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DEPT OF TREASURY

NO STATUTE ISSUE

Amended

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

**Return of Private Foundation**  
**or Section 4947(a)(1) Nonexempt Charitable Trust**  
**Treated as a Private Foundation**

Note: The organization may be able to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0052

**2003**

For calendar year 2003, or tax year beginning , 2003, and ending , 20

**G** Check all that apply: ☐ Initial return ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

**Use the IRS label. Otherwise, print or type. See Specific Instructions.**

Name of organization

A & I FOUNDATION

Number and street (or P.O. box number if mail is not delivered to street address)

PO BOX 8

Room/suite

City or town, state, and ZIP code

ROCK VALLEY IA 51247

**A** Employer identification number

42-1458998

**B** Telephone number (see page 10 of the Instructions)

712-476-5119

**C** If exemption application is pending, check here ☐

**D 1.** Foreign organizations, check here ☐

**2.** Foreign organizations meeting the 85% test, check here and attach computation ☐

**E** If private foundation status was terminated under section 507(b)(1)(A), check here ☐

**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

**H** Check type of organization: ☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

**I** Fair market value of all assets at end of year (from Part II, col. (c), line 16)  $\$$  86,378

**J** Accounting method: ☒ Cash ☐ Accrual  
☐ Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis.)

**Part I Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 10 of the Instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>				
1 Contributions, gifts, grants, etc., received (attach schedule) . . . . .				
Check <input type="checkbox"/> if the foundation is not required to attach Sch. B . . . . .				
2 Distributions from split-interest trusts . . . . .				
3 Interest on savings and temporary cash investments . . . . .	663.00	663.00	663.00	
4 Dividends and interest from securities . . . . .	1,632.00	1,632.00	1,632.00	
5a Gross rents . . . . .				
b (Net rental income or (loss) . . . . .)				
6a Net gain or (loss) from sale of assets not on line 10 (15,965.00)				
b Gross sales price for all assets on line 6a 118,353.00				
7 Capital gain net income (from Part IV, line 2) . . . . .				
8 Net short-term capital gain . . . . .				
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 . . . . .	13,670.00	2,295.00	2,295.00	
<b>Operating and Administrative Expenses</b>				
13 Compensation of officers, directors, trustees, etc. . . . .				
14 Other employee salaries and wages . . . . .				
15 Pension plans, employee benefits . . . . .				
16a Legal fees (attach schedule) . . . . .				
b Accounting fees (attach schedule) . . . . .				
c Other professional fees (attach schedule) . . . . .				
17 Interest . . . . .	580.00	580.00		
18 Taxes (attach schedule) (see page 13 of the Instructions) . . . . .				
19 Depreciation (attach schedule) and depletion . . . . .				
20 Occupancy . . . . .				
21 Travel, conferences, and meetings . . . . .				
22 Printing and publications . . . . .	35.00	35.00		
23 Other expenses (attach schedule) . . . . .				
24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	615.00	615.00		
25 Contributions, gifts, grants paid . . . . .	15,000.00			15,000.00
26 Total expenses and disbursements. Add lines 24 and 25 . . . . .	15,615.00	615.00		15,000.00
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements . . . . .	29,285.00			
b Net investment income (if negative, enter -0-) . . . . .		1,680.00		
c Adjusted net income (if negative, enter -0-) . . . . .			2,295.00	

613  
10

Part II Balance Sheets		Beginning of year	End of year	
			(a) Book Value	(b) Book Value
Assets	1 Cash — non-interest-bearing .....	256.00	0	0
	2 Savings and temporary cash investments .....			
	3 Accounts receivable ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	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 page 15 of the instructions) .....			
	7 Other notes and loans receivable (attach schedule) ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	8 Inventories for sale or use .....			
	9 Prepaid expenses and deferred charges .....			
	10a Investments — U.S. and state government obligations (attach schedule) .....			
	b Investments — corporate stock (attach schedule) .....			
	c Investments — corporate bonds (attach schedule) .....	133,098.00	83,621.00	86,378.00
Liabilities	11 Investments — land, buildings, and equipment: basis ▶ .....			
	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 page 16 of the instructions. Also, see page 1, item I) .....	133,354.00	83,621.00	86,378.00
	17 Accounts payable and accrued expenses .....			
	18 Grants payable .....			
Net Assets or Fund Balances	19 Deferred revenue .....			
	20 Loans from officers, directors, trustees, and other disqualified persons .....			
	21 Mortgages and other notes payable (attach schedule) .....	20,448.00	0.00	
	22 Other liabilities (describe ▶ .....			
Net Assets or Fund Balances	23 Total liabilities (add lines 17 through 22) .....	20,448.00	0.00	
	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted .....			
	25 Temporarily restricted .....			
	26 Permanently restricted .....			
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds .....	112,906.00	83,621.00	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund .....			
	29 Retained earnings, accumulated income, endowment, or other funds .....			
	30 Total net assets or fund balances (see page 17 of the instructions) .....	112,906.00	83,621.00	
Net Assets or Fund Balances	31 Total liabilities and net assets/fund balances (see page 17 of the instructions) .....	133,354.00	83,621.00	

## Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) .....	1	112,906.00
2	Enter amount from Part I, line 27a .....	2	(29,285.00)
3	Other increases not included in line 2 (itemize) ▶ .....	3	
4	Add lines 1, 2, and 3 .....	4	83,621.00
5	Decreases not included in line 2 (itemize) ▶ .....	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30 .....	6	83,621.00

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs MLC Co.)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b> SEE ATTACHED SCHEDULE D		P	V	V
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
<b>a</b> 118,353.00		134,318.00	(15,965.00)	
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
<b>a</b>			(15,965.00)	
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b> Capital gain net income or (net capital loss). { If gain, also enter in Part I, line 7 ... If (loss), enter -0- in Part I, line 7 ... }		2		
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8 ... }		3		

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the organization liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No

If "Yes," the organization does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see page 17 of the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2002			
2001			
2000			
1999			
1998			
<b>2</b> Total of line 1, column (d) .....			2
<b>3</b> Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years .....			3
<b>4</b> Enter the net value of noncharitable-use assets for 2003 from Part X, line 5 .....			4
<b>5</b> Multiply line 4 by line 3 .....			5
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b) .....			6
<b>7</b> Add lines 5 and 6 .....			7
<b>8</b> Enter qualifying distributions from Part XII, line 4 .....			8

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 17.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 — see page 17 of the instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling letter: _____ (attach copy of ruling letter if necessary - see instructions)			
b Domestic organizations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	17.00
c All other domestic organizations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	
3 Add lines 1 and 2		3	17.00
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	17.00
6 Credits/Payments:			
a 2003 estimated tax payments and 2002 overpayment credited to 2003	6a		
b Exempt foreign organizations — tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7		
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	17.00	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0.00	
11 Enter the amount of line 10 to be: Credited to 2004 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	0.00	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the organization attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 18 of the instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the organization in connection with the activities.</i>		X
c Did the organization file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the organization. ▶ \$ _____ (2) On organization managers. ▶ \$ _____		
e Enter the reimbursement (if any) paid by the organization during the year for political expenditure tax imposed on organization managers. ▶ \$ _____		
2 Has the organization engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		X
3 Has the organization made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		X
4a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		X
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 that conflict with the state law remain in the governing instrument?	X	
7 Did the organization have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	X	
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ _____		
b If the answer is "Yes" to line 7, has the organization furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>		
9 Is the organization claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2003 or the taxable year beginning in 2003 (see instructions for Part XIV on page 25)? <i>If "Yes," complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		X
11 Did the organization comply with the public inspection requirements for its annual returns and exemption application? Web site address ▶ _____	X	
12 The books are in care of ▶ ANDEN VAN BEEK Telephone no. ▶ 712-476-5119 Located at ▶ ROCK VALLEY IA ZIP+4 ▶ 51247		
13 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 13		

**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
<b>1a</b> During the year did the organization (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the organization agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</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 page 19 of the instructions)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here . . . . . <input type="checkbox"/>	<b>1b</b>	
<b>c</b> Did the organization engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2003? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>1c</b>	X
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the organization was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b> At the end of tax year 2003, did the organization have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2003? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20 _____, 20 _____, 20 _____, 19 _____		
<b>b</b> Are there any years listed in 2a for which the organization is <b>not</b> 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 page 19 of the instructions.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>2b</b>	
<b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20 _____, 20 _____, 20 _____, 19 _____		
<b>3a</b> Did the organization hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If "Yes," did it have excess business holdings in 2003 as a result of (1) any purchase by the organization 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 Schedule C, Form 4720, to determine if the organization had excess business holdings in 2003.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>3b</b>	
<b>4a</b> Did the organization invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>4a</b>	X
<b>b</b> Did the organization 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 2003? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>4b</b>	X
<b>5a</b> During the year did the organization pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If any answer is "Yes" to 5a(1) - (5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 20 of the instructions)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here . . . . . <input type="checkbox"/>	<b>5b</b>	
<b>c</b> If the answer is "Yes" to question 5a(4), does the organization claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach the statement required by Regulations section 53.4945-5(d).		
<b>6a</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you answered "Yes" to 6b, also file Form 8870.	<b>6b</b>	X

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see page 20 of the instructions):

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ANDEN VAN BEEK ROCK VALLEY IA 51247	FOUNDATION MANAGER	0.00	0.00	0.00

**2** Compensation of five highest-paid employees (other than those included on line 1 — see page 20 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 ▶**3** Five highest-paid independent contractors for professional services — (see page 20 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments** (see page 21 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
<b>1</b>	----- ----- -----	
<b>2</b>	----- ----- -----	
<b>3</b>	All other program-related investments. See page 21 of the instructions. ----- -----	
<b>Total.</b> Add lines 1 through 3		

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 21 of the instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	
<b>a</b>	Average monthly fair market value of securities	<b>1a</b> 94,086.00
<b>b</b>	Average of monthly cash balances	<b>1b</b> 128.00
<b>c</b>	Fair market value of all other assets (see page 22 of the instructions)	<b>1c</b>
<b>d</b>	Total (add lines 1a, b, and c)	<b>1d</b> 94,214.00
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>
<b>3</b>	Subtract line 2 from line 1d	<b>3</b> 94,214.00
<b>4</b>	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see page 23 of the instructions)	<b>4</b> 1,413.00
<b>5</b>	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b> 92,801.00
<b>6</b>	Minimum investment return. Enter 5% of line 5	<b>6</b> 4,640.00

**Part XI Distributable Amount** (see page 23 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b> 4,640.00
<b>2a</b>	Tax on investment income for 2003 from Part VI, line 5	<b>2a</b> 17.00
<b>b</b>	Income tax for 2003. (This does not include the tax from Part VI.)	<b>2b</b>
<b>c</b>	Add lines 2a and 2b	<b>2c</b> 17.00
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b> 4,623.00
<b>4a</b>	Recoveries of amounts treated as qualifying distributions	<b>4a</b>
<b>b</b>	Income distributions from section 4947(a)(2) trusts	<b>4b</b>
<b>c</b>	Add lines 4a and 4b	<b>4c</b>
<b>5</b>	Add lines 3 and 4c	<b>5</b> 4,623.00
<b>6</b>	Deduction from distributable amount (see page 23 of the instructions)	<b>6</b>
<b>7</b>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b> 4,623.00

**Part XII Qualifying Distributions** (see page 23 of the instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	
<b>a</b>	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	<b>1a</b> 15,000.00
<b>b</b>	Program-related investments — Total from Part IX-B	<b>1b</b>
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:	
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>
<b>4</b>	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b> 15,000.00
<b>5</b>	Organizations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 24 of the instructions)	<b>5</b> 17.00
<b>6</b>	Adjusted qualifying distributions. Subtract line 5 from line 4	<b>6</b> 14,983.00

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII** Undistributed Income (see page 24 of the instructions)

	(a) Corpus	(b) Years prior to 2002	(c) 2002	(d) 2003
1 Distributable amount for 2003 from Part XI, line 7 .....				4,623.00
2 Undistributed income, if any, as of the end of 2002:				
a Enter amount for 2002 only .....			0.00	
b Total for prior years: 20____, 20____, 19____		0.00		
3 Excess distributions carryover, if any, to 2003:				
a From 1998 .....				
b From 1999 .....	25,500.00			
c From 2000 .....	78,500.00			
d From 2001 .....	17,000.00			
e From 2002 .....	20,500.00			
f Total of lines 3a through e .....	141,500.00			
4 Qualifying distributions for 2003 from Part XII, line 4: ▶ \$ 15,000.00				
a Applied to 2002, but not more than line 2a .....			0.00	
b Applied to undistributed income of prior years (Election required — see page 24 of the instructions) .....		0.00		
c Treated as distributions out of corpus (Election required — see page 24 of the instructions) .....	0.00			
d Applied to 2003 distributable amount .....				
e Remaining amount distributed out of corpus .....	15,000.00			
5 Excess distributions carryover applied to 2003 ..	4,623.00			4,623.00
<i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 ..	151,877.00			
b Prior years' undistributed income. Subtract line 4b from line 2b .....		0.00		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed .....		0.00		
d Subtract line 6c from line 6b. Taxable amount — see page 24 of the instructions .....		0.00		
e Undistributed income for 2002. Subtract line 4a from line 2a. Taxable amount — see page 24 of the instructions .....			0.00	
f Undistributed income for 2003. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2004 .....				0.00
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(E) or 4942(g)(3) (see page 25 of the instructions) .....				
8 Excess distributions carryover from 1998 not applied on line 5 or line 7 (see page 25 of the instructions) .....				
9 Excess distributions carryover to 2004. Subtract lines 7 and 8 from line 6a .....	151,877.00			
10 Analysis of line 9:				
a Excess from 1999 .....	18,198.00			
b Excess from 2000 .....	78,500.00			
c Excess from 2001 .....	17,000.00			
d Excess from 2002 .....	20,500.00			
e Excess from 2003 .....	15,000.00			

**Part XIV Private Operating Foundations** (see page 25 of the instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2003, enter the date of the ruling . . . . .

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

Tax year	Prior 3 years			(e) Total
(a) 2003	(b) 2002	(c) 2001	(d) 2000	
2,295.00	5,172.00	8,819.00	10,198.00	26,484.00
1,950.00	4,396.00	7,496.00	8,668.00	22,511.00
15,000.00	20,500.00	17,000.00	78,500.00	31,000.00
15,000.00	20,500.00	17,000.00	78,500.00	31,000.00

**b** 85% of line 2a . . . . .

**c** Qualifying distributions from Part XII, line 4 for each year listed . . . . .

**d** Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .

**e** Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .

**3** Complete 3a, b, or c for the alternative test relied upon:

**a** "Assets" alternative test — enter:

(1) Value of all assets . . . . .

(2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .

**b** "Endowment" alternative test — Enter  $\frac{2}{3}$  of minimum investment return shown in Part X, line 6 for each year listed . . . . .

**c** "Support" alternative test — enter:

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . .

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .

(3) Largest amount of support from an exempt organization . . . . .

(4) Gross investment income . . . . .

**Part XV Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year — see page 25 of the instructions.)**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the organization only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the organization makes gifts, grants, etc. (see page 25 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number of the person to whom applications should be addressed:

ANDEN VAN BEEK  
PO BOX 8 ROCK VALLEY IA 51247

**b** The form in which applications should be submitted and information and materials they should include:

NO SPECIFIC MATERIALS USED

**c** Any submission deadlines:

NONE

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

NONE

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>  NETHERLANDS REFORMED SCHOOL ROCK VALLEY IA 51247	N/A		CHARITABLE GIFT	15,000.00
<b>Total</b> .....			▶ <b>3a</b>	15,000.00
<b>b Approved for future payment</b>				
<b>Total</b> .....			▶ <b>3b</b>	

## Enter gross amounts unless otherwise indicated.

<b>Part XVI-B.</b>	<b>Relationship of Activities to the Accomplishment of Exempt Purposes</b>
--------------------	--

[illegible]

**Part XVII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- |          |  |     |    |
|----------|--|-----|----|
| <b>1</b> | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  | Yes | No |
| <b>a</b> | Transfers from the reporting organization to a noncharitable exempt organization of:   |     |    |
|          | (1) Cash   |     | ✓  |
|          | (2) Other assets   |     | ✓  |
| <b>b</b> | Other transactions:  |     |    |
|          | (1) Sales of assets to a noncharitable exempt organization   |     | ✓  |
|          | (2) Purchases of assets from a noncharitable exempt organization   |     | ✓  |
|          | (3) Rental of facilities, equipment, or other assets   |     | ✓  |
|          | (4) Reimbursement arrangements   |     | ✓  |
|          | (5) Loans or loan guarantees   |     | ✓  |
|          | (6) Performance of services or membership or fundraising solicitations   |     | ✓  |
| <b>c</b> | Sharing of facilities, equipment, mailing lists, other assets, or paid employees   |     | ✓  |
| <b>d</b> | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement show in column (d) the value of the goods, other assets, or services received |     |    |

[illegible]

- 2a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☐ No
- b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Howard Lee Sidel  
Signature of officer or trustee

11-13-10  
Date:

Title Hininger

**Sign Here**

Paid	Preparer's Use Only
------	---------------------

Preparer's  
signature

Firm's name (or yours if self-employed), address, and ZIP code

Date \_\_\_\_\_

Check if self-employed ☐

Preparer's SSN or PTIN  
(See Signature on page 28  
of the instructions.)

P00108224

Williams & Company CPA PC  
Sioux Falls SD 57108-4715

EIN ▶ 42-1377056  
Phone no. (605) 271-3273

**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

- Attach to Form 1040. ► See Instructions for Schedule D (Form 1040).  
► Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

**2003**

Attachment  
Sequence No. 12

Name(s) shown on Form 1040

A & I FOUNDATION

Your social security number  
42-1458998

**Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less**

(a) Description of property (Example: 100 sh XYZ Co.)	(b) Date acquired (Mo., day, yr)	(c) Date sold (Mo., day, yr)	(d) Sales price (see page D-6 of the instructions)	(e) Cost or other basis (see page D-6 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
1						
2 Enter your short-term totals, if any, from Schedule D-1, line 2 . . . . .	2					
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d) . . . . .	3					
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .	4					
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .	5					
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 2002 Capital Loss Carryover Worksheet . . . . .	6				( )	
7a Combine lines 1 through 5 in column (g). If the result is a loss, enter the result. Otherwise, enter -0-. Do not enter more than zero . . . . .	7a				( )	
b Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) . . . . .	7b					

**Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr)	(c) Date sold (Mo., day, yr)	(d) Sales price (see page D-6 of the instructions)	(e) Cost or other basis (see page D-6 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
8 PUTNAM INV CL A	12/01/98	06/13/03	319.00	163.00	156.00	
PUTNAM CL EQ	11/28/97	06/13/03	1,269.0	930.0	339.00	
PUTNAM FD G&I	12/24/98	06/20/03	6,000.0	8,177.00	(2,177.00)	
SALOMON SM BARN	11/25/98	05/27/03	5,000.0	5,000.0	0.00	
9 Enter your long-term totals, if any, from Schedule D-1, line 9 . . . . .	9		105,766.00		14,283.00	
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d) . . . . .	10		118,354.00			
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .	11					
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .	12					
13 Capital gain distributions. See page D-2 of the instructions . . . . .	13					
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your 2002 Capital Loss Carryover Worksheet . . . . .	14				( )	
15 Combine lines 8 through 13 in column (g). If zero or less, enter -0- . . . . .	15					
16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f) Next: Go to Part III on the back.	16				15,965.00	

\*Include in column (g) all gains and losses from column (f) from sales, exchanges, or conversions (including installment payments received) after May 5, 2003. However, do not include gain attributable to unrecaptured section 1250 gain, "collectibles gains and losses" (as defined on page D-8 of the instructions) or eligible gain on qualified small business stock (see page D-4 of the instructions)

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule D (Form 1040) 2003

**Part III Taxable Gain or Deductible Loss**

<b>17a</b> Combine lines 7b and 16 and enter the result. If a loss, enter -0- on line 17b and go to line 18. If a gain, enter the gain on Form 1040, line 13a, and go to line 17b below . . . . .	<b>17a</b>	(15,965.00)
<b>b</b> Combine lines 7a and 15. If zero or less, enter -0-. Then complete Form 1040 through line 40. <b>Next:</b> If line 16 of Schedule D is a gain or you have qualified dividends on Form 1040, line 9b, complete <b>Part IV</b> below. Otherwise, skip the rest of Schedule D and complete the rest of Form 1040.	<b>17b</b>	
<b>18</b> If line 17a is a loss, enter here and on Form 1040, line 13a, the <b>smaller</b> of (a) that loss or (b) (\$3,000) (or, if married filing separately, (\$1,500)) (see page D-7 of the Instructions) . . . . .	<b>18</b>	( )
<b>Next:</b> If you have qualified dividends on Form 1040, line 9b, complete Form 1040 through line 40, and then complete <b>Part IV</b> below (but skip lines 19 and 20). Otherwise, skip <b>Part IV</b> below and complete the rest of Form 1040.		

**Part IV Tax Computation Using Maximum Capital Gains Rates**

If line 16 or line 17a is zero or less, skip lines 19 and 20 and go to line 21. Otherwise, go to line 19.		
<b>19</b> Enter your unrecaptured section 1250 gain, if any, from line 18 of the worksheet on page D-7 . . . . .	<b>19</b>	
<b>20</b> Enter your 28% rate gain, if any, from line 7 of the worksheet on page D-8 of the instructions . . . . .	<b>20</b>	
If lines 19 and 20 are zero, go to line 21. Otherwise, complete the worksheet on page D-11 of the instructions to figure the amount to enter on lines 35 and 53 below, and skip all other lines below.		
<b>21</b> Enter your taxable income from Form 1040, line 40 . . . . .	<b>21</b>	
<b>22</b> Enter the <b>smaller</b> of line 16 or line 17a, but not less than zero . . . . .	<b>22</b>	0.00
<b>23</b> Enter your qualified dividends from Form 1040, line 9b . . . . .	<b>23</b>	
<b>24</b> Add lines 22 and 23 . . . . .	<b>24</b>	0.00
<b>25</b> Amount from line 4g of Form 4952 (investment interest expense) . . . . .	<b>25</b>	
<b>26</b> Subtract line 25 from line 24. If zero or less, enter -0- . . . . .	<b>26</b>	0.00
<b>27</b> Subtract line 26 from line 21. If zero or less, enter -0- . . . . .	<b>27</b>	0.00
<b>28</b> Enter the <b>smaller</b> of line 21 or: \$56,800 if married filing jointly or qualifying widow(er); \$28,400 if single or married filing separately; or \$38,050 if head of household . . . . .	<b>28</b>	
If line 27 is more than line 28, skip lines 29 – 39 and go to line 40.		
<b>29</b> Enter the amount from line 27 . . . . .	<b>29</b>	
<b>30</b> Subtract line 29 from line 28. If zero or less, enter -0- and go to line 40 . . . . .	<b>30</b>	
<b>31</b> Add lines 17b and 23* . . . . .	<b>31</b>	
<b>32</b> Enter the <b>smaller</b> of line 30 or line 31 . . . . .	<b>32</b>	
<b>33</b> Multiply line 32 by 5% (.05) . . . . .	<b>33</b>	
If lines 30 and 32 are the same, skip lines 34 – 39 and go to line 40.		
<b>34</b> Subtract line 32 from line 30 . . . . .	<b>34</b>	
<b>35</b> Enter your qualified 5-year gain, if any, from line 8 of the worksheet on page D-10 . . . . .	<b>35</b>	
<b>36</b> Enter the <b>smaller</b> of line 34 or line 35 . . . . .	<b>36</b>	
<b>37</b> Multiply line 36 by 8% (.08) . . . . .	<b>37</b>	
<b>38</b> Subtract line 36 from line 34 . . . . .	<b>38</b>	
<b>39</b> Multiply line 38 by 10% (.10) . . . . .	<b>39</b>	
If lines 26 and 30 are the same, skip lines 40 – 49 and go to line 50.		
<b>40</b> Enter the <b>smaller</b> of line 21 or line 26 . . . . .	<b>40</b>	
<b>41</b> Enter the amount from line 30 (if line 30 is blank, enter -0-) . . . . .	<b>41</b>	
<b>42</b> Subtract line 41 from line 40 . . . . .	<b>42</b>	
<b>43</b> Add lines 17b and 23* . . . . .	<b>43</b>	
<b>44</b> Enter the amount from line 32 (if line 32 is blank, enter -0-) . . . . .	<b>44</b>	
<b>45</b> Subtract line 44 from line 43 . . . . .	<b>45</b>	
<b>46</b> Enter the <b>smaller</b> of line 42 or line 45 . . . . .	<b>46</b>	
<b>47</b> Multiply line 46 by 15% (.15) . . . . .	<b>47</b>	
<b>48</b> Subtract line 46 from line 42 . . . . .	<b>48</b>	
<b>49</b> Multiply line 48 by 20% (.20) . . . . .	<b>49</b>	
<b>50</b> Figure the tax on the amount on line 27. Use the Tax Table or Tax Rate Schedules, whichever applies . . . . .	<b>50</b>	
<b>51</b> Add lines 33, 37, 39, 47, 49, and 50 . . . . .	<b>51</b>	
<b>52</b> Figure the tax on the amount on line 21. Use the Tax Table or Tax Rate Schedules, whichever applies . . . . .	<b>52</b>	
<b>53</b> <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 51 or line 52 here and on Form 1040, line 41 . . . . .	<b>53</b>	

\*If lines 23 and 25 are more than zero, see Lines 31 and 43 on page D-9 for the amount to enter.

Department of the Treasury  
Internal Revenue Service (99)

- ▶ See instructions for Schedule D (Form 1040).
- ▶ Attach to Schedule D to list additional transactions for lines 1 and 8.

OMB No 1545-0074

## 2003

Attachment  
Sequence No **12A**

Name(s) shown on Form 1040

A & I FOUNDATION

**Your social security number**  
42-1458998

[illegible]



**Your social security number**

Form **8868**

(December 2000)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.****Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)**Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only . . . .** ☐**All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.**

Type or print  File by the due date for filing your return. See Instructions.	Name of Exempt Organization	Employer identification number
	A & I FOUNDATION	42-1458998
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	P.O. BOX 8	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	ROCK VALLEY, IA 51247	

**Check type of return to be filed (file a separate application for each return):**

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ            | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• If the organization does **not** have an office or place of business in the United States, check this box ☐• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole group**, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 8/15, 2004, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 2003 or
- ☐ tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ 0
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$ 0.00

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►

Title ► IOWA CPA # 8167

Date ► 5/15/04

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.**

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Check type of return to be filed (File a separate application for each return):

- ☐ Form 990    ☐ Form 990-EZ    ☐ Form 990-T (sec. 401(a) or 408(a) trust)    ☐ Form 1041-A    ☐ Form 5227    ☐ Form 8870  
☐ Form 990-BL    ☐ Form 990-PF    ☐ Form 990-T (trust other than above)    ☐ Form 4720    ☐ Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole group**, check this box ☐. If it is for **part of the group**, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until \_\_\_\_\_, 20 \_\_\_\_.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20 \_\_\_\_ and ending \_\_\_\_\_, 20 \_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 ..... \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ►

Date ►

**Notice to Applicant — To Be Completed by the IRS**

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

Prepared by: Pam Banta, 820 Central Avenue, Hawarden, Iowa 51023 (712) 551-1051

# AFFIDAVIT OF PUBLICATION

STATE OF IOWA, SIOUX COUNTY, SS:

I, Bruce L. Odson, being duly sworn, depose and say that: I am the publisher of the HAWARDEN INDEPENDENT/IRETON EXAMINER, a weekly newspaper published at Hawarden, Iowa, Sioux County, State of Iowa; that the notice and advertisement headed:

A & I Foundation

Form 990PF for 2003

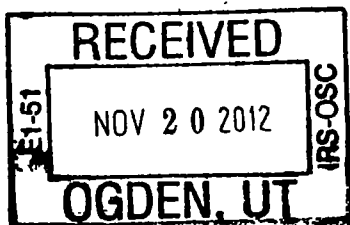
## NOTICE

A & I Foundation and its principal manager, Anden Van Beek, are located at Highway 18 and 22nd Avenue, Rock Valley, Iowa 51247 and have a telephone number of 712-476-5119. The Foundation's Form 990PF for 2003 is available for inspection by any citizen who requests it within 180 days after publication of this notice.

*Published in the Hawarden Independent/Ireton Examiner on April 15, 2004.*

a true copy of which is hereto attached, was published in the said newspaper for 1 consecutive week(s), commencing on the 15th day of April, 2004.

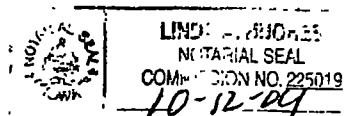
Publication Fee \$ 4.36



Subscribed and sworn to before me  
this 15 day of April, 2004.

Linda A. Hughes

Notary Public



**DAVID L. UPDEGRAFF, P.C.**  
**LAW OFFICE**

Phone: 712-252-5700

204 Frances Building  
505 Fifth Street  
Sioux City, Iowa 51101

FAX: 712-252-3626

April 6, 2004

The Independent  
Fax No. 551-1057

RE: A & I Foundation

Dear Folks:

I enclose a legal notice that needs to be published in your newspaper. I would like to have it published in your next edition. After you have published the notice please forward to me your statement for the publication.

Please send your certification of publication to Dave Chickering at the address set forth below. He needs to have this document to be able to file it with the income tax return. Your cooperation with respect to this matter is appreciated.

Sincerely yours,



David L. Updegraff

DLU:ab

cc: Anden Van Beek  
P. O. Box 8  
Rock Valley, IA 51247

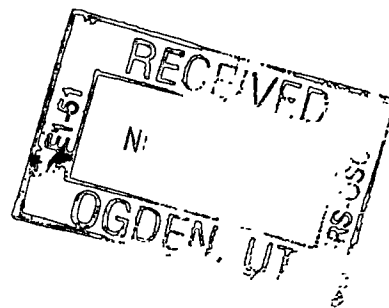
David Chickering  
P. O. Box 68  
Sheldon, IA 51201



NOTICE

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C:\Documents and Settings\All Users\Documents\My Documents\WFDOS\DOC\_A\ANDEN.PUB



# Power of Attorney and Declaration of Representative

► Type or print. ► See the separate instructions.

OMB No 1545-0150

For IRS Use Only

Received by

Name

Telephone

Function

Date / /

## Part I Power of Attorney

**Caution:** A separate Form 2848 should be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

### 1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address  
Van Beek Family Foundation  
P O Box 31  
Beresford SD 57004-0031

Taxpayer identification number(s)

42-1458998

Daytime telephone number

605 351-1149

Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

### 2 Representative(s) must sign and date this form on page 2, Part II.

Name and address  
Michael R Miranda CPA; Williams & Company CPA PC  
609 East Tan Tara Circle Ste 102  
Sioux Falls SD 57108-4715

CAF No. 5000 - 75200R

PTIN P00108224

Telephone No. 605 271-3273

Fax No. 605 271-3469

Check if to be sent notices and communications ☐

Check if new: Address ☐

Telephone No. ☐

Fax No. ☐

Name and address

CAF No.

PTIN

Telephone No.

Fax No.

Check if to be sent notices and communications ☐

Check if new: Address ☐

Telephone No. ☐

Fax No. ☐

Name and address

CAF No.

PTIN

Telephone No.

Fax No.

Check if new: Address ☐

Telephone No. ☐

Fax No. ☐

to represent the taxpayer before the Internal Revenue Service for the following matters:

### 3 Matters

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, etc.) (see instructions for line 3)

Tax Form Number  
(1040, 941, 720, etc.) (if applicable)

Year(s) or Period(s) (if applicable)  
(see instructions for line 3)

Civil Penalty Form 990 PF

990 PF

2003 and 2008

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific Uses Not Recorded on CAF** ☐

**5 Acts authorized.** Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) is (are) not authorized to execute a request for disclosure of tax returns or return information to a third party, substitute another representative or add additional representatives, or sign certain tax returns.

☐ Disclosure to third parties;

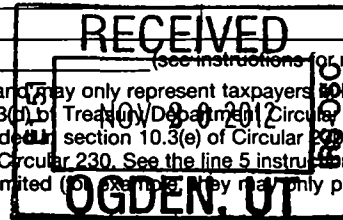
☐ Substitute or add representative(s);

☐ Signing a return;

☐ Other acts authorized:

**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan agent may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. A registered tax return preparer may only represent taxpayers to the extent provided in section 10.3(f) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (level k) authority is limited to the extent they may only practice under the supervision of another practitioner).

List any specific deletions to the acts otherwise authorized in this power of attorney:



Sub to PoA 11-27-12

- 6 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here ☐ **YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

- 7 Signature of taxpayer.** If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power of attorney even if the same representative(s) is (are) being appointed. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

► IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED TO THE TAXPAYER.

Anden Van Boek 11-13-12 Foundation Manager  
Signature Date Title (if applicable)

Anden Van Boek

Anden Van Boek 000000  
Print Name PIN Number Print name of taxpayer from line 1 if other than individual

## Part II Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service.
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning practice before the Internal Revenue Service.
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following.
  - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent—enrolled as an agent under the requirements of Circular 230.
  - d Officer—a bona fide officer of the taxpayer's organization.
  - e Full-Time Employee—a full-time employee of the taxpayer.
  - f Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
  - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
  - h Unenrolled Return Preparer—Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
  - i Registered Tax Return Preparer—registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
  - k Student Attorney or CPA—receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LTC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements.
  - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ABOVE. See the instructions for Part II.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more information.

Designation— Insert above letter (a-r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.	Signature	Date
B	SD	2403	<i>Anden Van Boek</i> CPA	11/13/2012