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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2009

Department of the Treasury

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

		<u> </u>			The digament may have to do a dopy or distribute to calledy	· 		
_		For t	<u>he 2009 calen</u>	dar year,	or tax year beginning , 2009, and ending			
2010	(Check	ıf applıcable	l	C	D Emplo	yer Identifi	cation Number
30		\Box_{A}	ddress change	Please use IRS label	BOCK FAMILY FOUNDATION, INC.	42-	15264	05
<u></u>		\vdash	ame change	or print or type.	BOX 602	E Teleph	one numbe	r
2-		\vdash	-	See	PERRY, IA 50220	515	-465-	9843
		\vdash	itial return	specific Instruc-		313	403	7043
MAY		Ы™	ermination	tions.		_		
\geq		∐A₁	mended return		<u> </u>	G Gross		<u>257,047.</u>
<u>, , , , , , , , , , , , , , , , , , , </u>	,	Aı	oplication pending	F Name a	COMMITTED TO A PROPERTY OF THE	H(a) Is this a group retu		otes? Yes X No
	3	_		SAME A	AS C ABOVE	H(b) Are all affiliates inc		Yes No
₩Ę	}	Tay	-exempt statu			If 'No,' attach a list	(see instri	uctions) — —
	<u>\$</u> 0.						>	
S.	<u> </u>					H(c) Group exemption of		
SE K	1	Forn	n of organization	X Corpora	ation Trust Association Other ► L Year of Formati	ion 1999 M	State of leg	jal domicile IA
	<u>a</u>	rt I	Summ	ary				
<u></u>	4	1	Briefly descri	be the or	ganization's mission or most significant activities <u>SUPPORT</u> (<u>GOVERNMENT_8</u>	<u>× NON-</u>	PROFIT
	,]		ORGANIZA					
2	≟							
Actuation & Concurrence	=							
5	2	2	Check this he	~ - - -	if the organization discontinued its operations or disposed of mo	re than 25% of its	assets	
Ġ	ว์				bers of the governing body (Part VI, line 1a)		3	8
oi ,	8				nt voting members of the governing body (Part VI, line 1b)		4	8
	<u> </u>	5		•	yees (Part V, line 2a)		5	0
Ì		6		•	eers (estimate if necessary)		6	0
Ž	2				pusiness revenue from Part VIII, column (C), line 12		7a	0.
			-		s taxable income from Form 990-T, line 34		7b	0.
_	╅		ivet uniterated	ı busines:	taxable income from 1 orni 330-1, line 34	T	 -	
						Prior Year	,	Current Year
<u>a</u>	۱ د	8		_	nts (Part VIII, line 1h)	·-	\longrightarrow	
Revenue	1	9	Program serv	reven	iue (Part VIII, line 2g)			
Š	5	10	Investment in	ncome (Pa	art VIII, column (A), lines 3, 4, and 7d)		068.	5,202.
α	-	11	Other revenu	e (Part V	III, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	133,		142,456.
		12	Total revenue	e – add li	nes 8 through 11 (must equal Part VIII, column (A), line 12)	128,	202.	147,658.
	1	13	Grants and s	121,	421.	117,000.		
		14			members (Part IX, column (A), line 4).			
કુો'			Salaries, other					
	Expenses							
2)	2	16 a	Professional	fundraisir	ng fees (Part IX, column (A), line 11e)			
9	<u> </u>	b	Total fundrais	sing expe	nses (Part IX, Amn) My Ving 25) 2010			
4 n	ŭ	17	Other expens	ses (Part	IX, column (A) lines 11a-11d, 11f-24f)	98.	746.	8,298.
)		18	Total avnone	oc	nes 13-17 (must e qual Part IX, co lumn (A), the 25)	220,		125,298.
3		10	Total expens	es Auu II	nes 13-17 (must equal Fart 177, column 777, must 23)			
<i>-</i>	4	19	Revenue less	s expense	s Subtract line 18 from Gale N, UT	-91,	965.	22,360.
) §	Fund Balancos					Beginning of	rear	End of Year
Net Assets o		20	Total assets	(Part X, Ii	ne 16)	2,382,	383.	2,404,743.
2 8	8	21	Total liabilitie	s (Part X	, line 26)		0.	0.
2 Z	5	22	Not accets or	fund hal	ances Subtract line 21 from line 20	2,382,	383	2,404,743.
		rt II		ure Blo		2,302,	505.1	2,101,113.
2) [[a							····
נג			Under penaltie true, correct, a	es of perjury,	I declare that I have examined this return, including accompanying schedules and state. Declaration of preparer (other than officer) is based on all information of which prepare	ements, and to the best arer has any knowledge	of my know	ledge and belief, it is
					1 11		_	
S	ig	n	│ ▶	[25]	nhair	5/	11/1	<u></u>
Н	lei	e	Signature	of officer	/	Date		
			▶	Die	AYNE HOCHHALTER E)	CEC. DIR		
			Type or p	rint name an		<u> </u>		
_			_		Date	Charlest	Prer	parer's identifying number
D	ai	4				Check if self	(see	instructions)
	're		Preparer s signature	-in	1. 10 22 1	employed	· 山	0100601
		_		- 11	Jank Hungh H 5/10/1	0	P0	0122601
	ar Ise	er's	Firm's name (or MER	IWETHER, WILSON & CO., PLC			
	n		yours if self employed),	→ 130	7 SECOND ST.	EIN ►	42-073	31256
U	7111	У	address, and ZIP + 4	PER			(515)	
N. 4		the				I a Hone Ho		X Yes No
_	_				with the preparer shown above? (see instructions)			
В	A٨	Fo	r Privacy Act	and Pape	rwork Reduction Act Notice, see the separate instructions.	TEEA0113	3L 12/29/0	9 Form 990 (2009)

Form **990** (2009)

Form 990 (2009) BOCK FAMILY FOR		42-1	526405 Page 2
	Service Accomplishments		
Briefly describe the organization's m SUPPORT GOVERNMENT & NO			
	significant program services during	the year which were not listed on the price	
Form 990 or 990-EZ? If 'Yes,' describe these new services	on Schedule O		Yes X No
3 Did the organization cease conducting	ng, or make significant changes in I	how it conducts, any program services?	Yes X No
If 'Yes,' describe these changes on S		ala khana lauraak musanan anyunga hu ayun	Seeken F01(a)(2)
and 501(c)(4) organizations and sect expenses, and revenue, if any, for e	tion 4947(a)(1) trusts are required the action and the action 4947(a)(1) trusts are required the action are reported to the action and the action are reported to the action are required to the action are requir	n's three largest program services by exp to report the amount of grants and alloca	tions to others, the total
GRANTS TO GOVERNMENTAL THE CITY OF PERRY AND T HISTORICAL, EDUCATIONAL	AND NONPROFIT ORGANIZA HE RURAL AREAS OF DALL , RECREATIONAL, CHARIT	s of \$) (Revenue TIONS FOR THE BENEFIT OF R AS COUNTY, IOWA FOR CIVIL, ABLE, RELIGOUS AND OTHER P	ESIDENTS OF CULTURAL, URPOSES OF
			· -
		-	
4b (Code (Expenses \$_	including grant	ts of \$) (Revenue	\$)
4c (Code) (Expenses \$	including gran	ts of \$) (Revenue	\$)
			·
4d Other program services (Describe in			
(Expenses \$	including grants of \$) (Revenue \$)
4e Total program service expenses ►	125,298.		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?			<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		<u>x</u>
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C. Part III	5_	_	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes , complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	ļ
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI			
•	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII			
	 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 	>		٠
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D, Part X	*		100
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
1	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

- Form 990 (2009) BOCK FAMILY FOUNDATION, INC.

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		<u>x</u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
28 a	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31_		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V , line 1	34		X_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		X
		Earn	. 000	rannar

Form **990** (2009)

Га	It V Statements Regarding Other INS Fillings and Tax Compliance			
_	5 to the number reserved in Day 2 of four 1000 Annual Summers and Transmitted of U.S.		Yes	No
16	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable.			
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
•	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	١	_	
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	ļ		
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
	b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3b		
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
- 1	b If 'Yes,' enter the name of the foreign country ►	1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
-	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		<u>X</u> _
1	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).		,	
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	~~ ~	X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
į	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
1	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
1	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business -	8		
۵	holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0		
	a Did the organization make any taxable distributions under section 4966?	9a		
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	35		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	a Gross income from other members or shareholders.			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12		12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			

BAA Form **990** (2009)

Section A.

Governing Body and Management

Yes No

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1 a	Enter the number of voting members of the governing body	1 a	8						
t	Enter the number of voting members that are independent	1 b	8						
2	Did any officer, director, trustee, or key employee have a family relationship or a business re officer, director, trustee or key employee?	lation	ship with any other	2					
3	Did the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other personal company or other personal company.	under	the direct supervision	3		х			
Δ	Did the organization make any significant changes to its organizational documents	511		4		X			
7	since the prior Form 990 was filed?			-					
5	Did the organization become aware during the year of a material diversion of the organization	n's as	sets?	5		Х			
6	Does the organization have members or stockholders?	11 5 US	3013	6		X			
7.									
/ 2	Does the organization have members, stockholders, or other persons who may elect one or a governing body?	more i	nembers of the	7a		Х			
ŀ	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?								
8	Did the organization contemporaneously document the meetings held or written actions under the following	ertake	n during the year by						
ā	The governing body?			8a	Х				
ŀ	Each committee with authority to act on behalf of the governing body?			8ь	Х				
9	is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot t	e reached at the			3.5			
	tion B. Policies (This Section B requests information about policies not			9		X			
	enue Code)	equi	red by the internar						
1070	mac oode /				Yes	No			
10 a	Does the organization have local chapters, branches, or affiliates?		[10a		X			
	If 'Yes,' does the organization have written policies and procedures governing the activities	of sucl	n chapters, affiliates,						
	and branches to ensure their operations are consistent with those of the organization?		i	10 ь					
	Has the organization provided a copy of this Form 990 to all members of its governing body		· ·	11	X	Ļ,			
	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990	S	EE SCHEDULE O						
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13			12a	X				
ŀ	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	that	ould give rise	12b	X				
(Does the organization regularly and consistently monitor and enforce compliance with the positive of the schedule O how this is done SEE SCHEDULE. Q	licy?	lf 'Yes,' describe in	12c	Х				
	Does the organization have a written whistleblower policy?			13	X				
14	Does the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and de	appro	val by independent						
á	The organization's CEO, Executive Director, or top management official			15 a		X			
	Other officers of key employees of the organization			15 b		X			
_	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			á					
16:	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arran	nement with a taxable						
101	entity during the year?	arrar	gement with a taxable	16 a		X			
ŧ	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	n to ev I the c	valuate its participation irganization's exempt	161					
Sac	status with respect to such arrangements? tion C. Disclosures			16b					
	List the states with which a copy of this Form 990 is required to be filed NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a inspection. Indicate how you make these available. Check all that apply	nd 99	0-T (501(c)(3)s only) av	aılabl	e for p	– – – public			
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how) the organization makes its governing docur statements available to the public	nents	conflict of interest poli	cy, ar	nd fina	ancial			
20	State the name, physical address, and telephone number of the person who possesses the IDWAYNE HOCHHALTER P.O. BOX 602 PERRY IA 50220 515-465-98		and records of the orga	nızatı	on				
		<u>- ~ _</u>							

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if the organization did no	ot compen	sate a	ny d	curre	ent d	officer	, dır	ector, or trustee		
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours per week			chect Officer	Key employee	hat employ	Former	Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related
		Individual trustee or director	institutional trustee		ployee	Highest compensated employee				and related organizations
JEAN BROMERT DIRECTOR	1							0.	0.	0.
HARLEY WEYER DIRECTOR	1							0.	0.	0.
JON PETERS SECRETARY	1							0.	0.	0.
DWAYNE HOCHHALTER EXECUTIVE DIREC	1							0.	0.	0.
JOHN POWELL PRESIDENT	1							0.	0.	0.
CLAIRE DE BOEF DIRECTOR	1							0.	0.	0.
BRENT HALLING VICE PRESIDENT	1							0.	0.	0.
JOYCE CONKLIN-VAN KIRK DIRECTOR	1							0.	0.	0.
					_					· · · · · · · · · · · · · · · · · · ·
	-				L					
	_									

42	-1	52	64	05
74		-	~~	\mathbf{u}

Page 8

(A)	(B)			•	c)	hat a	اديامم	(D)	(E)	(F)
Name and Title	Average hours per week			Officer		Highest compensated employee	_	Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organization: (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
										_
			_						, <u></u>	
					<u> </u>					
1b Total2 Total number of individuals (including but not limite							>	0.	0	- 1
from the organization ► 0 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater tindividual 5 Did any person listed on line 1a receive or accrue of	ndividua portable han \$15 compens	al e cor 50,00 satio	npe)0? n fre	ensat If 'Y	tion 'es'	and com	l oth	er compensation e Schedule J for :	from such	Yes 3
rendered to the organization? If 'Yes,' complete Sciention B. Independent Contractors									\$100,000,-6	5
Complete this table for your five highest compensation from the organization	eu mae	peno		COF				<u> </u>		<i>(</i> 0)
(A) Name and business addres	S						-	Description (of Services	(C) Compensation
								1		

Pai	t viii Statement of Revenue	., .	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
9.0	1a Federated campaigns	1a				
ANT	b Membership dues	1b				
20	c Fundraising events	1c]			
F S	d Related organizations	1 d]			
S, G	e Government grants (contributions)	1e				
PROGRAM SERVICE REVENUE OONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above	1f				
CONTRI AND O	g Noncash contribns included in lns 1a-1f h Total. Add lines 1a-1f	\$				
-	H Total Add Miles Ta TA	Business Code				
EN	2a					
8	b					
Ş	c					
SER	d					
Ā	e					
R S	f All other program service revenue	;				
PR	g Total. Add lines 2a-2f	•				
	3 Investment income (including divi	dends, interest and				
	other similar amounts)	•	13,275.	13,275.		
	4 Income from investment of tax-ex	empt bond proceeds				
ĺ	5 Royalties	·····	•			
	(i) Re		4			*
	6a Gross Rents 193,		4			*
	•	316.	4			
	c Rental income or (loss) 142,					
	d Net rental income or (loss)	<u> </u>	142,336.	142,336.		
	7a Gross amount from sales of assets other than inventory 50,	000 . (ii) Other	- - -	*\	*	
	b Less cost or other basis and sales expenses 58,	073.		*	ş \	
		073.	1			
	d Net gain or (loss)	>	-8,073.	-8,073.		
UE	8a Gross income from fundraising ev (not including \$	rents		,		
	of contributions reported on line 1					
RE	See Part IV, line 18	a				
OTHER REVEN	b Less direct expenses	ь	1			
6	c Net income or (loss) from fundrai					
	9a Gross income from gaming activit See Part IV, line 19					
	b Less direct expenses	b		* *	, ·	
	c Net income or (loss) from gaming	activities	•			
	10a Gross sales of inventory, less retu and allowances	urns a		Marie 1997 1997 1997 1997 1997 1997 1997 199	*	
	b Less cost of goods sold	b	MR M 0400 0 0000000 000 100			
	c Net income or (loss) from sales o	f inventory	•			
ļ	Miscellaneous Revenue	Business Code				
	11a PATRONAGE DIVIDEND	111000	120.	120.		
	~					
	d All other revenue					
	e Total. Add lines 11a-11d	└	120.			
	12 Total revenue. See instructions	•		147,658.	0.	0.

Part IX Statement of Functional Expenses

Form 990 (2009)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 1 6b, .	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	117,000.	117,000.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				<u></u>
8	Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	ı Management				
t	Legal	2,685.	2,685.		
C	: Accounting	443.	443.		
C	Lobbying		· · · · · · · · · · · · · · · · · · ·		
e	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees	5,085.	5,085.		
ç	Other				
12	Advertising and promotion				
13	Office expenses	85.	85.		
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		_		
22	Depreciation, depletion, and amortization				
24	Insurance. Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	N.	Å	_	
a					
	2				
•	`				
e	` -				
	All other expenses	125,298.	125,298.	0.	0.
	Total functional expenses. Add lines 1 through 24f	143,438.	123,298.		<u> </u>
20	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	11,526.	1	53,732.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			, p - positive and the second and th
_		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
Š	7	Notes and loans receivable, net		7	
A S S E T S	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis 10a 1,792,340.			••
		Complete Part VI of Schedule D			
	b	Less accumulated depreciation.	1,792,340.	10 c	1,792,340.
	11	Investments – publicly-traded securities		11	
	12	Investments – other securities See Part IV, line 11	578,517.	12	558,671.
	13	Investments – program-related See Part IV, line 11		13	•
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	2,382,383.	16	2,404,743
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities.		20	
A B	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	······································
B L L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II	*		
Ţ		of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties.		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
N		Organizations that follow SFAS 117, check here ► and complete lines	*		
Ĕ		27 through 29 and lines 33 and 34.			
Ą	27	Unrestricted net assets		27	
A S S E	28	Temporarily restricted net assets		28	
Š	29	Permanently restricted net assets		29	
Q R		Organizations that do not follow SFAS 117, check here ► X and complete	*		
		lines 30 through 34.			
FUZD	30	Capital stock or trust principal, or current funds	2,317,799.	30	2,317,799.
	31	Paid-in or capital surplus, or land, building, and equipment fund.	6,396.	31	6,396
Ā	32	Retained earnings, endowment, accumulated income, or other funds	58,188.	32	80,548
Ň	33	Total net assets or fund balances	2,382,383.	33	2,404,743
BALANCES	34	Total liabilities and net assets/fund balances	2,382,383.	34	2,404,743.
<u>.</u> ЗА		ויסימו וומטווונופט מווע דובר מסטבנטוועווע טמומוועפט	2,302,303.		Form 990 (2009

TEEA0111L 01/30/10

Form 990 (2009) BOCK FAMILY FOUNDATION, INC.	42-1526405	Pa	ge 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 X Cash $Accrual$ Ot	her		
If the organization changed its method of accounting from a prior year or checked 'Othe in Schedule \ensuremath{O}	er,' explain		
2a Were the organization's financial statements compiled or reviewed by an independent a	ccountant? 2a	_	_X_
b Were the organization's financial statements audited by an independent accountant?	2 b]	Χ
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsively, or compilation of its financial statements and selection of an independent account.	bility for oversight of the audit, untant? 2c		
If the organization changed either its oversight process or selection process during the in Schedule \ensuremath{O}	tax year, explain		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements consolidated basis, separate basis, or both	for the year were issued on a		
Separate basis Consolidated basis Both consolidated and separa	ite basis		
3a As a result of a federal award, was the organization required to undergo an audit or audit Act and OMB Circular A-133?	dits as set forth in the Single		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization di or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	d not undergo the required audit dits 3b		

BAA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public Inspection

		FAMILY FOU	NDAT	TON. TN	IC.							42-15	26405			
Part		Reason for				s (All organ	nizations	must c	omple	te this	part.)					
		nization is not a												· · · · · · · · · · · · · · · · · · ·		
1	Ň	A church, conve	ention	of churche	es or ass	ociation of chu	urches desc	cribed in	section	170(b)	(1)(A)(i)).				
2		A school descri	bed in	section 1	70(b)(1)(A)(ii). (Attach	Schedule E	E)								
3		A hospital or co	opera	tive hospit	al servic	e organization	described	ın secti e	on 170(l)(1)(A)(iii).					
4		A medical research	arch o	rganızatıor	operate	ed in conjunction	on with a h	ospital c	describe	d in sec	tion 17	0(Ь)(1)(А)(iii) En	iter the hos	spital's	;
_	_	name, city, and														. _
5	Ц	An organization 170(b)(1)(A)(iv)	. (Cor	nplete Par	t II)	•	,		·	-	•	rnmental	unit des	scribed in s	ection	n
6 7		A federal, state An organization in section 170(that i	normally re	eceives a	substantial pa						t or from	the gen	neral public	descr	nbed
8		A community tr). (Comple	te Part I	l)							
9		An organization from activities re investment inco June 30, 1975	that no lated tome ar	ormally rece o its exemp nd unrelate	eives (1) ot functioned busine	more than 33-1 ns – subject to ess taxable inc	/3 % of its certain excelore (less	support f	rom cont and (2) n	o more t	han 33-	1/3 % of	its suppo	ort from aros	SS	fter
10		An organization	orgai	nized and o	operated	exclusively to	test for pu	ublic safe	ety See	section	1 509(a)	(4).				
11	_	An organization more publicly s describes the ty	upport	ted organi	zations o g organi:	described in se zation and con	ection 509(and plete lines	a)(1) or : s 11e thr	section ough 11	509(a)(2 h	2) See	of, or car section	509(a)(3)). Check th	ne box	that
	12	a ∐Type I		b [_	Type II	c		I — Func	-	_			d X	Type III-		
е	X	By checking thi than foundation 509(a)(2)	s box, n mana	I certify th agers and o	nat the or other tha	rganization is i in one or more	not controlle publicly si	led direc upportec	tly or in Lorgani	directly zations (by one describi	or more ed in sec	disquali tion 509	fied perso (a)(1) or so	ns oth ection	ier
f		If the organizat check this box	ion red	ceived a wi	ritten de	termination fro	m the IRS	that is a	Type I	Type II	or Typ	e III sup	porting c	organizatioi	n,	X
g		Since August 1	7, 200	6, has the	organiza	ation accepted	any gift o	r contrib	ution fro	om any	of the f	ollowing	persons	,?		
															Yes	No
		(i) a person helow the	who d	rectly or in	ndirectly of the s	controls, eithe	r alone or nization?	together	with pe	rsons d	escribe	d in (ii) a	and (III)	11 g (i)		Х
		·	•	,		cribed in (i) ab								11 g (ii)		X
		• •		•		n described in		bove?						11 g (iii)		Х
h		Provide the foll	owing	informatio	n about	the supported	organizatio	ons								
	(i)) Name of Supported Organization		(ii) Elf	N	(iii) Type of or (described on above or IR (see instru	Tines 1-9 C section	organizat (i) listed	s the ion in col I in your rning ment?	(v) Did y the organ col i your su	iization în (î) of	(vi) I: organizati (i) organiz U S	on in col	(viı) Amoun	t of Sup	port
								Yes	No	Yes	No	Yes	No			
EE	PA	RT IV						ļ	ļ							
			- 1													
								 								
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otal														1	17,0	00.

	edule A (Form 990 or 990-EZ) 200				4 > 44	42-1526405	
Pa	rt II Support Schedule for	_			(b)(1)(A)(iv) ar	id 170(b)(1)(A)(vi)
<u></u>	(Complete only if you check ction A. Public Support	ed the box on line	e 5, 7, or 8 of Par	t1)			
			Γ -	T			
beg	endar year (or fiscal year inning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	,,					
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3						410
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	from line 4						
Sec	ction B. Total Support	Γ-			,	· · ·	
Cale	endar year (or fiscal year inning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on			:			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc (see in	structions)			12	
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3	3) ▶ [
Sec	ction C. Computation of Pu	blic Support F	Percentage				
14	Public support percentage for 20	• •	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f)		14	%
15	Public support percentage from	2008 Schedule A	, Part II, line 14			15	%
16	a 33-1/3 support test — 2009. If th and stop here. The organization	e organization did qualifies as a pu	d not check the bobblicly supported o	ox on line 13, an organization.	d the line 14 is 33	3-1/3 % or more, ch	eck this box ►
ا	b 33-1/3 support test — 2008. If th and stop here. The organization				a, and line 15 is 3	33-1/3% or more, ch	neck this box
17	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	s' test, check this	box and stop he	re. Explain in Part	IV how
ı	b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-	and-circumstance	s' test, check this	s box and stop he	re. Explain in Part	15 is 10% IV how the ► □
18			-				structions -
BAA						thedule A (Form 99	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

Calendar year (or fiscal yr beginning in)* 1 Gifts, grants, contributions and membership fees received (Do not include unusual grants) 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose 3 Gross receipts from adwites that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support	Calendar year (or fixed by beginning mi)* 1 Griffs, grains, contributions and membership, less sectioned (1)* 2 Gross reception and membership, less section of the membership less section of membership, less section of membership, less section of the membership less section of membership, less section of the membership less secti	(Complete only if you che	ecked the box on I	ine 9 of Part I)				
Calendar year (or fixeal by beginning m)* 1 Grifts, grants, contributions and membership, fees received (Do not incided unusual grants) 2 admissions, micribandise sold or services performed, or faccilities fournished in a activity the gain real facilities fournished in a activity the gain real facilities fournished in a control for faccilities fournished and an unrelated factor business. 3 dross receipt from admission that are not an unrelated factor business under section 5 Evend for the organization's benefit and either pand to or expended on its behalf. 4 droganization's benefit and either pand to or expended on its behalf. 5 The value of services or governmental unit to the organization without charge. 6 Total, Add lines 1 through 5 7 A Amounts included on lines 2 and 3 received in the properties of the end of the	Calendar year (or fixed by beginning mi)* 1 Griffs, grains, contributions and membership, less sectioned (1)* 2 Gross reception and membership, less section of the membership less section of membership, less section of membership, less section of the membership less section of membership, less section of the membership less secti	Section A. Public Support						
1 Giffs, grants, contributions and mambers by less received (Do and another part of the property of services performed, or facilities furnished in a activity organization's take exempt purpose of facilities furnished and activity organization's take exempt purpose of facilities furnished and activity organization's take exempt purpose of facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf of the property of	1 Garlés, grents, contributions and membershy files reserved (Op northolise price) files reserved (Op northolise) files rese		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
2 Gross receipts from admissions, merchandes sold or services performed, or services perfor	2 Gross receipts from admissions, merchandes sold or services performed, or services or facilities transhed by a governmental unit to the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities trunshed by a governmental unit to the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities trunshed by a governmental unit to the organization without charge or facilities trunshed by a governmental unit to the organization without charge or facilities trunshed by a governmental unit to the organization without charge or facilities trunshed by a governmental unit to the organization without charge or facilities trunshed by a governmental unit to the organization without charge or facilities trunshed by a governmental unit to the organization without charge or facilities trunshed by a governmental unit to the organization without charge or facilities trunshed by a governmental unit to the organization without charge or facilities trunshed by a governmental unit to the organization without charge or facilities trunshed by a governmental unit to the organization without charge or facilities trunshed by a governmental unit to the organization without charge or facilities trunshed by a governmental unit to the organization without charge or facilities and income form uniterest, on securities bans, renske, royaltics and income form uniterest, on securities bans, renske, royaltics and uniterest, or securities bans, renske, royaltics and	1 Gifts grants contributions and					, , , , , , , , , , , , , , , , , , ,	
3 Gross receipts from activates that are not an uncladed tade or business under section 513 4 Tax revenues levied for the organization's benefit and its behalf to or expended on its behalf to or expended on its behalf to organization without charge 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than exceed the greater of 1% of the amount on line 13 for the year c Add lines 7 and 7b 8 Public support (Subtract line 7c. from line 6) Section B. Total Support Calendar year (or fiscal y beginning in) > (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalites and income from engletal business activities not included durines (b), whether on on the business is requisity curried on the business is requisity currie	3 cross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on either paid to or expended on the paid to organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 2 2 and 3 received from disqualified persons b Amounts included on lines 2 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year and 7b a	2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt						
4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities turnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7 Amounts included on lines 1, 2, 3 received from other than disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subject time 7 to form line 6) Section B. Total Support Calendar year (or fiscal by beginning in) > 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, similar sources. b Unrelated business stands business activities not included intelligence to loss from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from metaled business sativities not included intelligence to loss from the sale of capital, assets (Explain in Part It) of the sale of capital, assets (Explain in Part It) of the sale of capital, assets (Explain in Part It) of the form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check lines box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage for 2009 (line 8, column (f) divided by line 15 Section D. Computation of Investment Income Percentage	4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from other than exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) > 9 Amounts from line 6 10 a Gross insome from interest, or succession of the support of the organization's first, second, third, fourth, or fifth lax year as a section 501 (c) (3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2008 Schedule A, Part III, line 15	3 Gross receipts from activities that are not an unrelated trade or business						
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b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	b 33-1/3 support tests – 2008. If is not more than 33-1/3%, chec	the organization d k this box and sto	id not check a box p here. The organ	con line 14 or 19 lization qualifies a	a, and line 16 is n as a publicly supp	nore than 33-1/3% orted organization	, and line 18
	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			•			=	. –

-	Schedule .	A (Form 99	0 or 990	-EZ) 2009	BOCF	K FAMIL	Y FOUND	ATION,	INC.		42-1526405		Page 4
	Part IV	Supple Part II,	mental line 17	Informa a or 17b	tion. C ; and F	omplete Part III, lir	this part the 12. Pro	o provid ovide an	de the e ly other	explanations rec additional info	quired by Part rmation. See ir	II, line 10 struction	; s
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Schedule A (Form 990 or 990-EZ) 2009

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2009 SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 309119

5/10/10

BOCK FAMILY FOUNDATION, INC.

42-1526405 04 10PM

SCHEDULE A, PART I, LINE 11H
NAME(S) OF SUPPORTED ORGANIZATION(S)

NAME(S) OF SUP	PORTED ORGA	NIZATION(S)					
NAME OF SUPPORTING ORGANIZATION	FEDERAL EIN	TYPE OF ORGANIZATIO	LISTED IN GOVERNING DOCUMENTS N YES NO	NOTIFIE YOUR SU	ZATIONORGAN ED OF IN TH JPPORT U.S NO YES	HE S.	AMOUNT OF SUPPORT
CITY OF PERRY		6	X	YES X	· -		\$ 1,000.
DALLAS COUNTY	CONSERVATION 42-1360989		х	х			13,670.
PACES SCHOOL F		2	х	х			17,500.
DALLAS COUNTY	HOSPITAL 42-6037739	3	х	х			10,025.
DALLAS COUNTY		H 3	Х	х			2,940.
GINGERBREAD HO	OUSE PRESCHOO 42-1187663		х	Х			3,540.
HABITAT FOR HU	JMANITY 42-1422278	9	Х	х			3,500.
LUTHERAN HOME	FOR THE AGED 42-1402559		х	Х			3,500.
UNITED METHODI	ST CHURCH 42-0772550	1	Х	Х			15,000.
PERRY AREA CHI	LD DEVELOPME 20-0546512		х	Х			13,000.
WASHINGTON TWE	P SCHOOL	9	х	х			3,000.
NOAH'S ARK PRE	ESCHOOL 42-0947346	2	х	Х			3,000.
PERRY COMMUNIT	TY SCHOOLS 42-6021533	2	Х	Х			6,500.
ST PATRICK'S S	SCHOOL 42-1385723	2	Х	х			2,475.
PERRY FINE ART	rs 42-6005119	9	х	Х			500.
BOY SCOUTS		9	X	X			500.
MINBURN BETTER	RMENT GROUP	9	Х	Х			1,200.
ROWLEY MEMORIA	AL MASONIC HO 42-0807103		Х	Х			1,000.

2009 SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT 309119

BOCK FAMILY FOUNDATION, INC.

42-1526405

5/10/10

04 10PM

SCHEDULE A, PART I, LINE 11H (CONTINUED) NAME(S) OF SUPPORTED ORGANIZATION(S)

WANT OF		LISTED IN	ORGANIZATION			
NAME OF SUPPORTING FEDERAL	TVDE OF	GOVERNING		IN THE		AMOUNT OF
SUPPORTING FEDERAL ORGANIZATION EIN	TYPE OF ORGANIZATIO	DOCUMENTS N YES NO	YOUR SUPPORT YES NO	U.S. YES	NO	AMOUNT OF SUPPORT
CELEBRATION FAMILY CHURCH	ORGANIZALIO	ON CHI M	TED MO	TED	NO	SUPPORT
CELEBRATION PARILLI CHURCH	1	Х	Х	Х		\$ 3,800.
	1	Λ	Λ	Λ		\$ 3,000.
DEXTER FOUNDATION						
DEATER FOUNDATION	9	Х	Х	Х		2,500.
	J	Λ	Λ	Λ		2,300.
NUDGERS, INC 42-1506185	9	Х	Х	Х		3,000.
NODGERS, INC 42-1300183	9	Λ	Λ	Λ		3,000.
PRAIRIE CENTER CHURCH						
FRAIRIE CENIER CHURCH	1	Х	Х	Х		2,000.
	1	Λ	Λ	Λ		2,000.
PERRY SOCCER CLUB						
27-0031378	3	Х	Х	Х		500.
27 0031370	3	Λ	Λ	Λ		500.
SPURGEON MANOR 42-0926896	3	Х	Х	Х		2 000
SPUNGEON MANOR 42-0920090	3	Λ	Λ	Λ		2,000.
CT DAILT THTUEDAM CUIDCH						
ST PAUL LUTHERAN CHURCH	1	Х	Х	Х		1,350.
	1	Λ	Λ	Λ		1,350.
					ጥ ርጥ አ ፣	6 117 000
					TOTAI	L\$ 117,000.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection Employer Identification number

BOO	CK FAMILY FOUNDATION, INC.				
				42-1526405	
Par	the organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Othe	r Similar Funds or Ad	ccounts Complete if	
	the organization answered Tes t	i i		N F	
_	-	(a) Donor advised f	unas (D) Funds and other accour	าเร
1	Total number at end of year				
2	Aggregate contributions to (during year)		 .		
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and doi funds are the organization's property, subject	nor advisors in writing that the to the organization's exclusive	assets held in donor advisi legal control?	ed Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or don	ng that grant funds may be or advisor or for any other	Yes	∏ No
Par	t II Conservation Easements Comple	······································	swered 'Yes' to Form		
	Purpose(s) of conservation easements held by			330, 1 art 14, mic 7.	
'	Preservation of land for public use (e.g., r	· · · · · · · · · · · · · · · · · · ·	¬ ''''	rically important land are	2
	Protection of natural habitat	ecreation of pleasure)	Preservation of certified		a
	Preservation of open space	L		Thistoric structure	
2	Complete lines 2a through 2d if the organizati	on held a qualified conservation	n contribution in the form	of a conservation easeme	ant on the
	last day of the tax year	on field a qualified conservatio		or a conservation easeme	on the
			*	Held at the End of th	e Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation ease	ments	2 b		
c	: Number of conservation easements on a certi	fied historic structure included	ın (a) 2c		
d	Number of conservation easements included i	n (c) acquired after 8/17/06	2 d		
3	Number of conservation easements modified,	transferred, released, extinguis	shed, or terminated by the	organization during the t	ax
	year ►				
4	Number of states where property subject to co	onservation easement is locate	d ►		
5	Does the organization have a written policy re and enforcement of the conservation easemen	egarding the periodic monitoring nt it holds?	g, inspection, handling of v	violations, Yes	No
	Staff and volunteer hours devoted to monitoring the year •				
7	Amount of expenses incurred in monitoring, if during the year ▶	nspecting, and enforcing conse	rvation easements \$		
8	Does each conservation easement reported of $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	n line 2(d) above satisfy the re	quirements of section	Yes	No
9	In Part XIV, describe how the organization report- include, if applicable, the text of the footnote conservation easements	s conservation easements in its r to the organization's financial s	evenue and expense stateme statements that describes t	ent, and balance sheet, and the organization's accoun	d iting for
Par	Till Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical wered 'Yes' to Form 990,	Treasures, or Other S Part IV, line 8.	Similar Assets	
1 a	If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial stateme	lic exhibition, education, or res	earch in furtherance of pul		
b	off the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items	r SFAS 116, to report in its rev lic exhibition, education, or res	enue statement and balan earch in furtherance of pu	blic service, provide the f	ollowing
	(i) Revenues included in Form 990, Part VIII,	, line 1		►\$ ►\$	
	(ii) Assets included in Form 990, Part X			* \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or othe 116 relating to these items	r sımılar assets for fınancıa	al gain, provide the follow	/ing
а	i Revenues included in Form 990, Part VIII, line	e 1		►\$ ►\$	
b	Assets included in Form 990, Part X			- \$	

Schedule D (Form 990) 2009 BOCK				42-152		Page 2
Part III Organizations Maintai					•	
3 Using the organization's acquisition (check all that apply)	on accession and	other records, chec	ck any of the following the	hat are a significant u	se of its colle	ection
a Public exhibition		d Loan o	or exchange programs			
b Scholarly research		e Other				
c Preservation for future gener	ations	—				
4 Provide a description of the organ Part XIV	nization's collection	ns and explain hov	they further the organi	zation's exempt purpo	ose in	
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or rece ather than to be n	ive donations of ar	i, historical treasures, or	r other sımılar lection?	Yes	□No
Part IV Escrow and Custodia 9, or reported an amo	Arrangement	s Complete if o	rganization answer			
1a Is the organization an agent, trus included on Form 990, Part X?	·			er assets not	☐ Yes	□No
b If 'Yes,' explain the arrangement						
en res, explain the arrangement	mir dit /mr did c	ompiete the following	ing table		Amount	
c Beginning balance				1c	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
d Additions during the year				1 d		· · · · · · · · · · · · · · · · · · ·
e Distributions during the year				1e		
f Ending balance				1f		
2a Did the organization include an a	mount on Form 99	90, Part X, line 21?			Yes	No
b If 'Yes,' explain the arrangement						
art V Endowment Funds Co		iization answere	ed 'Yes' to Form 99	0, Part IV, line 10		•
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years back
1 a Beginning of year balance			·4 4			
b Contributions						
c Net Investment earnings, gains, and losses			, **			1
d Grants or scholarships			**			
Other expenditures for facilities and programs			**	}· *		
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	e of the year end	balance held as				
a Board designated or quasi-endov	vment ►	%				
b Permanent endowment ►	%					
c Term endowment ►	%					
3a Are there endowment funds not i	n the possession	of the organization	that are held and admir	nistered for the		1
organization by					Ye	s No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(II), are the related of					3b	1
4 Describe in Part XIV the intended Part VI Investments—Land, B				line 10		
Description of investment		Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book	. Value
Description of investment	(a)	(investment)	basis (other)	Depreciation	(d) 500r	
1a Land		1,792,340.			1,7	92,340.
b Buildings						
c Leasehold improvements						
d Equipment						
e Other						
otal. Add lines 1a through 1e (Colum	n (d) must equal l	orm 990, Part X, c	olumn (B), line 10(c))		1,7	92,340.
BAA				Sche	dule D (Form	1 990) 2009

TEEA3302L 02/02/10

Schedule D (Form 990) 2009 BOCK FAMILY FOUND		42-152	6405 Page 3
Part VII Investments-Other Securities See Fo	orm 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion set value
Financial derivatives			
Closely-held equity interests			
Other			
			
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12)	558,671.		
Part VIII Investments—Program Related (See		ne 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuat	ion
(a) Description of investment type	(b) book value	Cost or end-of-year mark	et value_
· · · · · · · · · · · · · · · · · · ·		·	******
		······································	
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13.)			*]
Part IX Other Assets (See Form 990, Part X,	line 15) N/A		
<u> </u>	scription		(b) Book value
(4) De	Scription		(b) Dook value
Total. (Column (b) must equal Form 990, Part X, col (B), I.		<u>▶</u>	
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
		7	
		7	
		7	
		\dashv	
		\dashv	
T-1-201 (1)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►			

Schedule D (Form 990) 2009 BOCK FAMILY FOUNDATION, INC.		42-1526405	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990	to Financial Stater	nents N/A	
1 Total revenue (Form 990, Part VIII, column (A), line 12)			
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year Subtract line 2 from line 1			
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments.			
8 Other (Describe in Part XIV)			
9 Total adjustments (net) Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine lii			
Part XII Reconciliation of Revenue per Audited Financial Stater	ments With Revenu	ie per Return N/A	
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains on investments	2a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants.	2 c		
d Other (Describe in Part XIV)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5	
Part XIII Reconciliation of Expenses per Audited Financial State	ements With Exper	ses per Return N/A	
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b	*	
c Other losses	2 c		
d Other (Describe in Part XIV)	2 d		
e Add lines 2a through 2d	<u> </u>	2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV)	4b		
c Add lines 4a and 4b		4c	
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line	18)	5	
Part XIV Supplemental Information	10)		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines information	9, Part III, lines 1a and s 2d and 4b Also compl	4, Part IV, lines 1b and 2b, ete this part to provide any	Part V, additional
BAA TEEA3304L 02/02/10		Schedule D (For	m 990) 2009

Schedule D (Form 990) 2009 BOCK FAMILY FOUNDATION, INC.	42-1526405	Page 5
Schedule D (Form 990) 2009 BOCK FAMILY FOUNDATION, INC. Part XIV Supplemental Information (continued)		
~		-
	-	- -
		
		

TEEA3305L 07/10/09

Schedule **D** (Form 990) 2009

BAA

SCHEDULE I

Governments and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545-0047 2009

Open to Public Inspection

CHURCH BUILDING HEALTH PROGRAMS 2 ASSISTANCE FOR (h) Purpose of grant or assistance CONSERVATION LOW INCOME PLAYGROUND Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form EQUIPMENT PROGRAMS FAMILIES Employer identification number REPAIRS X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 42-1526405 (g) Description of non cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) SEE PART IV 0 ö ö ö ö (e) Amount of non-cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 13,670 10,025 6,500. 15,000 13,000 (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations Part I General Information on Grants and Assistance 42-6037739 42-1360989 20-0546512 42-6021533 42-0772550 (P) EIN DALLAS COUNTY CONSERVATION FOUND BOCK FAMILY FOUNDATION, 1 (a) Name and address of organization PERRY AREA CHILD DEVELOPMENT UNITED METHODIST CHURCH PERRY COMMUNITY SCHOOLS DALLAS COUNTY HOSPITAL Department of the Treasury Internal Revenue Service PERRY, IA 50220 Name of the organization 610_10TH_ST 14581 K AVE

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

Page 2 42-1526405

Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance BOARD REVIEWS PRIOR USE OF GRANT FUNDS WHEN MAKING PRESENT AWARDS. PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED. (c) Amount of cash grant BOCK FAMILY FOUNDATION, INC (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III BAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

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Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990. Department of the Treasury Internal Revenue Service Employer identification number Name of the organization BOCK FAMILY FOUNDATION, INC 42-1526405 FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS FORM 990 REVIEWED BY EXCUTIVE DIRECTOR PRIOR TO FILING. FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS EXECUTIVE DIRECTOR AND OFFICERS MONITOR PROPOSED AND ONGOING TRANSACTIONS FOR POSSIBLE CONFLICTS OF INTEREST.