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# Form **990-PF**Department of the Treasury

Internal Revenue Service

For calendar year 2011 or tax year beginning

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

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

. and ending

OMB No 1545-0052

Name of foundation A Employer identification number BSL FOUNDATION 26-1326999 Number and street (or P.O. box number if mail is not delivered to street address) B Telephone number 2404 NE PARK DRIVE 515-253-0084 City or town, state, and ZIP code C If exemption application is pending, check here GRIMES, IA 50111 Initial return G Check all that apply: Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: X Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 18,657. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not for charitable purposes (cash basis only) expenses per books income income necessarily equal the amounts in column (a) ) Contributions, gifts, grants, etc., received 40,000. N/A Check I if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 10. 10 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 3.50e 0 Capital gain net income (from Part IV line 2) Net short-term capital gain Income modifications Gross sales less returns 10a and allowances b Less Cost of goods sold c Gross profit or (loss) A1. 4 M. 100 0 STATEMENT 11 Other income 40,110. 10 12 Total. Add lines 1 through 11 0. 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees 295. 0. 0. b Accounting fee c Other professionari 17 Interest OSC 18 **SCANNED MAR 1 4 2012** Taxes 7 2012 Depreciation Occupant Travel, conferences 457 0 0. 22 Printing and publications STMT 4 30. 0 Other expenses 0. 24 Total operating and administrative 0 782 expenses. Add lines 13 through 23 0. 54, 950 54,950. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 54,950. 55,732 0 Add lines 24 and 25 27 Subtract line 26 from line 12: -15,622 2 Excess of revenue over expenses and disbursements 10 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions

Form **990-PF** (2011)

| <u>Fo</u>                   | rm 99 | OO-PF (2011) BSL FOUNDATION  |                    | 26-            | 1326999 Page 2            |
|-----------------------------|-------|--|--------------------|----------------|---------------------------|
| F                           | Part  | Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only   | Beginning of year  | End o          | f year                    |
| <u>'</u>                    | art   | column should be for end-of-year amounts only  | (a) Book Value     | (b) Book Value | (c) Fair Market Value     |
|                             | 1     | Cash - non-interest-bearing  | 34,279.            | 18,657.        | 18,657.                   |
|                             | 2     | Savings and temporary cash investments   |                    |                |                           |
|                             | 3     | Accounts receivable >  | ļ                  |                |                           |
|                             |       | Less: allowance for doubtful accounts  |                    |                |                           |
|                             | 4     | Pledges receivable ►   |                    |                |                           |
|                             |       | Less: allowance for doubtful accounts -  |                    |                |                           |
|                             | 5     | Grants receivable  |                    |                |                           |
|                             | 6     | Receivables due from officers, directors, trustees, and other  |                    |                |                           |
|                             |       | disqualified persons   |                    |                |                           |
|                             | 7     | Other notes and loans receivable   |                    |                |                           |
|                             |       | Less: allowance for doubtful accounts  | 1                  |                |                           |
| 22                          | 8     | Inventories for sale or use  |                    |                |                           |
| ssets                       | 9     | Prepaid expenses and deferred charges  |                    |                |                           |
| AS                          | 10a   | Investments - U.S. and state government obligations  |                    |                |                           |
|                             |       | Investments - corporate stock  |                    | <del></del> -  | <del></del>               |
|                             |       | Investments - corporate bonds  |                    | <del></del>    |                           |
|                             | 11    | Investments - land, buildings, and equipment, basis  |                    |                |                           |
|                             | 1     | Less accumulated depreciation  |                    |                |                           |
|                             | 12    | Investments - mortgage loans   |                    |                |                           |
|                             | 13    | Investments - other  |                    |                |                           |
|                             | 1     | Land, buildings, and equipment: basis  |                    |                |                           |
|                             | '`    | Less accumulated depreciation  |                    |                | -                         |
|                             | 15    | Other assets (describe >   |                    | <del></del>    |                           |
|                             | '     | Offici assers (acsoribe >  |                    |                |                           |
|                             | 16    | Total assets (to be completed by all filers)   | 34,279.            | 18,657.        | 18,657.                   |
| _                           |       | Accounts payable and accrued expenses  | J + 1 - 2 +        | 10,037.        | 10,037.                   |
|                             | 18    | Grants payable   |                    | ••••           | * *                       |
| "                           | 19    | Deferred revenue   |                    | <u></u>        |                           |
| Liabilities                 | 20    |  |                    |                |                           |
| Ē                           |       | Loans from officers, directors, trustees, and other disqualified persons  Mortgages and other notes payable  |                    |                |                           |
| Ë                           | 21    |  |                    |                | •                         |
|                             | 22    | Other liabilities (describe )  |                    |                | * *, * .                  |
|                             | 22    | Total liabilities (add lines 17 through 22)  | 0.                 | 0.             | ,                         |
| _                           | 20    | Foundations that follow SFAS 117, check here   |                    | <u> </u>       | *                         |
|                             |       | and complete lines 24 through 26 and lines 30 and 31   |                    |                | a.                        |
| es                          | 24    | Unrestricted   |                    |                |                           |
| Net Assets or Fund Balances | 25    | Temporarily restricted   |                    |                |                           |
| 3ag                         | 1     |  | ***                |                |                           |
| 펄                           | 26    | Permanently restricted  Foundations that do not follow SFAS 117, check here  |                    |                |                           |
| ᆵ                           |       | Foundations that do not follow SFAS 117, check here And complete lines 27 through 31   |                    |                |                           |
| ō                           | 27    | Capital stock, trust principal, or current funds   | ا م                | 0              |                           |
| ets                         | 1     |  | 0.                 |                |                           |
| 155                         | 28    | Paid-in or capital surplus, or land, bldg., and equipment fund   |                    |                |                           |
| t a                         | 29    | Retained earnings, accumulated income, endowment, or other funds   | 34,279.            | 18,657.        |                           |
| ž                           | 30    | Total net assets or fund balances  | 34,279.            | 18,657.        |                           |
|                             |       | Taket Nakington and ask assault in the house   | 24 270             | 10 657         |                           |
| _                           | 31    | Total liabilities and net assets/fund balances   | 34,279.            | 18,657.        | <u> </u>                  |
| P                           | art   | Analysis of Changes in Net Assets or Fund B  | alances            |                |                           |
| _                           | Takal | and another than the first and |                    | <del></del>    |                           |
|                             |       | net assets or fund balances at beginning of year - Part II, column (a), line   | JU                 |                | 0.4.0-0                   |
|                             |       | t agree with end-of-year figure reported on prior year's return)   |                    | 1              | 34,279.                   |
|                             |       | amount from Part I, line 27a   |                    | 2              | -15,622.                  |
|                             |       | increases not included in line 2 (itemize)   |                    |                | 0.                        |
|                             |       | ines 1, 2, and 3   |                    | 4              | 18,657.                   |
|                             |       | eases not included in line 2 (itemize)   |                    | 5              | 0.                        |
| 6                           | Fotal | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co   | olumn (b), line 30 | 6              | 18,657.                   |
|                             |       |  |                    |                | Form <b>990-PF</b> (2011) |

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.
See the Part VI instructions.

Enter 1% of net investment income (1% of Part I, line 27b)

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6

8

Add lines 5 and 6

0.

49,131.

54,950.

|    | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4  |      | 1326 |            |       | Page 4   |
|----|---|------|------|------------|-------|----------|
|    | Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1                                       |      |      |            |       |          |
| 14 | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)   |      |      |            |       |          |
| b  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here   X 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:   |      |      |            |       |          |
| _  | 2011 estimated tax payments and 2010 overpayment credited to 2011 6a  |      |      |            |       |          |
|    | Exempt foreign organizations - tax withheld at source 6b  |      |      |            |       |          |
|    | Tax paid with application for extension of time to file (Form 8868)  6c   |      |      |            |       |          |
|    | Backup withholding erroneously withheld 6d  |      |      |            |       |          |
|    | Total credits and payments. Add lines 6a through 6d   | 7    |      | -          |       | 0.       |
| 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    |      |            |       | 0.       |
|    | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid   | 10   |      |            |       |          |
|    | Enter the amount of line 10 to be: Credited to 2012 estimated tax   | 11   |      |            |       |          |
|    | 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 intervene | ın   | ì    |            | 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 published                 | d or |      |            | ,     |          |
|    | distributed by the foundation in connection with the activities   |      |      |            |       | 1        |
| 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:  |      |      | 3          | 27    |          |
|    | (1) On the foundation. $\blacktriangleright$ \$ 0 . (2) On foundation managers. $\blacktriangleright$ \$                                  |      |      |            | *     | Ì        |
| е  | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation               |      |      | a          | 35. X | >,       |
|    | managers. ► \$ 0 .  |      |      | *          | ×     | À        |
| 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, of       | r    |      | <i>3</i> ← |       | 8.       |
|    | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  |      |      | 3          |       | _X_      |
| 4a | 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          |       | <u>X</u> |
|    | 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   |      |      |            |       |          |
|    | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state        | law  |      |            |       | -        |
| _  | remain in the governing instrument?   |      |      | 6          | X     |          |
|    | Did the foundation have at least \$5,000 in assets at any time during the year?   |      |      | 7          | Х     |          |
|    | If "Yes," complete Part II, col. (c), and Part XV   |      |      |            |       |          |
| φa | Enter the states to which the foundation reports or with which it is registered (see instructions)  |      |      |            |       |          |
| L  | If the appear is "Ves" to line 7, has the foundation furnished a copy of Form 000 DF to the Attacks Copyrel (or describe)                 |      |      |            |       |          |
| D  | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)               |      |      | 01         |       | v        |
| o  | of each state as required by General Instruction G? If "No," attach explanation   | nde- |      | 8b_        |       | <u>X</u> |
|    | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale       | nuar |      |            |       | v        |
|    | year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV                              | mwm  | _    | 9          | v     | <u>X</u> |
| IU | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses S      | TMT_ | 5    | 10         | X     |          |

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| orm | 1 990-PF (2011) BSL FOUNDATION 26-1  | 326999        | <b>.</b>                                      | Dage E   |
|-----|--|---------------|---|----------|
|     | art VII-A Statements Regarding Activities (continued)  | <u>340333</u> | <u>'                                     </u> | Page 5   |
|     | 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 make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?   | <u> </u>      |   |          |
|     | If "Yes," attach statement (see instructions)  | 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  |               |   |          |
| 14  | The books are in care of ▶ BRUCE A. BAUMGARN Telephone no ▶515   | <u>-253-0</u> | 084   | <u> </u> |
|     | Located at ► 2404 NE PARK DRIVE, GRIMES, IA ZIP+4  | <u>50111</u>  |   |          |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here  |               | <b>&gt;</b>                                   | •        |
|     | and enter the amount of tax-exempt interest received or accrued during the year  | N             | Į/A   |          |
| 16  | At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,   |               | Yes   |          |
|     | securities, or other financial account in a foreign country?   | 16            |   | X        |
|     | See 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  |               | 1   |          |
|     | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  |               | Yes   | No       |
| 1 a | 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?   | lo 🛴          |   | ,        |
|     | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  | •             |   |          |
|     | a disqualified person?   |               |   |          |
|     | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   |               |   |          |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   | lo            | ٠   | ال ي. ا  |
|     | (5) Transfer any income or assets to a disqualified person (or make any of either available  | \$ 7          | W. 1  | 19 "     |
|     | for the benefit or use of a disqualified person)?  | lo í          | 1   |          |
|     | (6) Agree to pay money or property to a government official? (Exception Check "No"   |               | l   | 1 1      |
|     | 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.)   | lo   *        |   |          |
| b   | olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations  |               |   |          |
|     | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  | A 1b          | - %,  | 488      |
|     | Organizations relying on a current notice regarding disaster assistance check here   | ~             | . **  | * 1600.  |
| С   | 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 2011?  | 1c            | ļ   | X        |
| 2   | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation   |               |   |          |
| _   | defined in section 4942(j)(3) or 4942(j)(5)):  |               | 4.50  | 12 × 5   |
| a   | At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?  Yes X   | .             | *   | 40.4 1   |
|     | If "Yes," list the years \( \bigs_{\text{\tinc{\text{\tinx}\text{\tinit}\text{\tinit}\tinithtet{\texi}\tint{\text{\texi}\tint{\text{\text{\text{\texi}\tint{\text{\text{\texi}\tinithtet{\texi}\tint{\text{\texi}\tint{\texi}\text{\texi}\texit{\texi}\tint{\texit{\texi}\tex{ | 10            |   |          |
| h   | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect   |               |   |          |
| U   | 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          |   |          |
|     | of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here  | , 20          | <del> </del>                                  | -        |
| ٠   |  |               |   |          |
| 32  | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time  |               |   |          |
|     | during the year?   | , l           |   |          |
| b   | of "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after   | ·-            |   |          |
| •   | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose   | -             |   |          |
|     | of holdings acquired by gift or bequest; or (3) the lapse of 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 2011)  N/A   | А зь          | 1   |          |
| 4a  | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  | 4a            | <u> </u>                                      | X        |
|     | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that   | T             |   |          |
|     | had not been removed from jeopardy before the first day of the tax year beginning in 2011?   | 4b            | ]   | Ιx       |

| Form 990-PF (2011) BSL FOUNDATION  |                                    |  | <u> 26-13269</u>   | 99   | Page 6               |
|--|------------------------------------|--|--|--|----------------------|
| Part VII-B   Statements Regarding Activities for Which I                                   | Form 4720 May Be F                 | 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))?                        | Y  | es X No  |  |                      |
| (2) Influence the outcome of any specific public election (see section 4955); of           | or to carry on, directly or indire | ectly,   |  | - [  |                      |
| any voter registration drive?  | • • •                              |  | es X No  |  |                      |
| (3) Provide a grant to an individual for travel, study, or other similar purposes          | ,7                                 |  | s X No   |  |                      |
| (4) Provide a grant to an organization other than a charitable, etc., organization         |                                    |  |  |  |                      |
| 509(a)(1), (2), or (3), or section 4940(d)(2)?   |                                    | ☐ <b>Y</b>                                       | es X No  | İ  |                      |
| (5) Provide for any purpose other than religious, charitable, scientific, literary,        | or educational purposes, or t      |  |  | Ì  |                      |
| the prevention of cruelty to children or animals?  | , or cododitorial purpocos, or     |  | es X No  |  |                      |
| b. If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni    | dar the eventions described        |  | :5 L2J 110   |  |                      |
| section 53.4945 or in a current notice regarding disaster assistance (see instru           | •                                  | iii negulations                                  | N/A  | 5b   |                      |
| , ,  | •                                  |  | N/A  | 100  | +-                   |
| Organizations relying on a current notice regarding disaster assistance check h            |                                    |  |  |  |                      |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f          |                                    |  | l  | ł  |                      |
| expenditure responsibility for the grant?  |                                    | I/A ∐ Ye   | es L No  |  |                      |
| If "Yes," attach the statement required by Regulations section 53 494                      | : :                                |  |  |  |                      |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to      | pay premiums on                    |  |  |  |                      |
| a personal benefit contract?   |                                    | Ye   | es 🗶 No  | ·  | ,                    |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p | personal benefit contract?         |  |  | 6b   | <u> X</u>            |
| 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       | shelter transaction?               | Y6   | es 🗓 No  |  |                      |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu         | utable to the transaction?         |  | N/A  | 7b   |                      |
| Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors     | ees, Foundation Ma                 | nagers, Highly                                   | /  |  |                      |
| List all officers, directors, trustees, foundation managers and their                      | compensation                       |  |  |  |                      |
| List all officers, all cotors, a usees, foundation managers and their                      | (b) Title, and average             | (c) Compensation                                 | (d) Contributions to   | (a) F  | xpense               |
| (a) Name and address   | hours per week devoted             | (If not paid,                                    | (d) Contributions to<br>employee benefit plans<br>and deferred | accou  | ınt, other           |
|  | to position                        | enter -0-)                                       | compensation   | allov  | wances               |
|  | PRESIDENT/SEC                      | RETARY   |  |  |                      |
| 2404 NE PARK DRIVE   |                                    |  | _  |  | _                    |
| GRIMES, IA 50111   | 1.00                               | 0.   | 0.   | <del></del>                                      | 0.                   |
| BARBARA K. BAUMGARN  | VICE PRESIDEN                      | Jr.  |  |  |                      |
| 2404 NE PARK DRIVE   |                                    |  |  |  |                      |
| GRIMES, IA 50111   | 1.00                               | 0.   | 0.   | <u> </u>   | 0.                   |
|  |                                    |  |  |  |                      |
|  |                                    |  |  |  |                      |
|  |                                    |  |  |  |                      |
|  |                                    |  |  |  |                      |
|  |                                    |  |  |  |                      |
|  |                                    |  |  |  |                      |
| 2 Compensation of five highest-paid employees (other than those inc                        | cluded on line 1). If none,        | enter "NONE."                                    |  |  |                      |
| ( ) Normand address of each ample on and most than \$50,000                                | (b) Title, and average             |  | (d) Contributions to employee benefit plans                    | (e) E  | xpense               |
| (a) Name and address of each employee paid more than \$50,000                              | hours per week devoted to position | (c) Compensation                                 | employee benefit plans<br>and deferred<br>compensation         | accou  | int, other<br>wances |
| NONE   |                                    |  |  |  |                      |
|  |                                    |  |  |  |                      |
|  |                                    |  |  |  |                      |
|  | 1                                  |  |  |  |                      |
|  |                                    | <del>                                     </del> |  | <del> </del>                                     |                      |
|  | 1                                  |  |  |  |                      |
|  | -                                  | -  |  |  |                      |
|  | 1                                  |  |  |  |                      |
|  | <u> </u>                           |  |  | <del>                                     </del> |                      |
|  |                                    |  |  |  |                      |
|  |                                    |  | <u> </u>   | <b></b>  |                      |
| Total number of other employees paid over \$50,000   |                                    |  | <b>•</b>   |  | <u> </u>             |

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|--|----------------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)  | on Managers, Highly        |                           |
| 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) Type of service        | (c) Compensation          |
| NONE   |                            |                           |
|  |                            |                           |
|  |                            |                           |
|  |                            |                           |
|  |                            |                           |
|  | ]                          |                           |
|  |                            |                           |
|  |                            |                           |
|  |                            |                           |
|  | 1                          |                           |
| Total number of others receiving over \$50,000 for professional services   |                            | ▶ 0                       |
| Part IX-A Summary of Direct Charitable Activities  |                            |                           |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produce. | al information such as the | Expenses                  |
| 1 N/A  | 555, 5151                  | ·-·                       |
|  |                            |                           |
|  |                            |                           |
| 2  |                            |                           |
|  |                            |                           |
| · · · · · · · · · · · · · · · · · · ·  | <del></del>                |                           |
| 3  |                            |                           |
| 3  |                            |                           |
|  | <del></del>                |                           |
| 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 lin   | es 1 and 2.                | Amount                    |
| 1 N/A  |                            |                           |
|  |                            |                           |
|  |                            |                           |
| 2  |                            |                           |
| **   |                            |                           |
|  |                            |                           |
| All other program-related investments. See instructions.   |                            | ·                         |
| 3  |                            |                           |
|  |                            |                           |
|  |                            |                           |
| Total. Add lines 1 through 3   | <b>&gt;</b>                | 0.                        |
|  |                            | Form <b>990-PF</b> (2011) |

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

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5

6

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Page 9

Part XIII Undistributed Income (see instructions)

|  | (a)<br>Corpus | (b)<br>Years prior to 2010            | (c)<br>2010  | (d)<br>2011                            |
|--|---------------|---------------------------------------|--------------|--|
| 1 Distributable amount for 2011 from Part XI,  |               | · · · · · · · · · · · · · · · · · · · |              |  |
| line 7   |               |                                       |              | 1,037.                                 |
| 2 Undistributed income, if any, as of the end of 2011  |               |                                       |              | •                                      |
| a Enter amount for 2010 only   |               |                                       | 0.           |  |
| b Total for prior years:   |               |                                       |              |  |
| ,  |               | 0.                                    |              |  |
| 3 Excess distributions carryover, if any, to 2011:   |               |                                       |              |  |
| <b>a</b> From 2006   |               |                                       |              |  |
| b From 2007 10,224.  |               |                                       |              | •                                      |
| c From 2008 24,079.  |               |                                       |              |  |
| d From 2009 31, 467.   |               |                                       |              |  |
| e From 2010 38, 274.   |               |                                       |              | }                                      |
| f Total of lines 3a through e  | 104,044.      |                                       |              |  |
| 4 Qualifying distributions for 2011 from   | 201/0110      |                                       |              | , ,,                                   |
| Part XII, line 4: ►\$ 54,950.  |               |                                       |              | ; , , ,                                |
| a Applied to 2010, 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   |               | <u> </u>                              |              |  |
| (Election required - see instructions)   | 0.            |                                       |              | *." * :                                |
| d Applied to 2011 distributable amount   | 0.            |                                       |              | 1,037.                                 |
| · · · · · · · · · · · · · · · · · · ·  | 53,913.       |                                       |              | 1,037.                                 |
| e Remaining amount distributed out of corpus  5 Excess distributions carryover applied to 2011   | 33,913.       |                                       | <del> </del> | 0.                                     |
| (If an amount appears in column (d), the same amount   | , , ,         |                                       |              | •                                      |
| 6 Enter the net total of each column as  |               |                                       | , *          |  |
| indicated below:   | 157 057       |                                       |              |  |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 157,957.      |                                       | <u>; \</u>   | (************************************* |
| b Prior years' undistributed income. Subtract  | <u> </u>      | ,                                     |              |  |
| line 4b from line 2b   | · · ·         | 0.                                    |              | 3 3 4 4 7                              |
| 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   | 7. 7.07.27.   |                                       |              | . ,                                    |
| amount - see instructions  |               | 0.                                    |              |  |
| e Undistributed income for 2010. Subtract line   |               |                                       |              |  |
| 4a from line 2a. Taxable amount - see instr.   |               |                                       | 0.           |  |
| f Undistributed income for 2011, Subtract  |               |                                       | -            |  |
| lines 4d and 5 from line 1. This amount must   |               |                                       |              |  |
| be distributed in 2012   |               |                                       |              | 0.                                     |
| 7 Amounts treated as distributions out of  |               |                                       |              |  |
| corpus to satisfy requirements imposed by  |               |                                       | !            |  |
| section 170(b)(1)(F) or 4942(g)(3)   | 0.            |                                       |              |  |
| 8 Excess distributions carryover from 2006   |               |                                       |              |  |
| not applied on line 5 or line 7  | 0.            |                                       |              |  |
| 9 Excess distributions carryover to 2012.  |               |                                       |              |  |
| Subtract lines 7 and 8 from line 6a  | 157,957.      |                                       |              |  |
| O Analysis of line 9:  |               |                                       |              |  |
| a Excess from 2007 10, 224.  |               |                                       |              |  |
| b Excess from 2008 24,079.   |               |                                       |              |  |
| c Excess from 2009 31, 467.  |               |                                       |              |  |
| d Excess from 2010 38,274.   |               |                                       |              |  |
| e Excess from 2011 53, 913.  |               |                                       |              |  |
| CCA0035 HOM 20 11   33, 313 •  | <u> </u>      |                                       |              | Form <b>990-PF</b> (2011)              |

| Part XV Supplementary Informatio                 | <b>n</b> (continued)   |                      |                                  |        |
|--|--|----------------------|----------------------------------|--------|
| 3 Grants and Contributions Paid During the       |  | Payment              |                                  |        |
| Recipient  | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business)              | any foundation manager<br>or substantial contributor                           | recipient            |                                  |        |
| a Paid during the year                           |  |                      |                                  |        |
| ALPHA CENTER                                     | NONE   | PUBLIC CHARITY       | OPERATING                        |        |
| 301 EAST 41ST STREET<br>SIOUX FALLS, SD 57105    |  |                      |                                  | 1,00   |
| 3.50M 1.1020, 55 5.125                           |  |                      |                                  | 1,00   |
| AMERICA'S FAMILY COACHES<br>2540 106TH STREET    | NONE   | PUBLIC CHARITY       | OPERATING                        |        |
| URBANDALE, IA 50322                              |  |                      |                                  | 2,50   |
| BERNIE LORENZ RECOVERY HOUSE                     | NONE   | PUBLIC CHARITY       | OPERATING                        |        |
| 4014 KINGMAN BLVD<br>DES MOINES, IA 50311        |  |                      |                                  | 50     |
| FOCUS ON THE FAMILY                              | NONE   | PUBLIC CHARITY       | OPERATING                        |        |
| COLORADO SPRINGS, CO 80995                       |  | •                    |                                  | 1,00   |
|  |  |                      |                                  |        |
| CAMPUS CRUSADE FOR CHRIST<br>100 LAKE HART DRIVE | NONE   | PUBLIC CHARITY       | OPERATING                        |        |
| ORLANDO FL 32832                                 | NTINUATION SHE   | <u> </u><br>?m/c\    | <b>▶</b> 3a                      | 17,00  |
| Total SEE CO b Approved for future payment       | NIINOAIION SHE   | 1(5)                 | <b>J</b> 3a                      | 54,95  |
| NONE   |  |                      |                                  |        |
|  |  |                      |                                  |        |
|  |  |                      |                                  |        |
|  |  |                      |                                  |        |
|  |  |                      |                                  |        |
|  |  |                      |                                  |        |
| Total  | <u> </u>   |                      | <b>▶</b> 3b                      |        |

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

| Enter gross amounts unless otherwise indicated.                 | Unrelate        | ed business income |                       | ded by section 512, 513, or 514 | (e)                                     |
|---|-----------------|--------------------|-----------------------|---------------------------------|---|
| •   | (a)<br>Business | (b)<br>Amount      | (C)<br>Exclu-<br>sion | (d)                             | Related or exempt                       |
| 1 Program service revenue:                                      | code            | Amount             | code                  | Amount                          | function income                         |
| a   |                 |                    |                       |                                 |   |
| b   |                 |                    |                       |                                 |   |
| <u>c</u>  |                 |                    | -                     |                                 |   |
| d   |                 |                    |                       |                                 |   |
| e   |                 |                    | -                     | <u> </u>                        |   |
|   |                 |                    |                       |                                 |   |
| g Fees and contracts from government agencies                   |                 |                    |                       |                                 |   |
| 2 Membership dues and assessments                               |                 |                    |                       |                                 |   |
| 3 Interest on savings and temporary cash investments            |                 |                    | 14                    | 10.                             |   |
| 4 Dividends and interest from securities                        |                 |                    |                       |                                 |   |
| 5 Net rental income or (loss) from real estate:                 |                 |                    |                       |                                 | , |
| a Debt-financed property  |                 |                    |                       |                                 |   |
| <b>b</b> Not debt-financed property                             |                 |                    |                       |                                 |   |
| 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                      |                 |                    |                       |                                 |   |
| 10 Gross profit or (loss) from sales of inventory               |                 |                    |                       |                                 |   |
| 11 Other revenue.   |                 |                    |                       |                                 |   |
| a   |                 | 100.               |                       |                                 |   |
| b   |                 |                    |                       |                                 |   |
| C   |                 |                    |                       |                                 |   |
| d   |                 |                    | <u> </u>              |                                 |   |
| e   |                 |                    |                       |                                 |   |
| 12 Subtotal. Add columns (b), (d), and (e)                      |                 | 100.               |                       | 10.                             |   |
| 13 Total. Add line 12, columns (b), (d), and (e)                |                 |                    |                       | 13                              | 110.                                    |
| (See worksheet in line 13 instructions to verify calculations.) |                 |                    |                       | **                              |   |

#### Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No<br>▼       | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). |     |  |  |  |  |
|--------------------|---|-----|--|--|--|--|
|                    |   |     |  |  |  |  |
|                    |   |     |  |  |  |  |
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|                    |   |     |  |  |  |  |
| -                  |   |     |  |  |  |  |
|                    |   |     |  |  |  |  |
|                    |   |     |  |  |  |  |
|                    |   |     |  |  |  |  |
|                    |   |     |  |  |  |  |
|                    |   |     |  |  |  |  |
|                    |   |     |  |  |  |  |
| 123621<br>12-02-11 | Form <b>990-PF</b> (20  | 11) |  |  |  |  |

| Part XVII     |  | egarding Tran            |                   | and Transaction          | s an     | d Relations       |                         | ncharitable                             |                      | iye is   |
|---------------|--|--------------------------|-------------------|--------------------------|----------|-------------------|-------------------------|---|----------------------|----------|
|               | Exempt Organ   | izations                 |                   |                          |          |                   |                         |   |                      |          |
| 1 Did the o   | rganization directly or indi   | rectly engage in any     | of the following  | ng with any other organi | zation ( | described in sect | ion 501(c) of           |   | Yes                  | No       |
|               | (other than section 501(c  |                          |                   |                          | rganıza  | itions?           |                         |   |                      |          |
|               | s from the reporting found   | ation to a noncharita    | able exempt or    | ganization of:           |          |                   |                         | İ                                       |                      | l        |
| (1) Cash      |  |                          |                   |                          |          |                   |                         | 1a(1)                                   |                      | X        |
| (2) Othe      |  |                          |                   |                          |          |                   |                         | 1a(2)                                   | <del> </del>         | X        |
|               | nsactions:   | ble evernet ergenize     | t.on              |                          |          |                   |                         | 4.40                                    |                      | v        |
| • •           | s of assets to a noncharita  |                          |                   |                          |          |                   |                         | 1b(1)                                   | <del> </del>         | X        |
|               | chases of assets from a no<br>tal of facilities, equipment,            |                          | organization      |                          |          |                   |                         | 1b(2)                                   | <del> </del>         | X        |
| • •           | nbursement arrangements  |                          |                   |                          |          |                   |                         | 1b(3)<br>1b(4)                          |                      | X        |
| • •           | ns or loan guarantees  |                          |                   |                          |          |                   |                         | 1b(5)                                   |                      | X        |
|               | ormance of services or me  | embership or fundra      | isina solicitatio | nns                      |          |                   |                         | 1b(6)                                   |                      | X        |
|               | of facilities, equipment, ma   |                          |                   |                          |          |                   |                         | 10                                      | <del> </del>         | X        |
|               | wer to any of the above is   |                          |                   |                          | d alway  | s show the fair n | narket value of the     |   | sets.                |          |
|               | es given by the reporting f  |                          | -                 | • •                      | -        |                   |                         | - :                                     | ,                    |          |
| column (      | d) the value of the goods,   |                          |                   |                          |          |                   |                         |   |                      |          |
| (a) Line no   | (b) Amount involved  | (c) Name o               |                   | e exempt organization    |          | (d) Description   | of transfers, transacti | ons, and sharing ar                     | rangeme              | nts      |
|               |  |                          | N/A               |                          |          |                   |                         |   |                      |          |
|               |  |                          |                   |                          |          |                   |                         |   |                      |          |
|               |  |                          |                   |                          |          |                   |                         |   |                      |          |
|               |  | -                        |                   |                          |          |                   | ·                       |   |                      |          |
|               |  |                          |                   | =                        |          |                   |                         |   |                      |          |
|               |  | -                        |                   |                          |          |                   |                         | <del>.</del>                            |                      |          |
|               | <del></del>  |                          |                   |                          |          |                   |                         |   |                      |          |
|               |  | <u> </u>                 | <del></del>       |                          |          |                   |                         |   |                      |          |
| -             |  |                          |                   | <del></del>              |          |                   |                         |   | _                    |          |
|               | _  |                          |                   |                          |          |                   |                         |   |                      |          |
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|               | <u> </u>   |                          |                   |                          |          |                   |                         |   |                      |          |
| <del> </del>  | · <del></del>  |                          |                   |                          |          |                   |                         | -                                       |                      |          |
|               |  | -                        | ,                 |                          |          |                   |                         | <del></del>                             |                      |          |
|               |  | -                        |                   |                          |          |                   |                         |   |                      |          |
|               | indation directly or indirect<br>in 501(c) of the Code (other          |                          |                   |                          | ganızatı | ions described    |                         | Yes                                     | X                    | <br>] No |
| b If "Yes," c | omplete the following sch  |                          |                   | T                        | -        |                   |                         | <del></del>                             |                      |          |
|               | (a) Name of org  | janization               |                   | (b) Type of organization | on       |                   | (c) Description of r    | elationship                             |                      |          |
|               | N/A  | <del></del>              |                   |                          |          |                   |                         |   |                      |          |
|               |  |                          |                   |                          | _        |                   |                         |   |                      |          |
|               | <del>.</del>   |                          |                   |                          |          |                   |                         | <del> </del>                            |                      |          |
| <del></del>   |  |                          |                   |                          | _        |                   |                         |   |                      |          |
| Sign Here     | r penalties of perjury, I declare relief, it is true, correct, and con | hplete Declaration of pr |                   |                          |          |                   | has any knowledge       | May the IRS return with the shown below | e prepar<br>(see ins | er       |
| Sigi          | nature of officer or rustee  |                          |                   | Date                     |          | Title             |                         |   |                      |          |
|               | Print/Type preparer's na   |                          | Preparer's s      | ignature                 |          | ate               | Check if                | PTIN                                    |                      |          |
|               | RONALD E N   |                          | <b>/</b>          | 0 FM. In                 | مَ إ     | 2/3/12            | self- employed          |   |                      |          |
| Paid          | CPA/ABV, AS  |                          |                   | ac jum                   | 丄        | / / _             |                         |   |                      |          |
| Preparer      | Firm's name ► CLI  | FTONLARSO                | )NALLEN           | LLP                      |          |                   | Firm's EIN ▶            |   |                      |          |
| Use Only      |  | <del></del>              |                   | <del> </del>             |          |                   |                         |   |                      |          |
|               | Firm's address ► 27  |                          |                   | •                        |          |                   |                         |   |                      | _        |
|               | WE   | ST DES MC                | INES,             | IA 50266-14              | 411      |                   | Phone no 5              | 15-222-                                 |                      |          |
|               |  |                          |                   |                          |          |                   |                         | Form <b>990</b>                         | )- <b>PF</b> (       | 2011)    |

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

Department of the Treasury Internal Revenue Service

### Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization Employer identification number BSL FOUNDATION 26-1326999 Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (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 Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

## BSL FOUNDATION

26-1326999

| Part I     | Contributors (see instructions) Use duplicate copies of Part I if addit | tional space is needed     |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                       | (c)<br>Total contributions | (d) Type of contribution   |
| 1          | BRUCE A AND BARBARA K BAUMGARN  2404 NE PARK DRIVE  GRIMES, IA 50111    | s40,000.                   | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                       | (c) Total contributions    | (d) Type of contribution   |
|            |   | \$                         | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                       | (c) Total contributions    | (d)<br>Type of contribution  |
|            |   | <br>  \$                   | Person Payroll Oncash Complete Part II if there is a noncash contribution )  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                       | (c) Total contributions    | (d) Type of contribution   |
|            |   | \$                         | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                       | (c) Total contributions    | (d)<br>Type of contribution  |
|            |   | <b>\$</b>                  | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                       | (c) Total contributions    | (d) Type of contribution   |
|            |   | Schodule B (Form           | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |

Employer identification number

### BSL FOUNDATION

26-1326999

|                              | Noncash Property (see instructions) Use duplicate copies of P | art ii ii additional space is needed     |                      |
|------------------------------|---|--|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                    | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                              |   | <br> <br>\$                              |                      |
| (a)<br>No.<br>rom            | (b)  Description of noncash property given                    | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                              |   | \$                                       |                      |
| (a)<br>No.<br>rom<br>Part I  | (b)  Description of noncash property given                    | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                              |   | \$                                       |                      |
| (a)<br>No.<br>rom<br>Part I  | (b)  Description of noncash property given                    | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                              |   | \$                                       |                      |
| (a)<br>No.<br>rom<br>art I   | (b)  Description of noncash property given                    | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                              |   | <br>                                     |                      |
| (a)<br>No.<br>rom<br>art I   | (b)<br>Description of noncash property given                  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                              |   |  |                      |

| nization   |  | Employer identification number   |
|--|--|--|
| the total of exclusively religious, charitable, et               | c, contributions of \$1,000 or less for  | 26-1326999  (7), (8), or (10) organizations that total more than \$1,000 for the ns completing Part III, enter the year. (Enter this information once)  \$\sigma \square |
| Use duplicate copies of Part III if addition (b) Purpose of gift | al space is needed<br>(c) Use of gift  | (d) Description of how gift is held  |
|  |  |  |
|  | (e) Transfer of gift   |  |
| Transferee's name, address, a                                    |  | Relationship of transferor to transferee   |
|  |  |  |
| (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held  |
|  |  |  |
|  | (e) Transfer of gift   |  |
| Transferee's name, address, ar                                   | nd ZIP + 4   | Relationship of transferor to transferee   |
| (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held  |
|  |  |  |
| Transferee's name, address, ar                                   | (e) Transfer of gift   | Relationship of transferor to transferee   |
|  |  |  |
| (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held  |
|  |  |  |
|  | (e) Transfer of gift   |  |
| Transferee's name, address, ar                                   | nd ZIP + 4   | Relationship of transferor to transferee   |
|  |  |  |
|  | UNDATION  Exclusively religious, charitable, etc., indiversity of the total of exclusively religious, charitable, etc., indiversity total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition (b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift  (b) Purpose of gift  Transferee's name, address, aiddress,  UNDATION  Exclusively religious, charitable, etc., individual contributions to section 501(c year Complete columns (a) through (e) and the following line entry. For organization the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for Use duplicate copies of Part III if additional space is needed  (b) Purpose of gift  (c) Use of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (d) Use of gift  (e) Transfer of gift  (e) Transfer of gift  (e) Transfer of gift  (e) Use of gift  (e) Use of gift  (e) Use of gift   |

| ·                             |                              |                                   |                                   |                            |     |
|-------------------------------|------------------------------|-----------------------------------|-----------------------------------|----------------------------|-----|
| FORM 990-PF INTEREST ON SAVI  | INGS AND TEM                 | PORARY CASH                       | INVESTMENTS                       | STATEMENT                  | 1   |
| SOURCE                        |                              |                                   |                                   | AMOUNT                     |     |
| BANK                          |                              |                                   | -                                 | 1                          | .0. |
| TOTAL TO FORM 990-PF, PART I, | LINE 3, CO                   | LUMN A                            | =                                 | 1                          | 0.  |
| FORM 990-PF                   | OTHER I                      | NCOME                             |                                   | STATEMENT                  | 2   |
| DESCRIPTION                   |                              | (A)<br>REVENUE<br>PER BOOKS       | (B)<br>NET INVEST-<br>MENT INCOME |                            |     |
|                               |                              | 100.                              | 0                                 | •                          |     |
| TOTAL TO FORM 990-PF, PART I, | LINE 11                      | 100.                              | 0                                 | •                          |     |
| FORM 990-PF                   | ACCOUNTI                     | NG FEES                           |                                   | STATEMENT                  | 3   |
| DESCRIPTION                   |                              |                                   | (C)<br>ADJUSTED<br>NET INCOM      |                            |     |
| ACCOUNTING FEES               | 295.                         | 0                                 | •                                 |                            | 0.  |
| TO FORM 990-PF, PG 1, LN 16B  | 295.                         | 0                                 | •                                 |                            | 0.  |
| FORM 990-PF                   | OTHER E                      | XPENSES                           |                                   | STATEMENT                  | 4   |
| DESCRIPTION                   | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME |                                   | (D)<br>CHARITAE<br>PURPOSE |     |
| BANK FEES                     | 30.                          | 0                                 | •                                 |                            | 0.  |
| TO FORM 990-PF, PG 1, LN 23   | 30.                          | 0                                 | •                                 |                            | 0.  |

| FORM 990-PF         | LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10 | STATEMENT | 5 |
|---------------------|--|-----------|---|
| NAME OF CONTRIBUTOR | ADDRESS  |           |   |
| BRUCE A. BAUMGARN   | 2404 NE PARK DRIVE<br>GRIMES, IA 50111               |           |   |

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient DOWLING CATHOLIC HIGH SCHOOL NONE PUBLIC CHA **DPERATING** 1400 BUFFALO ROAD WEST DES MOINES, IA 50265 8,000. FOOD FOR THE POOR NONE PUBLIC CHA OPERATING 6401 LYONS ROAD COCONUT\_CREEK FL 33073 1,200. GIRL SCOUTS OF GREATER IOWA NONE PUBLIC CHA OPERATING 10715 HICKMAN ROAD DES MOINES IA 50322-3733 2,000. HERTIAGE FOUNDATION NONE PUBLIC CHA OPERATING 214 MASSACHUSETTS AVENUE NE WASHINGTON DC 20002-4999 2,000. JAMESTOWN COLLEGE NONE PUBLIC CHA **DPERATING** 6000 COLLEGE LANE JAMESTOWN, ND 58405 1,000. MAKE-A-WISH FOUNDATION OF IOWA NONE PUBLIC CHA OPERATING 3024 104TH STREET URBANDALE, IA 50322 2,000. NATIONAL MS SOCIETY NONE PUBLIC CHA OPERATING 733 THIRD AVENUE NEW YORK, NY 10017 500. ST. MARY OF THE LAKE NONE PUBLIC CHA OPERATING 419 W LYON AVENUE LAKE CITY MN 55041 2,000. CREIGHTON UNIVERSITY NONE PUBLIC CHA OPERATING 2500 CALIFORNIA PLAZA OMAHA NE 68178 750. PI BETA PHI FOUNDATION NONE PUBLIC CHA **OPERATING** 1154 TOWN & COUNTRY COMMONS DRIVE TOWN & COUNTRY MO 63017 1,000, Total from continuation sheets 32,950,

BSL FOUNDATION

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient or substantial contributor NEBRASKA HUMANE SOCIETY NONE PUBLIC CHA OPERATING 8929 FORT STREET OMAHA NE 68134 250. TERRACE HILL FOUNDATION NONE PUBLIC CHA **PERATING** 2300 GRAND AVENUE DES MOINES, IA 50312 2,000. RUTH HARBOR NONE PUBLIC CHA **DPERATING** 534 42ND STREET DES MOINES \_ IA 50312 500. MERCY SERVICE CLUB AUTISM CENTER NONE PUBLIC CHA OPERATING 250 MERCY DRIVE 500. DUBUQUE, IA 52001 K LIFE MINISTRIES OF DES MOINES NONE PUBLIC CHA OPERATING 1132 39TH STREET WEST DES MOINES, IA 50266 1,000. ASSUMPTION CATHOLIC SCHOOL NONE PUBLIC CHA OPERATING 2116 CORNWALL AVENUE 5,000. BELLINGHAM, WA 98225 HILLSDALE COLLEGE NONE PUBLIC CHA OPERATING 33 EAST COLLEGE STREET HILLSDALE MI 49242 250. FAMILY LIFE NONE PUBLIC CHA **DPERATING** PO BOX 7111 LITTLE ROCK, AR 72223 250. ST. COLUMBKLIIE CHRUCH NONE PUBLIC CHA **DPERATING** 200 EAST 6TH STREET PAPILLION NE 68046 500. OMAHA FOOD BANK NONE PUBLIC CHA OPERATING 10525 J STREET OMAHA NE 68127 250. Total from continuation sheets

BSL FOUNDATION

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient ST. JUDE'S CHILDREN'S RESEARCH NONE PUBLIC CHA **DPERATING** HOSPITAL 332 N. LAUDERDALE MEMPHIS, TN 38105 250. CYSTIC FIBROSIS FOUNDATION NONE PUBLIC CHA OPERATING 6931 ARLINGTON ROAD BETHESDA, MD 20814 250. THE GIRL EFFECT FUND/GLOBAL GIVING NONE PUBLIC CHA **OPERATING** FOUNDATION 1023 15TH STREET, NW WASHINGTON, DC 20005 500. TEAM RIVER RUNNER NONE PUBLIC CHA **OPERATING** 5007 STONE ROAD 500. ROCKVILLE, MD 20853 NONE BIRTHRIGHT, LTD PUBLIC CHA **OPERATING** 5806 HICKMAN ROAD DES MOINES, IA 50322 500. Total from continuation sheets