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## 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 foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0052

2009

For	calen	dar year 2009, or tax year beginning	, 2003	, and c	enamy		, 20
G	Check		eturn of a former p		nanty ne change	☐ Final return	
He	e the	IRS Name of foundation			A Employer	identification number	
US	label.					26-2512444	
01	herwi		o street address) Roc	om/suite	B Telephone	number (see page 10 o	f the instructions)
	print or type					641 648-5165	
Se	e Spec	cific City or town, state, and ZIP code			C If exempt	on application is pendin	a. check here
Ins	tructio	ons. lowa Falls, lowa 50128			1	organizations, check	5,
		type of organization: Section 501(c)(3) exempt p	rivate foundation		_	organizations meeting	
		in 4947(a)(1) nonexempt charitable trust		lation	check	here and attach compu	tation ▶ 🗌
$\overline{}$		parket value of all assets at J Accounting method				foundation status was t	erminated under . ► □
-		f year (from Part II, col. (c),			1	07(b)(1)(A), check here ndation is in a 60-montl	
	line 16		on cash basis.)			ction 507(b)(1)(B), check	_
_	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		investment ncome	(c) Adjusted net	for charitable purposes
		the amounts in column (a) (see page 11 of the instructions))	books	"	ICOITIG	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	90,745				
	2	Check ▶ ☐ if the foundation is <b>not</b> required to attach Sch. B		i i			
	3	Interest on savings and temporary cash investments	157		157	157	
	4	Dividends and interest from securities					
	5a	Gross rents					
	ь	Net rental income or (loss)					<del></del>
<u>o</u>	6a	Net gain or (loss) from sale of assets not on line 10					
Ĕ	ь	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)					
œ	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
i	11	Other income (attach schedule)	300				:
	12	Total. Add lines 1 through 11	91,202		157	157	
S	13	Compensation of officers, directors, trustees, etc.					
Expenses	14	Other employee salaries and wages		ļ			<u> </u>
ē	15	Pension plans, employee benefits				<del></del>	<del></del>
Ä	16a	Legal fees (attach schedule)		ļ <u>.</u>	·	·	L
ē	b	Accounting fees (attach schedule)	182		<del></del>		162
trative	17 <sup>C</sup>	Other professional fees (attach schedule)	<del></del>	<u> </u>			
	17	Interest	<del></del>	<del> </del>	·		
Ĕ	18 19	Taxes (attach schedule) (see page 14 of the instructions) Depreciation (attach schedule) and depretion	<del></del>				<del></del>
Ξ	20		18	<u> </u>			
¥	21	Occupancy					<del></del>
5	22	Printing and publications	101	<del></del>			<del></del>
, a	23	Other expenses (attach schedule)	118				118
ij	24	Total operating and administrative expenses.	<del>                                     </del>			-	710
ē		Add lines 13 through 23	280				280
Operating and Adminis	25	Contributions, gifts, grants paid	51,554			<u> </u>	51,554
0	26	Total expenses and disbursements. Add lines 24 and 25	51,834		0	0	51,834
	27	Subtract line 26 from line 12:	2.,504				0.,000
	а	Excess of revenue over expenses and disbursements	39,368				
	b	Net investment income (if negative, enter -0-)			157		
		Adjusted net income (if negative, enter -0-)				157	<del></del>
_				<del></del>			000 05

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Form 990-PF (2009)

D۵	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	En	d of	year
FC	re ii	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash-non-interest-bearing	22,163	(9,66	(0)	(9,860)
	2	Savings and temporary cash investments		76,4	76	76,476
	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	:		- 1	
		disqualified persons (attach schedule) (see page 16 of the			ļ	
		instructions)			_	
	7	Other notes and loans receivable (attach schedule) ▶				
S		Less: allowance for doubtful accounts ▶			$\dashv$	<del> </del>
Assets	8	Inventories for sale or use			$\perp$	<del></del>
Ş	9	Prepaid expenses and deferred charges			_	
	10a	Investments—U.S. and state government obligations (attach schedule)		·		
	b	Investments—corporate stock (attach schedule)		<u> </u>	_	
	С	Investments—corporate bonds (attach schedule)			_	· · · · · · · · · · · · · · · · · · ·
	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 ▶			- 1	
		Less: accumulated depreciation (attach schedule) ▶			_	
	15	Other assets (describe ▶)			_	
	16	<b>Total assets</b> (to be completed by all filers—see the				
	ļ	instructions. Also, see page 1, item I)	22,163	66,8	<del>-</del>	66,816
	17	Accounts payable and accrued expenses			10	
S	18					
≝	19					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		<del></del>	_	
Ë	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ► CHASE PAYABLE )		5,2	_	
	23	Total liabilities (add lines 17 through 22)		5,2	85	
S		Foundations that follow SFAS 117, check here ▶ □ and complete lines 24 through 26 and lines 30 and 31.				
Balances	24	Unrestricted				
ā	25	Temporarily restricted			$\neg$	
Ba	26	Permanently restricted			$\neg$	
or Fund		Foundations that do not follow SFAS 117, check here ▶ ☑				
Ī		and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds			_	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
25	29	Retained earnings, accumulated income, endowment, or other funds	22,163	6 <u>1,</u> 5	31	
Ž	30	Total net assets or fund balances (see page 17 of the				
Ē	31	instructions)	22,163	61,5	31	
_	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)				
pے	rt III	of the instructions)	22,163	66,8	16	
		al net assets or fund balances at beginning of year—Part II, colu	mn (a) line 20 /	nargo with		
•		in net assets or fund balances at beginning of year—Part II, colu -of-year figure reported on prior year's return)		· 1		00.400
2				<del></del> -	1	22,163
3		er amount from Part I, line 27a		5	39,368	
4	אוווט י	er increases not included in line 2 (itemize)		<u>  -</u> 3	3	60 F04
5		lines 1, 2, and 3		<u> </u>	4	61,531
	Tota	reases not included in line 2 (itemize) ► If net assets or fund balances at end of year (line 4 minus line 5)—	Part II column (h) !:-		5	04 504
<u> </u>			artii, wiaiiii (b), iii	600	3	61,531

Part	V Capital Gains and	Losses for Tax on Investm	ent Ir	ncome					
		e kind(s) of property sold (e.g., real estate se; or common stock, 200 shs. MLC Co.)	•		(b) How acquired P—Purchase D—Donation		ate acquired o, day, yr)	(d) Date sold (mo , day, yr )	
1a	MOME		337						
b									
<u>C</u> _	<del></del>					ļ			
<u>d</u>						<del> </del>			
<u>е</u>	<del></del>			· · · · · ·	L <del> </del>	<del>                                     </del>		- ">	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis nse of sale			n or (loss) f) minus (g)	
a									
<u> </u>									
<u>c</u>									
<u>d</u>									
е	Complete only for accets on	owing gain in column (h) and owned	by the f	loundation	on 12/21/60				
	Complete only for assets shi		by trie i			ł		l (h) gain minus t less than -0-) or	
	(i) FMV as of 12/31/69	(i) Adjusted basis as of 12/31/69			s of col. (i) (j), if any		col (k), but not less than -0-) or Losses (from col (h))		
<u>a</u>						<u> </u>			
<u>b</u>					<del> </del>	ļ		<del></del>	
<u>c</u>									
d								<del></del>	
<u>е</u>		( If main		atau in Da	41 5-2	ļ,			
2	Capital gain net income o	rinet canital inggl 7 -		nter in Pa -0- in Pai	rt I, line 7 }	2			
3		in or (loss) as defined in sections I, line 8, column (c) (see pages 1							
	If (loss), enter -0- in Part I	, lìne 8			}	3			
Part	V Qualification Und	der Section 4940(e) for Redu	iced 1	Tax on N	et Investment	t Inco	me		
Was t	tion 4940(d)(2) applies, leav he foundation liable for the s," the foundation does not	re this part blank. section 4942 tax on the distribu qualify under section 4940(e). D	table a	mount of	any year in the I	base p	period?	☐ Yes ☑ No	
1		ount in each column for each yea				ns befo	ore making a	nv entries	
	(a)	(b)	T	p-3	(c)	10 0011		(d)	
Cale	Base period years endar year (or tax year beginning in	Administration of the contract	s	Net value of	nonchantable-use a	ssets		Inbution ratio divided by col (c))	
	2008		250			4,925	(0.41. (0.7)	.05	
	2007								
	2006								
	2005								
	2004								
					<del>_</del>			· · · · · · · · · · · · · · · · · · ·	
2	Total of line 1, column (d)					. ]	2	.05	
3	Average distribution ratio	for the 5-year base period—divi	de the	total on i	ine 2 by 5, or by	- 1	1		
	number of years the found	dation has been in existence if le	ess tha	n 5 years		. }	3	.05	
4	Enter the net value of non	charitable-use assets for 2009 fi	rom Pa	art X, line	5 . ,	.	4	45,962	
5	Multiply line 4 by line 3					. [	5	2,298	
6	Enter 1% of net investme	nt income (1% of Part I, line 27b	) .			.	_6		
7	Add lines 5 and 6						7	2,300	
8	Enter qualifying distribution	ons from Part XII, line 4			. <i>.</i>	.	8	51,554	
	If line 8 is equal to or great Part VI instructions on page	ater than line 7, check the box inge 18.	Part \	√I, line 1b	, and complete	that pa	art using a 1	% tax rate. See the	

|--|

1 1 4

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the	e ins	ructi	ons)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ► □ and enter "N/A" on line 1.  Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)							
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check							
	here ► 🗸 and enter 1% of Part I, line 27b							
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)							
3	Add lines 1 and 2		2					
4	Subtrtle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		2					
6	Credits/Payments:							
a	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 0							
b	Exempt foreign organizations—tax withheld at source							
Ç	Tax paid with application for extension of time to file (Form 8868) . 6c 0 Backup withholding erroneously withheld . 6d 0							
d 7	Dubling that holding charactery manufactures are a second control of the control		•					
8	Total credits and payments. Add lines 6a through 6d		0					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		2					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10							
_11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ Refunded ▶ 11			<del></del>				
Part								
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No				
	participate or intervene in any political campaign?	1a		<b>✓</b>				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		1				
	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 foundation in connection with the activities.							
C	Did the foundation file Form 1120-POL for this year?	1c		<b>✓</b>				
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$							
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		1				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a						
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b						
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?							
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?	6						
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	<u></u>					
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the							
	instructions) ► IO₩A							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	1					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	30	-					
•	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page		l					
	27)? If "Yes," complete Part XIV	9		✓				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their							
	names and addresses	10	✓					

1 1 6

Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		✓
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		✓_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	1	
	Website address ▶			
14	The books are in care of ► JOSEPH LONGOBARDI Telephone no. ► 64	1-648-	3165	
	Located at ► 400 WEYRAUCH ROAD, IOWA FALLS, IOWA ZIP+4 ►	5012	8	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here.			▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the year			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   Yes  No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
þ	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 20 of the instructions)?	1b		1
	Organizations relying on a current notice regarding disaster assistance check here			Ì
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
_	were not corrected before the first day of the tax year beginning in 2009?	1c		<b>✓</b>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			ŀ
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2009?			
_	If "Yes," list the years ▶ 20 , 20 , 20 , 20, 20			
Þ	Are there any years listed in 2a for which the foundation 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 20 of the instructions.)			
_		2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.  20, 20, 20, 20, 20, 20, 20, 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
oa	at any time during the year?	Ì		
				}
D	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			1
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2009.)	26		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b		1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a		<del></del>
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		1
				<u> </u>

Part	VII-B	Statements Regarding Activities	for W	hich Form	4720 N	lay Be R	equire	<b>d</b> (contir	nued)			
5a		e year did the foundation pay or incur a			_ (	40 45(-)		□ <b>v</b>	☑ No			
	(2) Influe	on propaganda, or otherwise attempt to nce the outcome of any specific public by or indirectly, any voter registration dri	election	on (see section	on 4955	i); or to ca	my on,	∐ Yes	☑ No			
	directly or indirectly, any voter registration drive?											
	(4) Provi	de a grant to an organization other than on 509(a)(1), (2), or (3), or section 4940(d	a char	itable, etc., o	organiza	ation descr	ibed in	Yes	✓ No			
		de for any purpose other than religious, oses, or for the prevention of cruelty to c				•		□Yes	<b></b> ✓ No			
b		swer is "Yes" to 5a(1)-(5), did any of the ons section 53.4945 or in a current notice in										
c	If the ans	tions relying on a current notice regarding swer is "Yes" to question 5a(4), does to the maintained expenditure responsibility	he four	ndation claim	exemp	tion from			► □ □ No			
6a	Did the f	attach the statement required by Regula oundation, dunng the year, receive any sonal benefit contract?	funds,	directly or inc	lirectly,		miums	□Yes	☑ No			
b	Did the fe	oundation, during the year, pay premium o 6b, file Form 8870.					benefit			6b		✓
7a	At any tin	ne during the tax year, was the foundation a							<b>⊘</b> No			
b Por		the foundation receive any proceeds of Information About Officers, Direct								7b		
Fai		and Contractors	tors, i	rusiees, ri	Junuai	lion mana	igers,	rigniy i	-aiu E	mpioy	ees,	
1	List all o	fficers, directors, trustees, foundation	n mana	gers and the	eir com	pensation	(see p	age 22 o	f the ir	struct	ions).	
		(a) Name and address	hou	e, and average rs per week ed to position	(c) Cor (If not	npensation paid, enter -0-)	emple	Contribution byee benefit erred compe	plans	(e) Expe	ense ac allowar	
	PH LONG	***************************************	Pres/D	ir. 2hr/week		0			0			0
	C. LONGO	RD, IOWA FALLS, IA										
		RD, IOWA FALLS, IA	VP/Dir.	8hr/week		0			0			0
	R. LONGO		Diracto	r 1hr/week								
5353	MEMORIAL	. DR., HOUSTON, TX				0			0			0
		st for two additional Directors		· <del>-</del> ·								
2		sation of five highest-paid employee enter "NONE."	s (othe	er than thos	e inclu	ded on lin	e 1—s	ee page	23 of	the ins	tructi	ons).
	(a) Name and	d address of each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to po	reek	(c) Comper	nsation	(d) Contrib employee plans and compen	benefit deferred	(e) Expe	ense ace allowar	
NONE												
								<u>-</u> -				•
									<del>-</del>			
						<del></del>						
						<del></del>						
Γotal	number o	other employees paid over \$50,000 .						L—	. ▶			

Form 990-PF (2009)

Page 6

Form **990-PF** (2009)

Par	t VIII Information About Officers, Directors, Trustees, Founda and Contractors (continued)	tion Managers, Highly Paid Em	ployees,
3	Five highest-paid independent contractors for professional services (se	e page 23 of the instructions). If nor	ne, enter "NONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
МОМ	E		
Tota	number of others receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·	0
Par	t IX-A Summary of Direct Charitable Activities		
	Summary of Direct Chartable Activities		
	at the foundation's four largest direct chantable activities during the tax year. Include relevant s ganizations and other beneficianes served, conferences convened, research papers produced, et		Expenses
1	NONE		
			ļ
2			
3			<u> </u>
3			[
4			
	t IX-B Summary of Program-Related Investments (see page 2		
	escribe the two largest program-related investments made by the foundation during the tax year or NONE	on lines 1 and 2	Amount
1	NONE		
2			-
All	other program-related investments. See page 24 of the instructions		
3	*		
Tota	I. Add lines 1 through 3	<del></del>	
1018	I. Add lines I through 3	<u> </u>	

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreit see page 24 of the instructions.)	ign founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	46,662
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	46,662
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	46,662
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	700
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	45,962
6	Minimum investment return. Enter 5% of line 5	6	2,298
Part	XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ► ☐ and do not complete this part.)	operating	<u> </u>
1	Minimum investment return from Part X, line 6	1	2,298
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.) 2b	1	
C	Add lines 2a and 2b	2c	2
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,296
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	2,298
6	Deduction from distributable amount (see page 25 of the instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	2,296
Part	Qualifying Distributions (see page 25 of the instructions)	T	
_	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1	54.004
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	51,834
ь 2	Program-related investments—total from Part IX-B	1b	
_	purposes		
•		2	0
3	Amounts set aside for specific chantable projects that satisfy the:		•
a b	Suitability test (prior IRS approval required)	3a	0
4	Cash distribution test (attach the required schedule)	3b	0
4 5	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	51,834
Ş	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	_
ė	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	<u> </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	51,832
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	g whether t	the foundation

1 1 1

art :	XIII Undistributed Income (see page 26	of the instructions	)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7				2,293
2	Undistributed income, if any, as of the end of 2009:			_	
а	Enter amount for 2008 only			0	
b	Total for prior years: 20,20,20		0		
3	Excess distributions carryover, if any, to 2009:	,			
а	From 2004 ,				
b	From 2005				
C	From 2006				
d	From 2007				
e	\	0			
4	Total of lines 3a through e				
а	Applied to 2008, but not more than line 2a .			اه	
	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)		0		
C	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions) .	o			
d	Applied to 2009 distributable amount				2,296
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2009				0
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	o			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed		o		
d	Subtract line 6c from line 6b. Taxable				<del></del>
_	amount—see page 27 of the instructions  Undistributed income for 2008. Subtract line		0		<del></del>
е	4a from line 2a. Taxable amount-see page				
_	27 of the instructions			0	
f	Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				
7	Amounts treated as distributions out of corpus	<del></del>			0
•	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)	0			
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the instructions)	0			
9	Excess distributions carryover to 2010.  Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9:				
а	Excess from 2005		j	}	
b	Excess from 2006			İ	
C	Excess from 2007		l l		
d	Excess from 2008	1			
е	Excess from 2009	1		}	

Form 99 Part	0-PF (2009) XIV Private Operating Founda	tions (see page	27 of the instru	ctions and Part V	II-A, question 9)	Page 10
	If the foundation has received a ruling					^
	foundation, and the ruling is effective for	2009, enter the da	ate of the ruling .	<b>.</b>	N	A
b	Check box to indicate whether the four	ndation is a private	operating founda	tion described in se	ection	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	(e) rotar
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed			<u> </u>		<u> </u>
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test-enter:	1				
	(1) Value of all assets					
	(2) Value of assets qualifying under					
b	section 4942(j)(3)(B)(i)					
	Part X, line 6 for each year listed		<del> </del>	<del> </del>		
С	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from	}				
	an exempt organization	} 				
0.004	(4) Gross investment income	(00			- 4 65 000	
Part	any time during the year-	-see page 28 o	•		ad \$5,000 or m	ore in assets at
1	Information Regarding Foundation					
а	List any managers of the foundation before the close of any tax year (but of	who have contrib	uted more than 2	% of the total cont	ributions received	by the foundation
IOSE				nan \$5,000). (See s	ection 507(a)(2).)	
<u> </u>	PH LONGOBARDI, ANN C. LONGOBARD  List any managers of the foundation			ock of a corporatio	n (or an equally le	erge portion of the
	ownership of a partnership or other e					arge portion or the
NONE		,, or		rozo er grouter ini		
2	Information Regarding Contribution	n, Grant, Gift, Lo	an, Scholarship.	etc., Programs:	<del></del>	
	Check here ▶ ☑ if the foundation unsolicited requests for funds. If the organizations under other conditions,	only makes cont foundation make	tributions to prese es gifts, grants, e	elected charitable	organizations and of the instructions	d does not accept s) to individuals or
а	The name, address, and telephone no	<del></del>		cations should be a	addressed:	
b	The form in which applications should	d be submitted an	d information and	I materials they sho	ould include:	
c	Any submission deadlines:	<del></del>				
A	Any restrictions or limitations on a	warde ouch or h	w 000mm=================================	man shawkelle f	oldo kindo -f !	titutions or -the-
u	Any restrictions or limitations on a factors:	warus, sucii as t	y geographical a	arcas, charitadie 11	cius, Kinus Of INS	omunons, or other

	Supplementary information (conti				
_3_	Grants and Contributions Paid During to	he Year or Approve	ed for Fut	ure Payment	<del></del>
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
		or substantial contributor	recipient	Control Control	
а	Paid during the year				
	SEE ATTACHED SCHEDULE				
	<u></u>	<u> </u>			
	Total			· · · · · · · • 3a	51,554
b	Approved for future payment				
	Total	<u> </u>		<b>&gt;</b> 3b	

Par	t XVI-	A Analysis of Income-Producing Ac	tivities				
Enter	gross	amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by secti	on 512, 513, or 514	(e)
		am service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions.)
	a N	OHE					
	b _						<del></del>
	c _			<u> </u>	ļ		
	d _						
	e _		ļ		ļ. ————		
	f _				ļ		
	-	es and contracts from government agencies			<u> </u>		
		pership dues and assessments					
3		st on savings and temporary cash investments					<del></del>
4		ends and interest from securities			<del> </del>		
5		ental income or (loss) from real estate:			<del>                                     </del>	<del></del>	
		ebt-financed property		ļ	<del> </del>		<u> </u>
_		ot debt-financed property		<del> </del>	<del> </del> -	<del></del>	
		ental income or (loss) from personal property		<del> </del>	<del> </del>		ļ
		investment income	ļ	<del> </del>	<del> </del>		<del> </del>
		or (loss) from sales of assets other than inventory	<u> </u>	<del> </del>	<del> </del>		ļ <u>.</u>
		acome or (loss) from special events	<u> </u>	<del> </del>	<del>}</del>	<del> </del>	<del>                                     </del>
10		s profit or (loss) from sales of inventory					
11	_	revenue: a	<del></del>	<del></del>	<del> </del>		<del> </del>
	ь _		<del></del>		<del> </del>	<del></del>	<del> </del>
	_2	· · · · · · · · · · · · · · · · · · ·		<del> </del>	<del> </del>	<del></del>	<del> </del>
	u _		<del></del>	<del></del>	<del> </del>	<del></del>	<del> </del>
10		otal. Add columns (b), (d), and (e)	\	<del> </del>	<del> </del>	<u> </u>	
		rial. Add coldinins (b), (d), and (e)	L	<u>L</u>	<u> </u>	L	<u> </u>
12	Total	Add line 12 columns (b) (d) and (e)				13	
		. Add line 12, columns (b), (d), and (e)				13	
(See	works	heet in line 13 instructions on page 28 to verif	y calculations.			. 13	
(See Par Line		Belationship of Activities to the Activity for which accomplishment of the foundation's exempt	y calculations.	ent of Exemp	ot Purposes		
(See Par Line	works rt XVI e No.	heet in line 13 instructions on page 28 to verifing the Relationship of Activities to the Activities t	y calculations.	ent of Exemp	ot Purposes		
(See Par Line	works rt XVI e No.	Belationship of Activities to the Activity for which accomplishment of the foundation's exempt	y calculations.	ent of Exemp	ot Purposes		
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Form 9	90-PF (2 XVII	Information		ding Transfers To	and Transaction	ons and	Relatio	nships Wit	th Noncha	ritable		<sub>ge</sub> 13
		Exempt Org				<del></del>		<del></del>		T- T-	Vaal	Na
1	in se	the organization dection 501(c) of the nizations?	irectly or e Code (d	indirectly engage in a other than section 50	any of the followir 1(c)(3) organizatio	ng with an ns) or in s	ection 5	organization 27, relating	to political		Yes	NO
а	_		ortina fo	undation to a noncha	ritable exempt or	ganization	of:					
•		· ·	-							1a(1)		✓
		Other assets .								1a(2)		✓
b	Othe	er transactions:										
				uritable exempt organ						1b(1)		<u>√</u>
				noncharitable exemp						1b(2)		
				ent, or other assets						1b(3)		
			•	nts						1b(4)		
		oans or loan gua								1b(5)		
_				membership or fund	_					1b(6)		
C				t, mailing lists, other a ove is "Yes," comple							air m	
d	valu	e of the goods, of	ther asse	ts, or services given ring arrangement, she	by the reporting f	oundation	n. If the f	oundation re	eceived less	s than f	fair m	arket
(a) Lir		(b) Amount involved		vame of nonchantable exer					ections, and sha			
								· · · · · · · · · · · · · · · · · · ·				
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									<del></del>			
2a b	desc	cribed in section 5 es," complete the	601(c) of followin		section 501(c)(3))	or in sect	ore tax-e ion 527?		[		Ø	No
		(a) Name of organ	Kanou		b) Type of organization	<u> </u>	<del> </del>	(C) Desci	nption of relation	nsnip		
		· · · · · · · · · · · · · · · · · · ·		<del></del>	<del></del>		<del> </del>		·	··		
			<del></del>				<del> </del>		·			
					···		<del>†                                      </del>					
					·		† — —					
	Under belief,	penalties of perjury, it is true, correct, and	declare the complete	at I have examined this ref eclaration of preparer (oth	er than taxpayer or fide	ıcıary) is bas	ed on all in	statements, ar formation of wi	nd to the best hich preparer h	of my kn as any kr	nowled	ge and ge.
d)	<u>\</u>	747)	72.			Tay 12, -	2010	PRESIDE	TM			
<u>e</u>	/ Sig	nature of officer or true	stee		Date	<u> </u>	<del>, , , ,</del>	Title				
Sign Here	Paid Preparer's Use Only	Preparer's	$\int ,$		Date	,	Check r	f ployed ► ☑	Preparer's in number (see page 30 of t	e Signat	t <b>ure</b> o	
	<u>a g g</u>	signature	em	1(.c.ul	11 0	DAY 10	<u></u>		PO	015004	2	
	23	Firm's name (or you self-employed), add	rs if tress.	THOMAS R. ENGEL				EIN►	42-11	00366		
	L	and ZIP code	,	P.O. Box 417, Steam	nboat Rock, IA 506	72-0417		Phone no.	641-	-868-20	80	

#### Schedule B (Form 990, 990-EZ, or 990-PF)

**Schedule of Contributors** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer Identification number
LIFE Foundation	26 ; 2512444

LIFE Foundation		26	2512444
Organization type (chec	k one):	<del></del>	
Filers of:	Section:		
Form 990 or 990-EZ	501(c)( ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private f	oundatio	n
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt chantable trust treated as a private found	dation	
	501(c)(3) taxable private foundation		
instructions.  General Rule	(c)(7), (8), or (10) organization can check boxes for both the General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,00 one contributor. Complete Parts I and II.	)00 or m	ore (in money or
Special Rules			
sections 509(a)(1)	c)(3) organization filing Form 990 or 990-EZ that met the 33½ % suppor and 170(b)(1)(A)(vi), and received from any one contributor, during the year of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ	ear, a co	ntribution of the greater
the year, aggregat	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from e contributions of more than \$1,000 for use exclusively for religious, charses, or the prevention of cruelty to children or animals. Complete Parts I.	ritable, s	cientific, literary, or
the year, contribut aggregate to more year for an exclus	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from the story of the	e contrib nat were ts unless	outions did not received during the the <b>General Rule</b>
Caution. An organization	that is not covered by the General Rule and/or the Special Rules does	not file S	Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

		,	Page of of Part I
	(Form 990, 990-EZ, or 990-PF) (2009) organization Indation		Employer identification number 26 : 2512444
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution
1	Joseph Longobardi		Person 🗸
	400 Weyranch Road	\$22,50	Payroll U Noncash U
	lowa Falls, Iowa 50126		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution
2	ANN C. LONGOBARDI		Person 🗹
	400 Weyranch Road	\$22,50	Payroll
	lowa Falls, Iowa 50126		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
3	John R. Longobardi		Person 🗸
	5353 Memorial Drive	\$ 45,00	Payroll
	Houston, Texas 77007		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution

(a) No.

(b)

Name, address, and ZIP + 4

Person Payroll Noncash

Person Payroli Noncash

(c) Aggregate contributions (Complete Part II if there is a noncash contribution.)

(d) Type of contribution

(Complete Part II if there is a noncash contribution.)

Page \_\_\_\_ of \_\_\_ of Part II

Name of organization

LIFE Foundation

Employer identification number 26 : 2512444

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
	NOME	\$	l
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
••••		\$	<i>I</i>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	J
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	<i>J</i>

# , , Form 990-PF Tax Year 2009

**Attached Schedule for** 

## LIFE FOUNDATION

#### EIN 26-2512444

Form 990-PF, Part 1, Line 11						
		(a)		(b)		(c)
Discription (Other Income)	An	nount		•		• ,
	<del></del>					
Credit Card Rebate	\$	50				
Donated Yard Items Sold	\$	250				
TOTAL Other Income, Part 1, Line 11	\$	300	\$	0	\$	0
Form 990-PF, Part 1, Line 16b						
Discrimation (Assessment on Essa)	A	(a)		(b)		(c)
Discription (Accounting Fees)	<u>Ar</u>	<u>nount</u>				
Fees to Prepare Prior Year's Return	\$	162				
TOTAL Other Deductions Bort 1 Line 16	¢	460	•	•	•	•
TOTAL Other Deductions, Part 1, Line 16	\$	162	\$	0	\$	0
Form 990-PF, Part 1, Line 23		(a)		(b)		(c)
Discription (Other Expenses)	Ar	nount				
Donation of Meals	\$	108				
Meal Expenses	\$	55				
Purchase Discount for Expense Items	\$	<b>-45</b>				
TOTAL Other Deductions Boot 4 Line 00	•	446	•	_	•	•
TOTAL Other Deductions, Part 1, Line 23	\$	118	\$	0	\$	0

Form 990-PF Tax Year 2009

Attached Schedule for

LIFE FOUNDATION

EIN 26-2512444

PART VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

( a ) Name and Address	( b ) Title and average hours ( c ) Compensation per week devoted to position	(c) Compensation	(d) Contributions to employee benefits plans & deferred compensation	(e) Expense account, other allowances
PETER A. LONGOBARDI 17185 49th Ave. N #B, Plymouth, MN 55446	DIRECTOR 1 HRWEEK	0	0	0
JOSEPH M. LONGOBARDI 400 Weyrauch Road, Iowa Falls, IA 50126	DIRECTOR 1 HRWEEK	0	0	0

## Attached Schedule for Part XV Supplementary Information

## 3 Grants and Contributions Paid During the Year

\*LIFE Foundation

Recipient  Name and address (home or business)	if recpient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
AMERICAN FAMILY ASSOCIATION P O Box 3933, Tupelo, MS 38803	or substantial contributor	501(c)(3)	General Operating Support	\$500.00
BLUEBERRY PATCH HIKER HOSTEL 5038 US HWY 76, Hiawassee, GA 30546	None	PUBLIC	General Operating Support	\$500 00
BOY SCOUTS OF AMERICA, MID-IOWA COUNCIL PO Box 3009, Des Moines, IA 50316-0009		501(c)3	General Operating Support	\$250 00
CAMP QUAKER HEIGHTS PO Box 657, Oskaloosa, IA 52577		501(c)3	Funding for General Program Expenditures	\$1,000 00
CAMPUS CRUSADE FOR CHRIST FAMILY LIFE - MCCLUGAGE 100 Lake Hart Dr , Orlando, FL 32832		501(c)3	General Support	\$3,000 00
EVANGELICAL ENTERPRISES INC, GNBA PO Box 1555, Topeka, KS 66601		501(c)3	General Support	\$2,000 00
FIRST BAPTIST CHURCH OF COOK C/O Rick & Sandi Wallestad 9303 E Goodell Road, Angora, MN 55703		501(c)3	Program Support Orphans and Widows	\$4,000 00
GOSPEL FOR ASIA 1800 Golden Trail Court, Carrollton, TX 75010		501(c)3	General Support	\$1,000 00
HaYovel P O Box 643, Franklın TN 37065		501(c)3	General Support	\$2,000 00
HIGHLANDS MINISTRIES PO Box 16488, Bristol, VA 24209-9903		501(c)3	General Support	\$1,500 00
HOPE MINISTRIES PO Box 862, Des Moines, IA 50304		501(c)3	General Support	\$1,000 00
IOWA FAMILY POLICY CENTER 1100 N Hickory, Suite 105, Pleasant Hill, IA 50327		501(c)3	General Support	\$2,000 00
LIGHTHOUSE CENTER OF HOPE 409 Washington Ave , Iowa Falls, IA 50126		501(c)3	General Support	\$750 00
MARK & JUDY MCHARGUES C/O Melody Dockweiler 1606 16th Street, Central City, NE 68826	None	PRIVATE 1	Program Support - Angelman Syndrome Parental Training	\$500 00
MISSION AVIATION FELLOWSHIP PO Box 47, Nampa, ID 83653		501(c)3	General Support	\$1,500 00
THE NAVIGATORS PO Box 6000, Colorado Springs, CO 80934		501(c)3	General Support	\$1,500 00
OVERSEAS MISSIONARY FELLOWSHIP 10 W Dry Creek Circle, Littleton, CO 80120		501(c)3	General Support	\$1,500 00
QUAKERDALE, NEW PROVIDENCE CAMPUS PO Box 8, New Providence, IA 50206		501(c)3	General Support	\$5,000 00
RBC MINISTRIES PO Box 2222, Grand Rapids, MI 49501-0267		501(c)3	General Support	\$1,000 00
RCE INTERNATIONAL PO Box 4528, Wheaton, IL 60189		501(c)3	General Support	\$2,500 00

### LIFÈ Foundation

#### 26-2512444

#### Attached Schedule for Part XV Supplementary Information

#### 3 Grants and Contributions Paid During the Year

Recipient  Name and address (home or business)	If recpient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SUMMIT MINISTRIES PO Box 207, Manitou Springs, CO 80829		501(c)3	General Support	\$500 00
THE CHRISTIAN & MILITARY ALLIANCE PO Box 35000, Colorado Springs, CO 80935-3500		501(c)3	General Support	\$1,500 00
THE SALT COMPANY 56829 US HWY 30, Ames, IA 50010		501(c)3	General Support	\$2,000 00
THE VOICE OF THE MARTYRS PO Box 443, Bartlesville, OK 74005-9934		501(c)3	General Support	\$2,000 00
TRACY BROGDEN BENEFIT / GBBT C/O GREEN BELT BANK & TRUST 616 Washington Ave , Iowa Falls, IA 50126	None	   PUBLIC	   Project Support	\$655 00
WORD OF HOPE 3031 River Road, Iowa Falls, IA 50126		501(c)3	Titus 2 - 4 Life Program	\$500 00
YOUTH FOR CHRIST INTERNATIONAL C/O JOYCE NAMWENJE PO Box 4555, Englewood, CO 80155		501(c)3	General Support Starfish Program	\$453 00
LITTLE ROCK MINISTRY 2006 12th Ave , Eldora, IA 50627		seeking 501(c)3	Disaster Relief	\$10,866 00
OPPORTUNITY VILLAGE PO Box 622, Clear Lake, IA 50428		501(c)3	2009 Christmas Project	\$80 00

TOTAL \$51,554.00

<sup>1</sup> Taxpayer gift to specific individuals requiring additional parental training to handle child with Angelman Syndome Donation used to support trip to Angelman Syndrome Foundation Scietific Symposium & Bienniel Conference