST KANSAS CITY, MO 64105			TRANSI GREING, REBUILDING	33,000
TEAMSMILE INC2000 SWIFT AVE KANSAS CITY, MO 64116	N/A	PC	SUPPORT FOR TEAMSMILE	15,000

Total .

1,381,885

■ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MOUNT VERNON CEMETERY N/A PC SUPPORT FOR ROAD FUND 15,000

PO BOX 33 ATCHISON, KS 66002				
THEATRE ATCHISON INC 401 SANTA FE ST ATCHISON, KS 66002	N/A	PC	SUPPORT SILVER SCREEN/FOX	55,000
HARRY S TRUMAN LIBRARY INSTITUTE	N/A	PC	SUPPORT THE STAY TRU	40,000

THEATRE ATCHISON INC 401 SANTA FE ST ATCHISON, KS 66002	N/A	PC	SUPPORT SILVER SCREEN/FOX	55,00
HARRY S TRUMAN LIBRARY INSTITUTE 500 W US HWY 24	N/A	PC	SUPPORT THE STAY TRU	40,00

ATCH150N, K5 66002				
HARRY S TRUMAN LIBRARY INSTITUTE 500 W US HWY 24 INDEPENDENCE, MO 64050	N/A	PC	SUPPORT THE STAY TRU	40,000

INDEPENDENCE, MO 64050		
500 W US HWY 24		

1,381,885

500 W US HWY 24		
INDEPENDENCE, MO 64050		

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or cubetantial contributor

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
KCPT-19 (PUBLIC TELEVISION 19 INC) 1125 E 31ST ST KANSAS CITY, MO 64108	N/A	PC	COMMUNITY JOURNALISM &	50,000
CHILDREN'S MERCY HOSPITAL 2401 GILLHAM RD	N/A	PC	SUPPORT INFANT/PEDIATRIC	99,820

14 4115/18 6211/116 61266				
CHILDREN'S MERCY HOSPITAL 2401 GILLHAM RD KANSAS CITY, MO 64108	N/A	PC	SUPPORT INFANT/PEDIATRIC	99,820
KVC BEHAVIORAL HEALTHCARE INC	N/A	PC	UNRESTRICTED GENERAL	5,000

CHILDREN'S MERCY HOSPITAL 2401 GILLHAM RD KANSAS CITY, MO 64108	N/A	PC	SUPPORT INFANT/PEDIATRIC	99,820
KVC BEHAVIORAL HEALTHCARE INC 21350 W 153RD ST OLATHE, KS 66061	N/A	PC	UNRESTRICTED GENERAL	5,000

1,381,885

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CATHOLIC CHARITIES OF NORTHEAST N/A PC SUPPORT ATCHISON FAMILY 5,000

2220 CENTRAL AVE KANSAS CITY, KS 66102				ŕ
GREATER MANHATTAN COMMUNITY FOUNDATIONPO BOX 1127 MANHATTAN KS 66505	N/A	PC	AACF 2020 MATCH DAY & COVID	75,000

GREATER MANHATTAN COMMUNITY FOUNDATIONPO BOX 1127 MANHATTAN, KS 66505	N/A	PC	AACF 2020 MATCH DAY & COVID	75,000
GUIDANCE CENTER INC201 MAIN ST	N/A	PC	SUPPORT SELF-PAY CLIENT	3,000

FOUNDATIONPO BOX 1127 MANHATTAN, KS 66505				
GUIDANCE CENTER INC201 MAIN ST	N/A	PC	SUPPORT SELF-PAY CLIENT	3,00

Total .

MANNATTAN, NS 60505				<u> </u>
GUIDANCE CENTER INC201 MAIN ST ATCHISON, KS 66002	N/A	PC	SUPPORT SELF-PAY CLIENT	3,000

1,381,885

■ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
RIVERBEND HABITAT FOR HUMANITY PO BOX 72	N/A	PC	UNRESTRICTED GENERAL	10,000

ATCHISON, KS 66002				
PROJECT CONCERN INC 504 KANSAS AVE ATCHISON, KS 66002	N/A	PC	UNRESTRICTED GENERAL	5,000

/				
PROJECT CONCERN INC 504 KANSAS AVE ATCHISON, KS 66002	N/A	PC	UNRESTRICTED GENERAL	5,000
OPERATION BREAKTHROUGH INC 3039 TROOST	N/A	PC	SUPPORT SCHOOL-AGE VILLAGE	15,000

ATCHISON, KS 66002				
OPERATION BREAKTHROUGH INC 3039 TROOST KANSAS CITY, MO 64109	N/A	PC	SUPPORT SCHOOL-AGE VILLAGE	15,000
Total			▶ 3a	1,381,885

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

a Paid during the year				
FRIENDS OF THE ZOO INC6800 ZOO DR KANSAS CITY, MO 64132	N/A	PC	ELEPHANT EXHIBIT RENOVATION	50,000
ATCHICON COMMUNITY HEALTH CLINIC	NI/A	DC.	MEDICAL O DENTAL OUTDEACH	10.000

KANSAS CITY, MO 64132			RENOVATION	
ATCHISON COMMUNITY HEALTH CLINIC 1412 N 2ND ST ATCHISON, KS 66002	N/A	PC	MEDICAL & DENTAL OUTREACH	10,000
LIBERTY MEMORIAL ASSOCIATION dba NATIONAL WW I MUSEUM 100 W 26TH ST	N/A	PC	SUBSIDIZED SCHOOL	40,000

1412 N 2ND ST ATCHISON, KS 66002	N/A	PC	MEDICAL & DENTAL OUTREACH	10,000
LIBERTY MEMORIAL ASSOCIATION dba NATIONAL WW I MUSEUM 100 W 26TH ST KANSAS CITY, MO 64108	N/A	PC	SUBSIDIZED SCHOOL	40,000
Total			▶ 3a	1,381,885

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ATCHISON COUNTY COMMUNITY N/A PC **USD 377 MULTIPURPOSE** 50,000

EDUCATION FDN306 MAIN ST EFFINGHAM, KS 66002				
ATCHISON SPORTS ACTIVITIES AND FITNESS INC819 COMMERCIAL ST ATCHISON, KS 66002	N/A	PC	SUPPORT RESTROOM &	10,000

ATCHISON SPORTS ACTIVITIES AND FITNESS INC819 COMMERCIAL ST ATCHISON, KS 66002	N/A	PC	SUPPORT RESTROOM &	10,000
GIRL SCOUTS OF NE KANSAS & NW MISSOURI INC8383 BLUE PARKWAY	N/A	PC	SUPPORT OUTDOOR EXPERIENCE	4,000

	Total			▶ 3a	1,381,885
	GIRL SCOUTS OF NE KANSAS & NW MISSOURI INC8383 BLUE PARKWAY KANSAS CITY, MO 64133	N/A	PC	SUPPORT OUTDOOR EXPERIENCE	4,000
П	ATCHISON, KS 66002				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year KAUFFMAN CENTER FOR THE N/A PC SUPPORT FOR THE FUTURE 15,000

PERFORMING ARTS 1601 BROADWAY BLVD KANSAS CITY, MO 64108				
YMCA OF GREATER KANSAS CITY 3100 BROADWAY BLVD STE 1020 KANSAS CITY, MO 64111	N/A	PC	SUPPORT FOR "BETTER US"	24,000
ATCHISON JUNETEENTH COMMITTEE	N/A	PC	SUPPORT ANNUAL JUNETEENTH	2,000

YMCA OF GREATER KANSAS CITY 3100 BROADWAY BLVD STE 1020 KANSAS CITY, MO 64111	N/A	PC	SUPPORT FOR "BETTER US"	24,00
ATCHISON JUNETEENTH COMMITTEE INC PO BOX 94	N/A	PC	SUPPORT ANNUAL JUNETEENTH	2,00

3100 BROADWAY BLVD STE 1020 KANSAS CITY, MO 64111				·
ATCHISON JUNETEENTH COMMITTEE INC PO BOX 94 ATCHISON, KS 66002	N/A	PC	SUPPORT ANNUAL JUNETEENTH	2,000

Total .

3a

1,381,885

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

	or substantial continuator			
a Paid during the year				
HUNGER TASK FORCE OF ATCHISON 1039 MOUND ST	N/A	PC	UNRESTRICTED GENERAL	5,000

ATCHISON, KS 66002				
ATCHISON HOSPTIAL ASSOCIATION 626 COMMERCIAL ST ATCHISON, KS 66002	N/A	PC	SUPPORT FOR CT SCANNER	250,000

626 COMMERCIAL ST ATCHISON, KS 66002	N/A	PC	SUPPORT FOR CT SCANNER	250,000
MAUR HILL MOUNT ACADEMY 1000 GREEN ST ATCHISON, KS 66002	N/A	PC	COMPLETION OF CAFETERIA	15,000

626 COMMERCIAL ST ATCHISON, KS 66002				
MAUR HILL MOUNT ACADEMY 1000 GREEN ST ATCHISON, KS 66002	N/A	PC	COMPLETION OF CAFETERIA	15,000
Total			> 3a	1,381,885

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

• '				
MOUNT ST SCHOLASTICA INC 801 S 8TH ST ATCHISON, KS 66002	N/A	PC	REPLACE ROOF OVER THE	10,000
ST BENEDICT CATHOLIC SCHOOL	N/A	PC	PLAYGROUND AREA RETAINING	10,000

•				
ST BENEDICT CATHOLIC SCHOOL 201 DIVISION ATCHISON, KS 66002	N/A	PC	PLAYGROUND AREA RETAINING	10,000
CASA100 E 5TH ST	N/A	PC	UNRESTRICTED GENERAL	6,000

1,381,885

■ 3a

201 DIVISION ATCHISON, KS 66002	IN/A	PC	PLAYGROUND AREA RETAINING	10,0
CASA100 E 5TH ST LEAVENWORTH, KS 66048	N/A	PC	UNRESTRICTED GENERAL	6,0

Total .

ATCHISON, KS 66002				
CASA100 E 5TH ST LEAVENWORTH, KS 66048	N/A	PC	UNRESTRICTED GENERAL	6,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

a Paid during the year				
LIVE WELL LIVE ATCHISON INC 200 S 10TH ST ATCHISON, KS 66002	N/A	PC	SUPPORT THE YOUTH WELLNESS	3,500

	N. / A		NEW BUILDING FOR BIFOR	25.000
PEMBROKE HILL SCHOOL 400 W 51ST ST KANSAS CITY, MO 64112	N/A	PC	SUPPORT THE CHALLENGE	50,000
ATCHISON, NS 66002				

HIGHLAND COMMUNITY COLLEGE N/A PC NEW BUILDING FOR		
FOUNDATION606 W MAIN ST HIGHLAND, KS 66035	IESEL 2!	5,000

1,381,885

	400 W 51ST ST KANSAS CITY, MO 64112				
,	HIGHLAND COMMUNITY COLLEGE FOUNDATION606 W MAIN ST HIGHLAND, KS 66035	N/A	PC	NEW BUILDING FOR DIESEL	25,0

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
SALVATION ARMY 3637 BROADWAY BLVD KANSAS CITY, MO 64111	N/A	PC	UNRESTRICTED GENERAL	7,500
KEMPER MUSEUM OPERATING	N/A	POF	SUPPORT FOR EDUCATION &	10,000

KEMPER MUSEUM OPERATING FOUNDATION 4420 WARWICK BLVD KANSAS CITY, MO 64111	N/A	POF	SUPPORT FOR EDUCATION &	10,000
HOPE FAMILY THERAPY INC	N/A	PC	UNRESTRICTED GENERAL	10,000

4420 WARWICK BLVD KANSAS CITY, MO 64111				
HOPE FAMILY THERAPY INC 101 N 6TH ST SUITE 7 ATCHISON, KS 66002	N/A	PC	UNRESTRICTED GENERAL	10,000

Total			▶ 3a	1,381,885
HOPE FAMILY THERAPY INC 101 N 6TH ST SUITE 7 ATCHISON, KS 66002	N/A	PC	UNRESTRICTED GENERAL	10,000
KANSAS CITY, MO 64111				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
VETERANS COMMUNITY PROJECT	N/A	PC	SUPPORT VCP'S VETERANS	25,000

1,381,885

3 /				1
VETERANS COMMUNITY PROJECT	N/A	PC	SUPPORT VCP'S VETERANS	
8900 TROOST AVE				
KANSAS CITY, MO 64131				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

VETERANS COMMUNITY PROJECT	N/A	PC	SUPPORT VCP'S VETERANS	25,0
8900 TROOST AVE				
KANSAS CITY, MO 64131				
	<u> </u>		·	

efile GRAPHIC print - DO NOT PROCESS							
TY 2020 Accounting I	Fees Sch	edule					
Name: COURTNEY S TURNER CHARITABLE TRUST							
EIN: 43-6316904							
		75 05105		 			
Category	Am	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
TAX PREPARATION FEE - BOA		1,800	1,080		720		

Note: To capture the full content of this document, please select landscape mode (11" $ imes$ 8.5") when printing.
TY 2020 Expenditure Responsibility Statement

Name: COURTNEY S TURNER CHARITABLE TRUST

DLN: 93491112002071

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

EIN: 43-6316904									
Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
KEMPER MUSEUM OPERATING FOUNDATION	4420 WARWICK BLVD KANSAS CITY, MO 64111	2020-05-12	10,000	CHARITABLE PURPOSES	5,750	NO	4/21/2021		NOT REQUIRED

TY 2020 General Explanation Attachment

Name: COURTNEY S TURNER CHARITABLE TRUST

EIN: 43-6316904

Jenerai E	xpialiation	Attachment	
Identifier	Return Reference	Explanation	
1	FEDERAL FOOTNOTE	PART VIII LIST OF OFFICERS AND DIRECTORS	THE COMPENSATION SHOWN ON THE RETURN THAT IS PAID TO BANK OF AMERICA, N.A. AS CORPORATE TRUSTEE IS NOT CALCULATED BASED UPON AN HOURLY RATE FOR THE TIME SPENT BY THE TRUSTEE; RATHER, BANK OF AMERICA'S COMPENSATION AS CORPORATE TRUSTEE IS CALCULATED USING A MARKET VALUE FEE SCHEDULE. THE TRUST OFFICER'S TIME SPENT PERFORMING ADMINISTRATIVE RESPONSIBILITIES FOR THIS FOUNDATION AVERAGES ONE HOUR PER WEEK. IN ADDITION, TIME IS SPENT BY OTHER STAFF MEMBERS FOR RECORDKEEPING, INVESTMENT MANAGEMENT, INCOME COLLECTION, RENDERING STATEMENTS AND ACCOUNTINGS, REGULATORY REPORTING, REGULATORY COMPLIANCE, AND TAX SERVICES.

TY 2020 Investments Corporate Stock Schedule

Name: COURTNEY S TURNER CHARITABLE TRUST

EIN: 43-6316904

Investments Corporation Stock Schedule

Investments Corporation Stock Schedule Name of Stock	End of Year Book Value	End of Year Fair Market Value
922908751 VANGUARD SMALL-CAP E	1,593,521	3,114,880
30231G102 EXXON MOBIL CORP COM	65,156	123,660
806857108 SCHLUMBERGER LTD COM	174,057	74,222
438516106 HONEYWELL INTL INC C	66,105	531,750
452308109 ILLINOIS TOOL WKS IN	87,730	611,640
913017109 UNITED TECHNOLOGIES		
548661107 LOWES COS INC COM	128,710	690,193
654106103 NIKE INC CL B	62,688	792,232
22160K105 COSTCO WHSL CORP NEW	80,700	753,560
713448108 PEPSICO INC COM	109,153	548,710
742718109 PROCTER & GAMBLE CO	123,572	612,216
871829107 SYSCO CORP COM	80,842	512,394
031162100 AMGEN INC COM	44,756	712,752
478160104 JOHNSON & JOHNSON CO	244,260	723,948
458140100 INTEL CORP COM	85,597	498,200
594918104 MICROSOFT CORP COM	103,664	845,196
882508104 TEXAS INSTRS INC COM	71,036	705,759
922908629 VANGUARD MID-CAP ETF	1,279,927	2,481,240
78468R408 SPDR BLOOMBERG BARCL		
258620103 DOUBLELINE TOTAL RET	2,066,075	2,012,931
464288646 ISHARES SHORT-TERM C	1,047,500	1,103,400
46432F842 ISHARES CORE MSCI EA	1,276,033	1,589,070
922042858 VANGUARD FTSE EMERGI	1,000,463	1,127,475
74253Q416 PRINCIPAL PFD SECS F	750,000	757,963
921943858 VANGUARD FTSE DEVELO	1,947,235	2,503,546
922908736 VANGUARD GROWTH ETF	1,497,925	3,635,429
81369Y308 SELECT SECTOR SPDR T	599,898	775,675
81369Y209 SELECT SECTOR SPDR T	598,865	986,928
464287499 ISHARES RUSSELL MID-	994,968	1,316,160
464287655 ISHARES RUSSELL 2000	499,764	646,998

Name of Stock End of Year Book

End of Year Fair

Market Value

642,490

132,020

118,213

250,285

1,052,466 1,775,511

Value

499,657

1,000,000

1,755,115

22,140

30,965

65,353

Investments Corporation Stock Schedule

464288273 ISHARES MSCI EAFE SM 38145N220 GOLDMAN SACHS ABSOLU

05528X851 BBH LTD DURATION FUN

14448C104 CARRIER GLOBAL CORP

68902V107 OTIS WORLDWIDE CORP

75513E101 RAYTHEON TECHNOLOGIE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491112002071
TY 2020 Other Decreases Sch			
Name:	COURTNEY S	TURNER CHARITABLE TRUST	
EIN:	43-6316904		
De	Amount		

ROC BASIS ADJUSTMENT

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491112002071				
TY 2020 Other Expenses Schedule								
ı								
Name:	Name: COURTNEY S TURNER CHARITABLE TRUST							
EIN:	43-6316904							
Other Expenses Schedule								
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				

1,500

1,500

CANDID - WEBHOSTING &

MAINTENANCE ANNUAL FEE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491112002071
TY 2020 Other Increases Sche			
Name:	COURTNEY S	TURNER CHARITABLE TRUST	
EIN:	43-6316904		
Other Increases Schedule			
De	escription		Amount
NET INCOME ADJUSTMENT			19,900
NET ROUNDING			1

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DL	N: 93491112002071				
TY 2020 Other Professional Fees Schedule								
Name: COURTNEY S TURNER CHARITABLE TRUST								
EIN: 43-6316904								
Category Amount Net Investment Adjusted Net Disbursements								
	7.11001110	Income	Income	for Charitable				

Purposes

79,808

GRANTMAKING FEES - BOA

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	D	LN: 93491112002071
TY 2020 Taxes Schedule				
Name:	COURTNEY	S TURNER CHARIT	ABLE TRUST	
ETNI	43-6316904			
	43-0310504			
Taxes Schedule				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX ESTIMATES	5,000	0		0
FOREIGN TAXES ON QUALIFIED FOR	8,205	8,205		0

2,333

2,333

FOREIGN TAXES ON NONQUALIFIED