

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



EXTENSION GRANTED TO DECEMBER 15, 2011

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

For	cale	ndar year 2010, or tax year beginning AUG	1, 2010	, and ending	JUL 31, 2011	
G	Check	call that apply: Initial return	Initial return of a fo	ormer public charity	Final return	1
_		Amended return	Address chan	ge 🔲	Name change	
Na	me o	f foundation			A Employer identification	n number
-		LSB FOUNDATION			20-1653464	
Nu	nber a	and street (or P O box number if mail is not delivered to street	•	Room/suite	B Telephone number	
		C/O JAMES E THIELEN 2	42 TOWER PAR	K DR	319-233-19	
Cit	or t	own, state, and ZIP code			C If exemption application is p	
		WATERLOO, IA 50701			D 1 Foreign organization	
H (_	type of organization: X Section 501(c)(3) ex		4	Foreign organizations micheck here and attach or	omputation Distriction
<u> </u>		· · · · · · · · · · · · · · · · · · ·	Other taxable private founda		E If private foundation sta	
		arket value of all assets at end of year J Account	ng method: X Cash ther (specify)	Accrual	under section 507(b)(1	
	.\$	Part II, col. (c), line 16)		nasis 1	F If the foundation is in a	
	ırt l	Analysis of Revenue and Expenses			under section 507(b)(1	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	115,432.		N/A	(dash basis only)
	2	Check If the foundation is not required to attach Sch B	123/1320		11/11	
	3	Interest on savings and temporary cash investments	350.	350.		STATEMENT 1
	4	Dividends and interest from securities	207.	207.		STATEMENT 2
	5a	Gross rents				
	Ь	Net rental income or (loss)	-			
a)	6a	Net gain or (loss) from sale of assets not on line 10			RECI	IVFD
Revenue	b	Gross sales price for all assets on line 6a		٠	2	10
eve	7	Capital gain net income (from Part IV, line 2)		0.	יין ארר ז	8
Œ	8	Net short-term capital gain			P DEC I	9 2011
	9	Income modifications			000	E
	10a	Gross sales less returns and allowances			<u>L UGDE</u>	N. UT
	Ь	Less Cost of goods sold				
	C	Gross profit or (loss)				
	11	Other income	44 - 2 - 2			
	12	Total. Add lines 1 through 11	115,989.	<u>557.</u>		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
ses	15	Pension plans, employee benefits			<u> </u>	
	l .	Legal fees Accounting fees STMT 3	2 655	1 220		1 207
xpe		Accounting fees STMT 3 Other professional fees STMT 4	2,655. 1,072.	1,328. 536.		1,327. 536.
ē Ē	17	Interest	1,072.	230.		
ativ	18	Taxes				
istra	10	Depreciation and depletion				
i.	20	Occupancy				
Ad	21	Travel, conferences, and meetings				
P	22	Printing and publications				
g	23	Other expenses STMT 5	22.	11.		11.
Operating and Administrative Expen		Total operating and administrative				
per		expenses. Add lines 13 through 23	3,749.	1,875.		1,874.
ō	25	Contributions, gifts, grants paid	119,807.	,		1,874. 119,807.
		Total expenses and disbursements.				
		Add lines 24 and 25	123,556.	1,875.		121,681.
	27	Subtract line 26 from line 12:				
	a	Excess of revenue over expenses and disbursements	<7,567.		~ · · · · · · · · · · · · · · · · · · ·	
	b	Net investment income (if negative, enter -0-)		0.		
0225		Adjusted net income (if negative, enter -0-)			N/A	

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	99,384.
2	Enter amount from Part I, line 27a	2	<7,567.>
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	91,817.
5	Decreases not included in line 2 (itemize)	5	_ 0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	91,817.

127,942.

121,681.

7

8

7 Add lines 5 and 6

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

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

	n 990-PF (2010) LSB FOUNDATION		<u> 1653</u>			Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948 ·	- see i	nstrı	ıctio	ns)
18	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)					
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	_ 1				0.
	of Part I, line 27b					
C	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-)	2	_			0.
3	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments:					
a	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 33					
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d	_				
7	Total credits and payments. Add lines 6a through 6d	7				33.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10		10	·			33.
	Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ 33 . Refunded ▶	11				0.
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in			Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or				
	distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$	<u>.</u>				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities					
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		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	_	X
_	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or Particle by the first of the firs					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	e law				
_	remain in the governing instrument?			6	<u> X</u>	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col (c), and Part XV					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	IA (file and North Land And And And And And And And And And 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	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cal	endar				
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		<u>X</u>
<u>10</u>	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses			10	<u> </u>	X
			Forn	n 990	-PF (2010)

	n 990-PF (2010) LSB FOUNDATION 20-	<u> 1653464</u>	<u> </u>	Page 5
Pa	art 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 instructions)	11		х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before		†	
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A		1	
14	The books are in care of ▶ JAMES S THIELEN Telephone no. ▶ 31	9-233-1	900	
		▶50701		
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	N	I/A	
16	<u> </u>		Yes	No
	securities, or other financial account in a foreign country?	16		х
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of			
	the foreign country			
Pa	art 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?	l No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(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)?	l No		
	(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.)	l No		
Ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	,		
Ī	· · · · · · · · · · · · · · · · · · ·	/A 1b		
	Organizations relying on a current notice regarding disaster assistance check here			
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			
٠	before the first day of the tax year beginning in 2010?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	10	٠,	
-	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
_	before 2010?	l No.		
	If "Yes," list the years \	110		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
_	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	/A 2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	11 20		
Ī				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		i	
	during the year?	No.		
ь	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after	140		
_	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C.			
	Form 4720, to determine if the foundation had excess business holdings in 2010)	/ A 25		
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4a	-	
_	had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		X
		4U		Δ

orm 990-PF (2010) LSB FOUNDATION			<u> 20-16534</u>	<u> 164</u>	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y6	es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	or to carry on, directly or indir			İ	
any voter registration drive?			es 🔀 No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section		_		
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or	for			
the prevention of cruelty to children or animals?		Y€	es 🗓 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere		▶□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax because it mainta	ined	ļ		
expenditure responsibility for the grant?	N	I/A 🗀 Ye	es No		1
If "Yes," attach the statement required by Regulations section 53 494	5-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				-
a personal benefit contract?		Ye	es X No		1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	x
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	stable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	y		
List all officers, directors, trustees, foundation managers and their	compensation.		r 2-a-		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) E	Expense unt, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allo	wances
SEE STATEMENT 7		0.	0.	,	0.
		Į.	_		
					•
					-
Compensation of five highest-paid employees (other than those inc		enter "NONE."	1 2 2		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) E	Expense int, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation	allo	wances
NONE					
		<u> </u>			
				1	
Catal number of other employees paid over \$50,000		<u> </u>		-	0

Form **990-PF** (2010)

Form 990-PF (2010) LSB FOUNDATION		53464 Page 7				
	, enter "NONE."					
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Typ NONE Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 N/A Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. N/A	(b) Type of service	(c) Compensation				
NONE						
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0				
number of organizations and other beneficiaries served, conferences convened, research paper	it statistical information such as the ers produced, etc.	Expenses				
2						
3						
4						
						
	rear on lines 1 and 2.	Amount				
2						
All other program-related investments. See instructions.						

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations m	ust complete this part. Fo	eign foundations, see	instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable	e. etc., purposes:		
-	Average monthly fair market value of securities	,,,, ,	1a)	5.211.
	Average of monthly cash balances		1b	5,211. 93,722.
	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)		1d	98,933.
	Reduction claimed for blockage or other factors reported on lines 1a and			
	· ·	1e	0.	
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	98,933.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,	see instructions)	4	1,484.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on	Part V, line 4	5	97,449.
6_	Minimum investment return. Enter 5% of line 5		6	4,872.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) an foreign organizations check here and do not complete this part.)		dations and certain	
1	Minimum investment return from Part X, line 6		1	4,872.
2 a	Tax on investment income for 2010 from Part VI, line 5	2a		
Þ	Income tax for 2010. (This does not include the tax from Part VI.)	2b		
C	Add lines 2a and 2b		2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	4,872.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	4,872.
6	Deduction from distributable amount (see instructions)		6	0.
<u>7_</u> _	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part 2	KIII, line 1	7	4,872.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purp	oses:		
2	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	121,681.
Þ	Program-related investments - total from Part IX-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitab	le, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		1 1	
а	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3Ь	- n
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, an	d Part XIII, line 4	4	121,681.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investigations.	tment		· -
	income. Enter 1% of Part I, line 27b		5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	121,681.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years wi	nen calculating whether the fo	undation qualifies for the	section

Form **990-PF** (2010)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				2010
line 7				4,872.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005 300,891.				
b From 2006 14,004.				
c From 2007 158,306.				
d From 2008 977, 458.				
e From 2009 322, 439.				
f Total of lines 3a through e	1,773,098.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$ 121,681.			_	
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.		-	
d Applied to 2010 distributable amount	116 000			4,872.
e Remaining amount distributed out of corpus	116,809.		- \ -	
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:			ŕ	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,889,907.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				•
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.		<u>-</u>	0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	300,891.			
9 Excess distributions carryover to 2011.	300,091.			<u> </u>
Subtract lines 7 and 8 from line 6a	1,589,016.			
10 Analysis of line 9:	1,303,010.			
a Excess from 2006 14,004.	1			
b Excess from 2007 158, 306.				
c Excess from 2008 977, 458.				
d Excess from 2009 322, 439.				
e Excess from 2010 116,809.				
				5 000 DE (0040)

Part XIV Private Operating F	NDATION	etructions and Part V	II A guartian O		653464 Page 10
<u> </u>	· · · · · · · · · · · · · · · · · · ·		II-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo		-	. ▶ ∟		404045
b Check box to indicate whether the found	_ 	ng toundation described T		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2009	Prior 3 years	(d) 2007	
income from Part I or the minimum	(a) 2010	(8) 2009	(c) 2008	(4) 2007	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the		-			
alternative test relied upon:					
a "Assets" alternative test - enter:(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter			 		-
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,			1		
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt				İ	
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info at any time during t			if the foundatio	n had \$5,000 or n	nore in assets
<u>_</u>		instructions.)			*
1 Information Regarding Foundation	_	than 20/ of the total con	tributions received by th	us foundation hafars the o	loop of any tou
a List any managers of the foundation who year (but only if they have contributed in			undutions received by the	ie iounidation before the c	USE OF ATTY TAX
NONE	. , , ,	(// / /			
b List any managers of the foundation who	own 10% or more of th	e stock of a cornoration	(or an equally large nor	tion of the ownership of a	nartnershin or
other entity) of which the foundation has			(o. a oqually large por	and a more important	partition of the of
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here ▶ ☐ If the foundation o	nly makes contributions t	to preselected charitable	organizations and does		
the foundation makes gifts, grants, etc. (see instructions) to indiv	iduals or organizations	under other conditions,	complete items 2a, b, c, a	nd d.
a The name, address, and telephone number	per of the person to whor	n applications should be	addressed:		
SEE STATEMENT 8					
b The form in which applications should b	e submitted and informat	ion and materials they s	hould include:		
c Any submission deadlines:					
	and a l				
d Any restrictions or limitations on awards	, such as by geographica	u areas, charitable fields	, kinds of institutions, or	otner factors:	

3 Grants and Contributions Paid During the	Year or Approved for Future F	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
		į		
	ļ			
		İ		
SEE STATEMENT 9				
Total		 1	▶ 3a	119,807
b Approved for future payment				
NONE				
Total			► ah	0

Part XVI-A **Analysis of Income-Producing Activities**

Fig. 1. Section 1. Sec	Unrelated I	Unrelated business income		v section 512 512 or 514			
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	y section 512, 513, or 514 (d) Amount	(e) Related or exempt function income		
1 Program service revenue:	code		code	7 11100111	1011011011110		
a b	-						
c	-						
d	1						
e	1 1						
1							
g Fees and contracts from government agencies							
2 Membership dues and assessments							
3 Interest on savings and temporary cash							
investments			14	350.			
4 Dividends and interest from securities			14	207.			
5 Net rental income or (loss) from real estate:							
a Debt-financed property							
b Not debt-financed property					<u>-</u>		
6 Net rental income or (loss) from personal							
property							
7 Other investment income							
8 Gain or (loss) from sales of assets other							
than inventory							
9 Net income or (loss) from special events		··· <u>-</u>	+ +-				
10 Gross profit or (loss) from sales of inventory 11 Other revenue:			 				
ab	_	 .	 				
			 				
d			-				
е	- 		 		····		
12 Subtotal. Add columns (b), (d), and (e)	-	0		557.	0.		
13 Total. Add line 12, columns (b), (d), and (e)			<u></u>	13			
(See worksheet in line 13 instructions to verify calculations.))						
Part XVI-B Relationship of Activities		inlishment of F	vemnt Pi	ITDOSAS			
Tait AVI B Treidionship of Additions			-xempt i t				
Line No. Explain below how each activity for which in			-A contributed	importantly to the accomp	olishment of		
the foundation's exempt purposes (other that	an by providing funds	for such purposes).					
	 -						
				·			
							
	·						
							
				·			
	_						
							
				<u> </u>			
							

Form 990-PF (2010) Part XVII In 0) LSB FOUNDATION 20-1653464 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

				ng with any other organization		section 501(c) of		Yes	No
				27, relating to political organ	nizations?				
	from the reporting founda	ation to a noncharita	able exempt or	ganization of:					
(1) Cash							1a(1)		X
(2) Other							1a(2)		<u>X</u>
b Other tran		h.l					4.40		7.7
` '	s of assets to a noncharitat						1b(1)		X
• ,	hases of assets from a nor	•	organization				1b(2)	_	X
• ,	al of facilities, equipment, o	or other assets					1b(3)		X
	bursement arrangements s or loan guarantees						1b(4)		X
X-7	ormance of services or mei	mbarehin or fundra	icina colicitatio	ane.			1b(5) 1b(6)		X
• •	of facilities, equipment, mai	=	-				1c		X
-				• •	wave chow the fa	air market value of the goods, o		ets	
						tion or sharing arrangement, s		,	
	d) the value of the goods, o				to in any transac	non or sharing arrangement o			
a) Line no	(b) Amount involved			e exempt organization	(d) Descrip	otion of transfers, transactions, and	sharing an	angeme	
	(-)	(-,	N/A		(0)				
			11/11						
									
					 				
			<u> </u>						
									
						-			
					 				
									
	-								
	· - ··-			·····				_	
					 	- -			
2a is the four	ndation directly or indirect	ly affiliated with or	related to one	or more tax-exempt organi	zations describe	d .			
	501(c) of the Code (other	•	•	• •	2410113 40001150	Γ	Yes	X	No
	omplete the following sche		,,(0,) 0 000.			_	00		, ,,,
<u>B</u> 11 105, 0.	(a) Name of orga			(b) Type of organization		(c) Description of relationsh	nip		
	N/A						<u></u>		
						 -		-	
						o the best of my knowledge and bel	ef, it is tru	е, сопе	ct,
Sign and	complete Declaration of premar	rer other than taxpayer	or fiduciary) is ba	ased on all information of which p	preparer has any kn	owledge		_	C
Here 📐		Shew.		- 12.09.3	on L	IST LIPA Som	TO	JSH C	Hilber
	Signature of officer or true	stee		Date	—	Title			
	Print/Type preparer's nai		Preparer's si		Date	Check If PTIN			
		•	1.1.	C. Elisa		self- employed			
Paid	JULIE ELIAS	g		<u> </u>	12.5-11				
Preparer	Firm's name ► RSM		7.T.T		L	Firm's EIN ▶		_	
Use Only	HOA SHIDLE FIRM	MCGHADKE	יי דיי			THIN SEIN			
USE UTILY	Firm's address > 22	י מפדעת 1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	CE CITTUE 20	0				
				SE, SUITE 30 52401-1512	U	Dhone no 210 '	000	522	2
	L CEI	DAK KAPIL	O, IA	2740T_T3T7		Phone no. 319-2			
						Foi	rm 990	-PF (ZU1U)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Name of the organization	1	Employer identification number
L	SB FOUNDATION	20-1653464
Organization type(check		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule See instructions.
General Rule		
	on filing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or more (in molete Parts I and II.	noney or property) from any one
Special Rules		
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990·EZ that met the 33 1/3% support test of the req (b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990·EZ, line 1. Complete Parts I and II	
aggregate contrib	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contrutions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, cruelty to children or animals. Complete Parts I, II, and III.	- · ·
contributions for u If this box is check purpose Do not d	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, chantable, etc., purposes, but these contributions did not acked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because ite, etc., contributions of \$5,000 or more during the year.	ggregate to more than \$1,000 ely religious, charitable, etc ,
but it must answer "No" or	hat is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line iting requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	· ·
LHA For Paperwork Red	uction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule I	3 (Form 990, 990-EZ, or 990-PF) (2010)

Schedule B (F	Form 990, 990-EZ, or 990-PF) (2010)			Page 1 of 1 of Parti
Name of or	ganization		Employ	er identification number
LSB F	OUNDATION	······································	20	-1653464
Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	tions	(d) Type of contribution
1	JOHN ENGLIN 1305 GRANDVIEW AVE	s6,8	20.	Person X Payroll Noncash (Complete Part II if there
	WAVERLY, IA 50677			is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	tions	(d) Type of contribution
2	LINCOLN SAVINGS BANK 508 MAIN ST REINBECK, IA 50669	\$\$	38.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	lione	(d) Type of contribution
		\$		Person Payroll Oncash Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	ions	(d) Type of contribution
:		\$		Person Payroll Noncash (Complete Part II of there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	ions	(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 contribut	ions	(d) Type of contribution
	2.40	\$Schedule F		Person Payroll Noncash (Complete Part II if there is a noncash contribution) 990, 990-EZ, or 990-PF) (2010)
023452 12-2	3- IU	ochequie c	ALOHII S	220, 220-E4, UI 220-FF)(2010)

of

of Part II

Employer identification number

LSB FOUNDATION

20-1653464

No. (b) (c) (d) Date received set instructions) (a) (a) (b) (c) (d) (d) Date received set instructions) (a) (a) (b) (c) (d) (d) Date received set instructions) (a) (a) (b) (c) (d) Date received set instructions) (b) (c) (d) Date received set instructions) (a) (a) (b) (c) (c) (d) Date received set instructions) (b) (c) (d) Date received set instructions) (a) (c) (c) (d) Date received set instructions) (b) (c) (d) Date received set instructions) (a) (c) (c) (d) Date received set instructions) (a) (c) (d) Date received set instructions) (b) (c) (d) Date received set instructions) (a) (c) (c) (d) Date received set instructions) (a) (c) (c) (d) Date received set instructions) (a) (c) (c) (d) Date received set instructions) (a) (c) (c) (d) Date received set instructions) (a) (c) (c) (d) Date received set instructions) (a) (c) (c) (d) Date received set instructions) (b) (c) (c) (d) Date received set instructions) (a) (c) (c) (d) Date received set instructions) (b) (c) (c) (d) Date received set instructions)	Part II	Noncash Property (see instructions)		
Description of noncash property given Column	(a) No.	(b)		(4)
(a) (b) (c) (fMV (or estimate) (see instructions) (d) (e) (fMV (or estimate) (see instructions) (d) (e) (fMV (or estimate) (see instructions) (e) (find (or estimate) (see instructions) (find (or estimate) (see instructions)	from			
(a) No. or or or or or or or or or or or or or	Part I		(see instructions)	
(a) No. or or or or or or or or or or or or or				
No. (b) FMV (or estimate) (c) (d) Date received			\$	
(a) No. Obescription of noncash property given (b) No. Orom Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. Obescription of noncash property given (a) No. Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions)	(a)		(c)	
(a) No. (b) (c) FMV (or estimate) (see instructions) (a) No. (b) (c) FMV (or estimate) (see instructions) (b) (c) FMV (or estimate) (see instructions) (d) Date received (a) No. (b) (b) FMV (or estimate) (see instructions) (d) Date received (a) No. (c) FMV (or estimate) (see instructions) (d) Date received (a) No. (c) FMV (or estimate) (see instructions) (d) Date received (a) No. (c) FMV (or estimate) (see instructions) (d) Date received (a) No. (c) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (f) Date received (g) Date received				
(a) No. (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received art I (see instructions) (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (see instructions) (d) Date received (see instructions) (see instructions) (d) Date received (see instructions) (see instructions) (d) Date received (see instructions) (see instructions) (see instructions) (see instructions) (see instructions) (d) Date received (see instructions) (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (see instructions) (d) Date received (see instructions) (see instructions) (d) Date received (see instructions) (see instructions) (d) Date received (see instructions) (see instruc	Part I	Description of noncash property given		Date received
(a) No. (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received art I (see instructions) (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (see instructions) (d) Date received (see instructions) (see instructions) (d) Date received (see instructions) (see instructions) (d) Date received (see instructions) (see instructions) (see instructions) (see instructions) (see instructions) (d) Date received (see instructions) (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (see instructions) (d) Date received (see instructions) (see instructions) (d) Date received (see instructions) (see instructions) (d) Date received (see instructions) (see instruc				
No. or Description of noncash property given			\$	
Description of noncash property given (a) No. (b) Description of noncash property given (a) No. (c) FMV (or estimate) (see instructions) (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. (b) FMV (or estimate) (see instructions) (d) Date received (a) No. (c) FMV (or estimate) (see instructions) (d) Date received (a) No. (b) FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (f) Date received (g) Date received (g) Date received	(a)		(a)	
(a) No. Obscription of noncash property given (see instructions) (b) FMV (or estimate) (see instructions) (a) No. Obscription of noncash property given (see instructions) (a) No. Obscription of noncash property given (see instructions) (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received (see instructions) (a) No. Obscription of noncash property given (see instructions) (a) No. Obscription of noncash property given (see instructions) (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions)	No.			
(a) No. Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (e) Date received (for estimate) (see instructions) (d) Date received (for estimate) (see instructions) (e) FMV (or estimate) (see instructions) (for estimate) (for estima	from	Description of noncash property given		Date received
(a) No. Description of noncash property given (b) FMV (or estimate) (see instructions) (a) No. Or Description of noncash property given (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received (a) No. Or Description of noncash property given (a) No. Or Description of noncash property given (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions)	art i			
(a) No. Description of noncash property given (b) FMV (or estimate) (see instructions) (a) No. Or Description of noncash property given (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received (a) No. Or Description of noncash property given (a) No. Or Description of noncash property given (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions)				
No. pom Description of noncash property given (a) No. pom Description of noncash property given (b) See instructions) (c) (d) Date received (d) Date received (d) Date received (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (f) Date received (g) Date received (g) Date received (g) Date received (g) Date received (g) Date received			\$	
Description of noncash property given (a) No. Tom Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. Tom Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received	(a)	(b)		(4)
(a) (b) (c) FMV (or estimate) (see instructions) (a) (c) FMV (or estimate) (see instructions) (b) Date received (c) FMV (or estimate) (see instructions) (a) (b) Date received (c) FMV (or estimate) (see instructions) (d) Date received (a) (c) FMV (or estimate) (see instructions)	from			h
(a) No. Description of noncash property given (c) FMV (or estimate) (see instructions) \$	art I		(see instructions)	
(a) No. Description of noncash property given (c) FMV (or estimate) (see instructions) \$				
No. (b) FMV (or estimate) (see instructions) (d) Date received (see instructions) (a) No. (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received FMV (or estimate) (see instructions) (d) Date received Date received				
The state of the s	(a)		(c)	
(a) No. Tom Description of noncash property given art I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) Date received				
(a) No. (b) Tom Description of noncash property given (see instructions) (c) FMV (or estimate) (see instructions) Date received	Part I	Description of noncash property given	(see instructions)	Date received
(a) No. (b) Tom Description of noncash property given (see instructions) (c) FMV (or estimate) (see instructions) Date received				
No. (b) FMV (or estimate) (a) Description of noncash property given (see instructions) Date received				
No. (b) FMV (or estimate) (a) Description of noncash property given (see instructions) Date received	(a)		(2)	
art I Description of noncash property given (see instructions)	No.			(d)
	rom	Description of noncash property given		Date received
	art I			
\$				
]		\$	

LSB FC	OUNDATION		20-1653464
Part III	Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete Part III, enter the total of exclusively religio \$1,000 or less for the year (Enter this info	columns (a) through (e) and the us, charitable, etc., contributions	n 501(c)(7), (8), or (10) organizations aggregating following line entry. For organizations completing of
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Tagastas of with	
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<u>_</u>	(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee

of Part III

FORM 990-PF INTEREST ON SAV	INGS AN	ID TEM	PORARY C	ASH II	NVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
LINCOLN SAVINGS MM						3	50.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A			3	50.
FORM 990-PF DIVIDENT	DS AND	INTER	EST FROM	SECUI	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
PFIZER NOTE PFIZER NOTE	_		223. <16.	>	0.		23. 16.
TOTAL TO FM 990-PF, PART I, I	LN 4 =		207.		0.	20	07.
FORM 990-PF	ACC	OUNTI	NG FEES			STATEMENT	3
DESCRIPTION	(A EXPEN PER B	SES	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	2	,655.	1,	,328.		1,3	27.
TO FORM 990-PF, PG 1, LN 16B	2	,655.	1,	,328.		1,3	27.
FORM 990-PF (OTHER P	ROFES	SIONAL FI	EES		STATEMENT	4
DESCRIPTION	(A EXPEN PER B	SES	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
FIDUCIARY FEES	1	,072.		536.		5:	36.
-							

FORM 990-PF	OTHER EXPENSES			STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTEE NET INCOM		
MISCELLANEOUS EXPENSE	22.		11.		11.	
TO FORM 990-PF, PG 1, LN 23	22.		11.		11.	
FORM 990-PF	CORPORAT	E STOCK			STATEMENT 6	
DESCRIPTION			воо	K VALUE	FAIR MARKET VALUE	
CORPORATE STOCK		_		5,017.	5,125.	
TOTAL TO FORM 990-PF, PART I	T, LINE 10B	_		5,017.	5,125.	

FORM 990-PF	PART VIII - LIST TRUSTEES AND	OF OFFICERS, I		STATI	EMENT 7
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
STEVE TSCHERTER 242 TOWER PARK DRI WATERLOO, IA 50701		TRUSTEE 0.50	0.	0.	0.
CORDELL PETERSON 242 TOWER PARK DRI WATERLOO, IA 50701		TRUSTEE 0.50	0.	0.	0.
JIM SCHNEIDER 242 TOWER PARK DRI WATERLOO, IA 50701		TRUSTEE 0.50	0.	0.	0.
JEFFREY DRALLE 242 TOWER PARK DRI WATERLOO, IA 50701		TRUSTEE 0.50	0.	0.	0.
MILT DAKOVICH 242 TOWER PARK DRI WATERLOO, IA 50701		TRUSTEE 0.50	0.	0.	0.
CLEM HAVLIK 242 TOWER PARK DRI WATERLOO, IA 50701		TRUSTEE 0.50	0.	0.	0.
DICK RICKERT 242 TOWER PARK DRI WATERLOO, IA 50701		TRUSTEE 0.50	0.	0.	0.
STEVE BROUWER 242 TOWER PARK DRI WATERLOO, IA 50701		TRUSTEE 0.50	0.	0.	0.
JAMES E THIELEN 242 TOWER PARK DRI WATERLOO, IA 50701		TRUSTEE 0.50	0.	0.	0.
TOTALS INCLUDED ON	990-PF, PAGE 6,	PART VIII	0.	0.	0.

LSB FOUNDATION

20-1653464

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JAMES E THIELEN 242 TOWER PARK DRIVE WATERLOO, IA 50701

TELEPHONE NUMBER

319-233-1900

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS FOR GRANTS ARE AVAILABLE AT THE OFFICES OF LINCOLN SAVINGS BANK

ANY SUBMISSION DEADLINES

GRANT APPLICATIONS ARE REVIEWED AS RECEIVED ON A CALENDAR QUARTERLY BASIS.ALL TIMES ARE

RESTRICTIONS AND LIMITATIONS ON AWARDS

GRANTS ARE MADE ONLY TO TAX QUALIFIED ORGANIZATIONS WITH IN THE GEORGRAPHIC MARKETS SERVED BY LINCOLN SAVINGS BANK

FORM 990-PF

STATEMENT

PAID	DURING THE YEAR		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		
ALTERNATIVES CENTER 1006 DECATHLON DR WATERLOO, IA 50701	NONE GENERAL OPERATING	PUBLIC	1,012.
	NONE GENERAL OPERATING	PUBLIC	250.
2530 UNIVERSITY AVENUE	NONE PROPS FOR THE RED CROSS EVENTS	PUBLIC	4,000.
APLINGTON-PARKERSBURG HIGH SCHOOL 511 THIRD STREET PARKERSBURG, IA 50665	NONE DOLLARS FOR SCHOLARS	PUBLIC	1,000.
ASPIRE THERAPEUTIC RIDING PROGRAM 8100 KIMBALL WATERLOO, IA 50702	NONE GENERAL OPERATING	PUBLIC	500.
	NONE GENERAL OPERATING	PUBLIC	1,140.
BIG BROTHERS, BIG SISTERS 2530 UNIVERSITY AVE STE 8 WATERLOO, IA 50701	NONE MENTORING PROGRAM FUND	PUBLIC	2,000.
BRISTOW BETTERMENT PO BOX 103 BRISTOW, IA 50660	NONE LIGHT UP MAIN STREET PROJECT	PUBLIC	250.

GRANTS AND CONTRIBUTIONS

LSB FOUNDATION			20-1653464
CEDAR BEND HUMANE SOCIETY INC 1166 W AIRLINE HWY WATERLOO, IA 50703		PUBLIC	2,740.
CEDAR FALL LUTHERAN HOME 7511 UNIVERSITY AVE CEDAR FALLS, IA 50613	NONE MAIN STREET PROJECT	PUBLIC	2,500.
CEDAR VALLEY ARBORETUM & BOTANIC GARDENS PO BOX 1833 WATERLOO, IA 50704-1833	FALL HARVEST FESTIVAL	PUBLIC	250.
CITY OF NEW HARTFORD CITY HALL NEW HARTFORD, IA 50660	NONE LONG-TERM RECOVERY OF DISASTERS OF 2008	PUBLIC	
CITY OF REINBECK CITY HALL REINBECK, IA 50669	NONE REINBECK POOL PROJECT	PUBLIC	17,283.
CITY OF REINBECK CITY HALL REINBECK, IA 50669	NONE GENERAL OPERATING	PUBLIC	5,010.
CONSUMER CREDIT COUNSELING 110 WELLINGTON ST WATERLOO, IA 50701	NONE GENERAL OPERATING	PUBLIC	1,000.
CRAYON CORNER LEARNING CENTER 509 WASHINGTON STREET GLADBROOK, IA 50635	NONE GENERAL OPERATING	PUBLIC	1,500.
CYSTIC FIBROSIS FOUNDATION 1025 ASHWORTH ROAD WEST DES MOINES, IA 50265	NONE GENERAL OPERATING	PUBLIC	780.
DOLLARS FOR SCHOLARS CEDAR FALLS PO BOX 23 WATERLOO, IA 50704	NONE GENERAL OPERATING	PUBLIC	120.

LSB FOUNDATION			20-1653464
EXCEPTIONAL PERSON'S INC PO BOX 4090 WATERLOO, IA 50704	NONE GENERAL OPERATING	PUBLIC	100.
FAMILY & CHILDRENS COUNCIL OF BLACK HAWK 500 E 4TH ST STE 414 WATERLOO, IA 50703	PARTNERS FOR PARENTING	PUBLIC	1,000.
FRIENDS OF THE LIBRARY 415 COMMERCIAL STREET WATERLOO, IA 50703	NONE DIGITIZING RECORDS	PUBLIC	500.
GIRL SCOUTS OF EASTERN IOWA & WESTERN ILLINOIS 2530 UNIVERSITY AVE STE 1 WATERLOO, IA 50701	GENERAL GIRL SCOUT	PUBLIC	1,000.
GLADBROOK-REINBECK DOLLARS FOR SCHOLARS 300 CEDAR STREET REINBECK, IA 50669	NONE DOLLARS FOR SCHOLARS	PUBLIC	3,500.
GMG FOUNDATION 306 PARK STREET GARWIN, IA 50632	NONE SCHOLARSHIPS	PUBLIC	1,000.
GREENE PARISH HEALTH COUNCIL 108 N GROVE ST GREENE, IA 50636		PUBLIC	1,000.
GRINNELL NEWBURG DOLLARS FOR SCHOLARS 927 4TH AVENUE GRINNELL, IA 50112	NONE DOLLARS FOR SCHOLARS	PUBLIC	1,000.
GRUNDY CENTER YMCA 1006 M AVE GRUNDY CENTER, IA 50638	NONE GENERAL OPERATING	PUBLIC	240.
GRUNDY CO MEMORIAL HOSPITAL 2001 EAST J AVE GRUNDY CENTER, IA 50638		PUBLIC	2,500.

LSB FOUNDATION			20-1653464
IOWA COLLEGE FOUNDATION 505 5TH AVE #1034 DES MOINES, IA 50309		PUBLIC	1,500.
IOWA HEARTLAND HABITAT FOR HUMANITY 803 W 5TH ST WATERLOO, IA 50702	NONE SPRING BENEFIT	PUBLIC	500.
ISU FOUNDATION PO BOX 868 AMES, IA 50010-0868	NONE BORLAUG LEARNING CENTER BUILDING FUND	PUBLIC	3,000.
JUNIOR ACHIEVEMENT OF EASTERN IOWA INC 425 CEDAR ST STE 320 WATERLOO, IA 50701	NONE GENERAL OPERATING	PUBLIC	2,480.
KIDQUEST DAYCARE 427 NASH STREET APLINGTON, IA 50604		PUBLIC	1,012.
LUTHERAN SOCIAL SERVICES - BREMWOOD CAMPUS 106 16TH STREET SW WAVERLY, IA 50677	NONE GENERAL OPERATING	PUBLIC	13,200.
MAGICAL MIX KIDS 721 SHIRLEY STREET CEDAR FALLS, IA 50613	NONE GENERAL OPERATING	PUBLIC	120.
NASHUA-PLAINFIELD HIGH SCHOOL 612 GREELEY STREET NASHUA, IA 50658		PUBLIC	1,000.
NORTH BUTLER HIGH SCHOOL SCHOLARSHIP FD 201 NORTH 5TH STREET GREENE, IA 50636	NONE DOLLARS FOR SCHOLARS	PUBLIC	2,000.
NORTH STAR COMMUNITY SERVICES 3420 UNIVERSITY AVENUE WATERLOO, IA 50701	NONE THE COMMUNITY THEATRE PROJECT	PUBLIC	2,000.

LSB FOUNDATION			20-1653464
NORTHEAST IOWA FOOD BANK PO BOX 2397 WATERLOO, IA 50704-2397	NONE GENERAL OPERATING	PUBLIC	3,000.
OPERATION THRESHOLD PO BOX 4120 WATERLOO, IA 50704	NONE FINANCIAL LITERACY PROGRAM	PUBLIC	1,500.
PANTHER SCHOLARSHIP CLUB 1223 WEST 22ND ST CEDAR FALLS, IA 50614	NONE GENERAL OPERATING	PUBLIC	1,800.
POLK COUNTY HOUSING TRUST FUND 108 3RD ST DES MOINES, IA 50309		PUBLIC	1,000.
POST 730 WATERLOO HONOR FLIGHTS 1563 OAKWOOD DR WATERLOO, IA 50703		PUBLIC	1,000.
RIVER HILLS SCHOOL 2700 GRAND BLVD CEDAR FALLS, IA 50613	NONE GENERAL OPERATING	PUBLIC	3,000.
SOUTH TAMA HIGH SCHOOL 1715 HARDING STREET TAMA, IA 52339	NONE DOLLARS FOR SCHOLARS	PUBLIC	1,000.
SPROUT PRESCHOOL 1405 GREENHILL RD CEDAR FALLS, IA 50613	NONE GENERAL OPERATING	PUBLIC	1,000.
ST FRANCIS MANOR FOUNDATION 2021 4TH AVE GRINNELL, IA 50112	NONE WHIRLPOOL BATHING SYSTEMS PROJECT	PUBLIC	500.
TAMA COUNTY FAIR 1217 175TH STREET GLADBROOK, IA 50635	NONE GENERAL OPERATING	PUBLIC	180.

LSB FOUNDATION			20-1653464
THE JOB FOUNDATION 504 10TH ST GRUNDY CENTER, IA 50638	NONE GENERAL OPERATING	PUBLIC	1,000.
UNI MUSEUMS 3219 HUDSON RD CEDAR FALLS, IA 50614	NONE GENERAL OPERATING	PUBLIC	75.
UNI MUSEUMS 3219 HUDSON RD CEDAR FALLS, IA 50614	NONE BENEATH OUR FEET CEDAR VALLEY PROGRAM		1,000.
VARIETY, THE CHILDREN'S CHARITY OF IOWA PO BOX 1163 CEDAR RAPIDS, IA 52406	NONE BIKES FOR KIDS PROGRAM		1,000.
WATERLOO/CEDAR FALLS PO BOX 23 WATERLOO, IA 50704	NONE DOLLARS FOR SCHOLARS	PUBLIC	2,000.
WATERLOO/CEDAR FALLS PO BOX 23 WATERLOO, IA 50704	NONE GENERAL OPERATING	PUBLIC	480.
WAVERLY HEALTH CENTER 312 9TH STREET SW WATERLOO, IA 50677	NONE GENERAL OPERATING	PUBLIC	1,000.
WAVERLY-SHELL ROCK BAND AUXILIARY 1405 4TH AVE SW WAVERLY, IA 50677	NONE GENERAL OPERATING	PUBLIC	325.
WAVERLY-SHELL ROCK DOLLARS FOR SCHOLARS 404 S WRIGHT STREET SHELL ROCK, IA 50670	NONE DOLLARS FOR SCHOLARS	PUBLIC	1,000.
YWCA OF BLACK HAWK COUNTY 425 LAFAYETTE STREET WATERLOO, IA 50703	NONE GENERAL OPERATING	PUBLIC	2,480.

LSB FOUNDATION			20-1653464
TAMA COUNTY HUMANE SOCIETY 1406 EAST 5TH STREET TAMA, IA 52339	NONE GENERAL OPERATING	PUBLIC	1,000.
ALLEN HEALTH FOUNDATION 1825 LOGAN AVENUE WATERLOO, IA 50703		PUBLIC	5,000.
ALZHEIMER'S ASSOCIATION 2616 ORCHARD DR STE B CEDAR FALLS, IA 50613		PUBLIC	180.
AMERICAN HEART ASSOCIATION 1035 N CENTER PT RD STE B HIAWATHA, IA 52233		PUBLIC	500.
ANGEL HOUSE PO BOX 4028 WATERLOO, IA 50704	NONE SECURITY SYSTEM PROJECT	PUBLIC	500.
BACK TO SCHOOL PROJECT PO BOX 2334 WATERLOO, IA 50704		PUBLIC	500.
GREENE JAYCEES 406 NORTH MAIN ST GREENE, IA 50636	NONE GENERAL OPERATING	PUBLIC	5,000.
HUDSON EDUCATION FUND 245 S WASHINGTON ST HUDSON, IA 50643	NONE DOLLARS FOR SCHOLARS	PUBLIC	1,000.
IOWA HEARTLAND HABITAT FOR HUMANITY 803 W 5TH ST WATERLOO, IA 50702	NONE GENERAL OPERATING	PUBLIC	500.
NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) BLACK HAWK CO 212 W DALE ST WATERLOO, IA 50703	NONE GENERAL OPERATING	PUBLIC	300.

LSB FOUNDATION

20-1653464

IOWA STATE UNIVERSITY PO BOX 868 AMES, IA 50010-0868 DOLLARS FOR SCHOLARS

NONE

PUBLIC

1,000.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

119,807.