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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation OMB No 1545-0052

2012

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

| For | cale | endar year 2012, or tax year beginning 2 | 2/01 , 2012, | and ending 1 | /31 | , 2013 | |
|----------------------------|---------------|-------------------------------------------------------------------------------------------------|--------------------------|---------------------|---------------|-------------------------------------------------------------|-------------------------------------------|
| WT | т т | IAM M AND DONNA J HOAGLIN | | - | Α | Employer identification num 42-1121634 | nber |
| | OUNDATION INC | | | | | Telephone number (see the | instructions) |
| 800 |) A | ALTER CT | | | | | |
| MT | . F | PLEASANT, IA 52641 | | | c | If exemption application is | pending, check here |
| G | Che | eck all that apply Initial return | Initial return of a form | ner public charity | | | |
| - | | Final return | Amended return | To position and any | ן טן | Foreign organizations, chec | k nere |
| | | Address change | Name change | |] 2 | Foreign organizations meet here and attach computation | ing the 85% test, check |
| Н | 앋 | | c)(3) exempt private for | | _ | · | |
| $\overline{}$ | | Section 4947(a)(1) nonexempt charitable true market value of all assets at end of year J Acco | unting method X Ca | orivate foundation | E | If private foundation status under section 507(b)(1)(A) | |
| • | | | ther (specify) | asii Macciual | _ | | |
| • | \$ | | column (d) must be on | cash basis) — — - | F | If the foundation is in a 60- under section 507(b)(1)(B) | |
| Pa | rt I | Analysis of Revenue and | (a) Revenue and | (b) Net investmen | nt | (c) Adjusted net | (d) Disbursements |
| | | Expenses (The total of amounts in columns (b), (c), and (d) may not neces- | expenses per books | ıncome | | income | for charitable purposes (cash |
| | | sarıly equal the amounts ın column (a) (see instructions)) | | | ŀ | | basis only) |
| | Т | 1 Contributions, gifts, grants, etc, received (att sch) | | | | à | ÷ 3. |
| | | 2 Ck X if the foundn is not req to att Sch B | * | (A) 3" | š. | 12.00 | \$. · · · · · · · · · · · · · · · · · · · |
| | | 3 Interest on savings and temporary cash investments | 113,564. | 113,56 | 5.4 | 113,564. | |
| n | | 4 Dividends and interest from securities | 52,906. | 52,90 | | 52,906. | / (): . |
| Ş | ı | 5 a Gross rents | | | | | <i>\$</i> * |
| PEZNO. | | b Net rental income or (loss) | | | | | .4 4. |
| を ア ア マ フ マ | | 6 a Net gain/(loss) from sale of assets not on line 10 b Gross sale price for all 1,390,000. | -431. | | | <u>. 48 18.7 .</u> | |
| ⋾⋡ | | 7 Capital gain net income (from Part IV, line 2). | | | 0. | , | ş (|
| | | 8 Net short-term capital gain | | 1.30 1 Avi | | 0. | |
| | | 9 Income modifications RECEIVE | <u>-D</u> | * | | * | , |
| ∌ | - 1 | 10 a Gross sales less returns and allowances. | ု တို့ နှ | ŵ. w. | l | } | |
| en S | | b Less Cost of goods sold O JUN 0 3 20 | 13 K | *** 76 | | ž | * * * * * * * * * * * * * * * * * * * * |
| 2013 | | c Gross profit/(loss) (att sch) | S | | | | |
| پي | İ | 11 Other income (attach schedule) See Statement 1 | UT : 2,689. | | | 2,021. | <i>i</i> 4. |
| | | 12 Total. Add lines 1 through 11 | 168,728. | 166,4 | 70. | 168,491. | |
| | | 13 Compensation of officers, directors, trustees, etc | 0. | | | | |
| | | 14 Other employee salaries and wages 15 Pension plans, employee benefits | | | | . | |
| | | 16a Legal fees (attach schedule) | | | \rightarrow | | |
| | A D M | b Accounting fees (attach sch) See St 2 | 1,350. | _ | | | 1,350. |
| | N | c Other prof fees (attach sch) | | | | | , = = = - |
| P | S | 17 Interest | | | | | |
| OPERAT | R | 18 Taxes (attach schedule)(see instrs) See Stm 3 19 Depreciation (attach | 3,748. | | | | 3,748. |
| Ť | Ť | sch) and depletion | | | | | , |
| N G | ě | 20 Occupancy 21 Travel, conferences, and meetings | | | | | |
| | _ | 22 Printing and publications | | | | | |
| A N D | E X P | 23 Other expenses (attach schedule) | | - | | | |
| | N | See Statement 4 | 690. | | | | 690. |
| | Ĕ | 24 Total operating and administrative expenses. Add lines 13 through 23 | 5,788. | | | | 5,788. |
| | | 25 Contributions, gifts, grants paid Part XV | 261,845. | | | | 261,845. |
| | | 26 Total expenses and disbursements. Add lines 24 and 25 | 267,633. | | 0. | 0. | 267,633. |
| | - | 27 Subtract line 26 from line 12: | 201,033. | | <u> </u> | <u> </u> | 201,033. |
| | | a Excess of revenue over expenses and disbursements | _00_005 | | | | |
| | | b Net investment income (if negative, enter -0-) | -98,905. | 166,4 | 70 | | |
| | | C Adjusted net income (if negative, enter 0-) | | | · • · | 168,491. | |
| =- | | | | · | | | F 000 PE (0010) |

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 4,519,164 Enter amount from Part I, line 27a 2 -98,905 Other increases not included in line 2 (itemize) 3 4,420,259. Add lines 1, 2, and 3 4 Decreases not included in line 2 (itemize) 5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 6 4,420,259.

| Par | ····· | osses for Tax on Investmen | | _ | | |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------|--------------|------------------------------------------------------|-------------------------------------|
| | (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company) (b) How acquarters and acquarters are property sold. | | | | | (d) Date sold (month, day, year) |
| 1 a | 250000. US TREASURY | NOTES | - | P | 2/22/07 | 2/29/12 |
| t | 1140000. US TREASURY | Y NOTES | | P | 1/13/07 | 1/14/00 |
| | | | | | | |
| | | | | | <u> </u> | <u> </u> |
| е | —————— | (A Depressation allowed | (a) Cook or other heav | | (h) Court ou | (1000) |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (e) plus (f) m | ninus (g) |
| a | | | | <u>,920.</u> | | 1,080. |
| <u>t</u> | | | 1,141 | ,511. | | -1,511. |
| | | | | | | |
| | | | | | - | |
| | Complete only for assets show | ng gain in column (h) and owned by | the foundation on 12/31/69 | | (I) Gains (Col | umn (h) |
| | (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column (over column (j), if an | | gain minus column (l nan -0-) or Losses (f | k), but not less |
| ē | 1 | | | | | 1,080. |
| L | | | • | | | -1,511. |
| | | | · · · · · · · · · · · · · · · · · · · | | | |
| | l | | | | | |
| | • | | <u>-</u> | | | |
| _ | Capital gain net income or (net | If (loss), ent | enter in Part I, line 7 er -0- in Part I, line 7 | 2 | | -431. |
| 3 | Net short-term capital gain or (| loss) as defined in sections 1222(5) | and (6). | | | |
| | | 8, column (c) (see instructions) If | (loss), enter -0- | | | 1 511 |
| Pai | ın Part I, line 8 | Section 4940(e) for Reduced | Tay on Net Investme | nt Income | | -1,511. |
| If 'Ye | es,' the foundation does not qual | tion 4942 tax on the distributable arrufy under section 4940(e). Do not co | mplete this part. | · | Yes | X No |
| | | n each column for each year, see the | | any entries | | |
| | (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use asse | ets (co | (d) Dıstrıbutıoı lumn (b) dıvıded | n ratio by column (c)) |
| | 2011 | 259,788. | 5,298 | ,261. | | 0.049033 |
| | 2010 | 223,574. | 5,243 | ,082. | | 0.042642 |
| | 2009 | 287,660. | 4,498 | | | 0.063946 |
| | 2008 | 296,900. | 5,836 | | | 0.050873 |
| | 2007 | 293,431. | 6,050 | ,139. | | 0.048500 |
| 2 | Total of line 1, column (d) | | | 2 | | 0.254994 |
| 3 | Average distribution ratio for th number of years the foundation | e 5-year base period – divide the to n has been in existence if less than 5 | tal on line 2 by 5, or by the years | 3 | | 0.050999 |
| 4 | Enter the net value of nonchar | table-use assets for 2012 from Part | X, line 5 | 4 | | 5,635,021. |
| 5 Multiply line 4 by line 3 | | | | 5 | | 287,380. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | | | | 6 | | 1,665. |
| 7 | Add lines 5 and 6 | | | 7 | | 289,045. |
| 8 | Enter qualifying distributions from | | | | | |
| | | | | | | 267,633. |

| | 990-PF (2012) WILLIAM M AND DONNA J HOAGLIN | | 11216 | | | age 4 |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------|----------------------------------------|-------------|-----------------------------------------|
| Part | | 4948 – see | Instruct | ions) | | |
| | Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1. | \neg | | | | لــــــــــــــــــــــــــــــــــــــ |
| | Date of ruling or determination letter (attach copy of letter if necessary — see instrs) | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, | F | 1 | | 3,3 | <u> 29.</u> |
| | check here ▶ ☐ and enter 1% of Part I, line 27b | | <i>y</i> | , | | -, |
| С | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b) | ل | | ************************************** | | |
| 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 | | 3,3 | 29. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others e | enter -0-) | 4 | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | | 3,3 | 29. |
| 6 | Credits/Payments: | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | ·. 4 |
| а | 2012 estimated tax pmts and 2011 overpayment credited to 2012 | 3,080. | | u . | | 1.2 |
| b | Exempt foreign organizations — tax withheld at source 6 b | | | | in i | |
| С | Tax paid with application for extension of time to file (Form 8868) 6 c | | | . Si A | | |
| d | Backup withholding erroneously withheld 6 d | | المستنال | 3 4 3 7 | | |
| 7 | Total credits and payments. Add lines 6a through 6d | | 7 | | 3,0 | 80. |
| 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 | | 2 | 49. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | • | 10 | | | |
| 11 | Enter the amount of line 10 to be. Credited to 2013 estimated tax | ded • | 11 | - | | |
| Par | VII-A Statements Regarding Activities | | | | | |
| 1 2 | During the tax year, did the foundation attempt to influence any national, state, or local legislation | n or did it | | 2. | Yes | No |
| ıa | participate or intervene in any political campaign? | r or ala k | | 1 a | | X |
| h | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes | | | | | |
| | (see the instructions for definition)? | | | 1 b | | X |
| | If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials p | ublished | | | | 23-20- |
| | or distributed by the foundation in connection with the activities | | | 38.7 | | الاخت |
| | Did the foundation file Form 1120-POL for this year? | | | 1 c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | 1.1123 | |
| _ | (1) On the foundation (1) On the foundation (1) On foundation managers (1) On foundation managers (2) On foundation managers (3) Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impo | sod on | | <u>0.</u> | 35.63 | |
| е | foundation managers \Rightarrow \$ 0. | ised on | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | : h | X |
| _ | If 'Yes,' attach a detailed description of the activities. | | | | | 783 |
| _ | | | | | * | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, ar of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the | ticles changes | | 3 | | X |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | 4 a | | X |
| | If 'Yes,' has it filed a tax return on Form 990-T for this year? | | | 4 b | N | /A |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | X |
| - | If 'Yes,' attach the statement required by General Instruction T | | | (62) | 1459 | 50 2 3 3 |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | 3 4 1 | |
| • | By language in the governing instrument, or | | | | | |
| | | hat an-fli-si | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions the with the state law remain in the governing instrument? | nat conflict | | 6 | X | Marki J |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV | | | | | X | |
| , Ω = | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | 7 | - 11 | _ |
| Ja | IA | • | | | | |
| | off the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | | | |
| C. | (or designate) of each state as required by General Instruction G? If 'No,' attach explanation. | | | 8 b | Х | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section | 4942(1)(3) | or 4942(1) | (5) | | |
| J | for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Y | es,' comple | ete Part | W 9 | | Х |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing to | heir names | | | | |
| | and addresses | | | 10 | | X |
| BAA | | | | Form 99 | 0-PF (2 | 2012) |

| | rm 990-PF (2012) WILLIAM M AND DONNA J HOAGLIN art VII-A Statements Regarding Activities (continued) | 42- | 112163 | 4 | Р | 'age 5 |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------|----------|------------------|---------------|
| | | | | | | |
| 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 | 2 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified per advisory privileges? If 'Yes,' attach statement (see instructions) | son had | | 12 | | х |
| 13 | B Did the foundation comply with the public inspection requirements for its annual returns and exemption | n applicat | ion? | 13 | Х | |
| | Website address N/A | | | | | |
| 14 | The books are in care of ► DAVID CARRICK Telephon | e no 🟲 | (319) | 986 | -579 | 8 |
| | Located at ► 800 ALTER CT MT PLEASANT IA ZIP + 4 ■ | 220 | 41 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here | | 1 | N/A | > | Ц |
| | and enter the amount of tax-exempt interest received or accrued during the year | P [_1 | 15 | | | N/A |
| 16 | At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority bank, securities, or other financial account in a foreign country? | over a | | 16 | Yes | No X |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If 'Yes,' enter the name of foreign country ► | the | | | | |
| Pa | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | <u> </u> | | |
| | File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. | | | Ì. s | Yes | No |
| 1 | a During the year did the foundation (either directly or indirectly): | | | 12.7 | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | Yes | X No | * 3 1 3 | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | Yes | X No | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | Yes | X No | | | 7. 7. 3. |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | ∐Yes | X No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | Yes | XNo | | | |
| | (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) | Yes | X No | | | |
| | b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions |)? | | 1 b | N | /A |
| | Organizations relying on a current notice regarding disaster assistance check here | • | | | | 8753 |
| | c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts that were not corrected before the first day of the tax year beginning in 2012? | , | | 1 c | (327 <u>7</u>). | 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 \$ | * | |
| | a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? | Yes | XNo | | | |
| | If 'Yes,' list the years ► 20 _ , 20 _ , 20 , 20 | | | [_] | , ~ , | |
| | b Are there any years listed in 2a for which the foundation is not applying the provisions of section 494 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942 all years listed, answer 'No' and attach statement — see instructions) | | | 2 b | N | /A |
| | c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 | here. | | ~ ~ , | | |
| 3 | 3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | Yes | X No | | | , 3 |
| | b If 'Yes,' did it have excess business holdings in 2012 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 approve 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 | า ed | | ** | ^ | |
| | determine if the foundation had excess business holdings in 2012.) | | | 3 ь | N | /A |
| 4 | 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | | 4 a | | x |

BAA

Form 990-PF (2012)

4b

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?

| Form 990-PF (2012) WILLIAM M AND DONN | | 4700 14 5 5 | | 112163 | 4 Page 6 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------|--------------|---------------------------------------|
| Part VII-B Statements Regarding Activiti | | 4/20 May Be Requ | uired (continued | 1) | · · · · · · · · · · · · · · · · · · · |
| 5 a During the year did the foundation pay or incu (1) Carry on propaganda, or otherwise attempt | • | n (saation 4045(a))? | □ v _{aa} | ₩. | |
| | ŭ | | Yes | X No | |
| (2) Influence the outcome of any specific publion, directly or indirectly, any voter registra(3) Provide a grant to an individual for travel, | | | Yes Yes | X No X No | |
| (4) Provide a grant to an organization other th | nan a charitable, etc. or | ganization described | ☐ ·es | _ | |
| in section 509(a)(1), (2), or (3), or section (5) Provide for any purpose other than religion | | • | Yes | X No | |
| educational purposes, or for the prevention | n of cruelty to children | or animals? | Yes | X No | |
| b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)? | the transactions fail to one a current notice regard | qualify under the exceptions disaster assistance | tions | _ | 5b N/A |
| Organizations relying on a current notice rega | rding disaster assistanc | ce check here | • | | |
| c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response | sibility for the grant? | | N/A Yes | No | |
| If 'Yes,' attach the statement required by Regi | | | | | |
| 6 a Did the foundation, during the year, receive ar on a personal benefit contract?b Did the foundation, during the year, pay premi | | | Yes | X No | 6 b X |
| If 'Yes' to 6b, file Form 8870. | arrio, arroomy or marroo | my, on a personal some | m com acc. | | A CONTRACTOR |
| 7 a At any time during the tax year, was the found | · · · | | | X No | |
| b If 'Yes,' did the foundation receive any procee Part VIII Information About Officers, D | | | | N/A | 7b |
| and Contractors | irectors, rrustees, | roundation manaç | gers, migniy Pai | u Empi | oyees, |
| 1 List all officers, directors, trustees, foundation | n managers and their | compensation (see inst | ructions). | | |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions employee bene plans and deferi compensation | fit l c | Expense account, other allowances |
| See Statement 7 | | | | | |
| | | 0. | | 0. | 0. |
| | | | | | |
| | | | | | |
| | | | | | |
| 2 Compensation of five highest-paid employees (or | ther than those included | on line 1 – see instruction | ns). If none, enter 'No | ONE.' | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions of employee bene plans and deferr compensation | fit c | Expense account, other allowances |
| None | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total number of other employees and ever \$50.00 | <u> </u> | | <u> </u> | | |
| Total number of other employees paid over \$50,000 | J TEEA0306L 1 | 2/25/12 | | - T | 0 0rm 990-PF (2012) |

| Form 990-PF (2012) WILLIAM M AND DONNA J HOAGLIN Part VIII Information About Officers, Directors, Trustees, Foundation Manage and Contractors (continued) | 42-1121634 Page 7 rs, Highly Paid Employees, |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3 Five highest-paid independent contractors for professional services (see instructions). If nor | e, enter 'NONE.' |
| | of service (c) Compensation |
| None | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total number of others receiving over \$50,000 for professional services | • 0 |
| Part X 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 torganizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
| 1 HENRY COUNTY HEALTH CENTER FOUNDATION - ASSIST IN EXPANSION UPDATING OF HENRY COUNTY HEALTH CENTER | <u>I AND</u> 35,000. |
| 2 VAN BUREN COUNTY AGRICULTURAL ASSOCIATION - ASSIST IN BUILD LIVESTOCK BARN | |
| 3 HENDY COUNTY HEALTH CHAMED ACCTOR IN CONCEDUOTION OF HEALTH | 30,000. |
| 3 HENRY COUNTY HEALTH CENTER - ASSIST IN CONSTRUCTION OF HEAL EDUCATION CENTER | TH |
| | 25,000. |
| 4 PRESBEYTERIAN FOUNDATION - ANNUAL DONATION | |
| | |
| [Berry Ward of the Control of the Co | 13,219. |
| PartiX:B: Summary of Program-Related Investments (see instructions) | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 | and 2 Amount |
| 1N/A | |
| N/A | |
| 2 | |
| | |
| All other program related investments. See instructions | |
| All other program-related investments See instructions 3 | |
| | |
| | |
| Total. Add lines 1 through 3 | ▶ 0. |

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Form **990-PF** (2012)

BAA

| | 2-1121634 | Page 8 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------|
| Part X Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.) | reign founda | ations, |
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities | ; | 200 740 |
| b Average of monthly cash balances | | ,308,742. |
| c Fair market value of all other assets (see instructions) | 1 b | 412,091. |
| | 1 c | |
| d Total (add lines 1a, b, and c) | 1 d 5 | ,720,833. |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c | , | |
| (attach detailed explanation) 1e 0. | 4 | |
| 2 Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 Subtract line 2 from line 1d | 3 5 | <u>,720,833.</u> |
| 4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 85,812. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 5 | ,635,021. |
| 6 Minimum investment return. Enter 5% of line 5 | 6 | 281,751. |
| Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations check here ☐ and do not complete this part.) | ting foundal | ions |
| 1 Minimum investment return from Part X, line 6 | 1 | 281,751. |
| 2a Tax on investment income for 2012 from Part VI, line 5 2a 3,329. | | |
| b Income tax for 2012 (This does not include the tax from Part VI) | | |
| c Add lines 2a and 2b | 2 c | 3,329. |
| 3 Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 278,422. |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | 2,021. |
| 5 Add lines 3 and 4 | 5 | 280,443. |
| 6 Deduction from distributable amount (see instructions). | 6 | |
| 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 280,443. |
| Part XII Qualifying Distributions (see ınstructions) | , | |
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 | 1 a | 267,633. |
| b Program-related investments — total from Part IX-B | 1 b | |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes | 2 | |
| Amounts set aside for specific charitable projects that satisfy the. a Suitability test (prior IRS approval required) | 3 a | |

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

4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)

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b Cash distribution test (attach the required schedule)

6 Adjusted qualifying distributions. Subtract line 5 from line 4

Form **990-PF** (2012)

267,633.

267,633.

3 b

4

5

6

Part XIII Undistributed Income (see instructions)

| | (a) | (b) | (c) 2011 | (d) 2012 |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------|-----------------------------------------|-----------------------------------------|
| | Corpus | Years prior to 2011 | 2011 | 2012 |
| Distributable amount for 2012 from Part XI, line 7 | | | | 280,443. |
| 2 Undistributed income, if any, as of the end of 2012: | ., | | | |
| a Enter amount for 2011 only | | | 261,845. | |
| b Total for prior years 20, 20, 20 | ,, | 0. | , | |
| 3 Excess distributions carryover, if any, to 2012. a From 2007 | | | | |
| b From 2008 | | | | |
| c From 2009 | | | , , , , , , , , , , , , , , , , , , , , | , |
| d From 2010 | , , * | ; • • | * * * | * * * |
| e From 2011 | ** | , | * | * |
| f Total of lines 3a through e | 0. | * * * * * * * * * * * * * * * * * * * * | | * * * * * * * * * * * * * * * * * * * * |
| 4 Qualifying distributions for 2012 from Part XII, line 4 \(\) \$ 267.633. | | | | |
| XII, line 4 \(\bar{2} \) \(\frac{267, 633.}{267, 633.} \) a Applied to 2011, but not more than line 2a | | | 261.845. | |
| b Applied to undistributed income of prior years | , , , , , , , , , , , , , , , , , , , | , and a second | | |
| (Election required — see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required – see instructions) d Applied to 2012 distributable amount | 0. | | | 5,788. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2012 | 0. | K 1 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 0. |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| | | | | |
| 6 Enter the net total of each column as | | | | |
| indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | <u> </u> | | | |
| b Prior years' undistributed income Subtract | * * * * * * * * * * * * * * * * * * * * | <u>* * * * * * * * * * * * * * * * * * * </u> | | * * * * * * * * * * * * * * * * * * * |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency | | | | |
| has been issued, or on which the section 4942(a) tax has been previously assessed | | | (n/s/illing | |
| | | 0. | | × |
| d Subtract line 6c from line 6b. Taxable amount — see instructions | | 0. | . , , , , , | · , |
| e Undistributed income for 2011. Subtract line 4a from | · , } | , , , , , , , , , , , , , , , , , , , | | |
| line 2a. Taxable amount — see instructions | · · · · · · · · · · · · · · · · · · · | j | 0. | |
| f Undistributed income for 2012 Subtract lines | | ŧ , | , , , | |
| 4d and 5 from line 1 This amount must be distributed in 2013 | | | * * * * * * * * * * * * * * * * * * * * | 274,655. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) | | | | |
| (see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions). | 0. | | | |
| 9 Excess distributions carryover to 2013. | | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2008 b Excess from 2009 | - | | | |
| c Excess from 2010 | | | | |
| d Excess from 2011 | | | | |
| e Excess from 2012 | | | | |

| Form 990-PF (2012) WILLIAM M AND D | | | | 42-1121634 | Page 10 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------|--------------------------|
| PartXIVa Private Operating Foundations (see instructions and Part VII-A, question 9) 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling | | | | | |
| la if the foundation has received a ruling or de is effective for 2012, enter the date of the | etermination letter that e ruling | it is a private operatir | ng foundation, and t | he ruling | |
| b Check box to indicate whether the found | | erating foundation de | | 4942(j)(3) or | 4942(j)(5) |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | | Prior 3 years | | |
| investment return from Part X for each year listed | (a) 2012 | (b) 2011 | (c) 2010 | (d) 2009 | (e) Total |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | <u> </u> | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | ! | | | |
| 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, dividends, rents, payments on securities loans (section | | | | | |
| 512(a)(5)), or royalties) | | | | <u> </u> | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | | | | · |
| Part XV Supplementary Information assets at any time during | n (Complete this the vear – see in | s part only if the | foundation had | d \$5,000 or more | in |
| 1 Information Regarding Foundation Mar | | .5 | | | |
| List any managers of the foundation who had close of any tax year (but only if they had None | ave contributed more t | han 2% of the total co than \$5,000) (See | ontributions received section 507(d)(2)) | by the foundation bef | ore the |
| | | | | | |
| b List any managers of the foundation who or a partnership or other entity) of which the None | wn 10% or more of the ne foundation has a | estock of a corporatio 10% or greater intere | n (or an equally largest. | e portion of the owner | ship of |
| 2 Information Regarding Contribution, G | rant Citt Laan Sah | olovskip etc Drowe | | | |
| Check here ► ☐ If the foundation only requests for funds. If the foundation ma | makes contributions to | preselected charitabl | e organizations and | | |
| a The name, address, and telephone number | or e-mail of the person | on to whom application | ns should be addres | sed: | |
| , , , | • | ., | | | |
| See Statement 8 | | | | | |
| b The form in which applications should be | e submitted and info | rmation and materia | als they should incl | ude [.] | |
| See Statement for Line 2a | a | | - · · · · · · · · · · · · · · · · · · · | | . <u>.</u> |
| c Any submission deadlines. | | | | | |
| See Statement for Line 2 | 1 | | | | |
| d Any restrictions or limitations on awards | | phical areas, charita | ble fields, kinds of | institutions, or other | factors |
| See Statement for Line 2 | 1 | | | | |
| BAA | | EEA0310L 12/23/12 | | F | orm 990-PF (2012) |

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| 3 Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------|----------|--|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount | |
| Name and address (home or business) | substantial contributor | recipient | | | |
| a Paid during the year | | | | | |
| See Statement 9 | | | | | |
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| - | | <u> </u> | <u> </u> | | |
| Total b Approved for future payment | | 1 | ► 3a | 261,845. | |
| b Approved for future payment | | | | | |
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| | | L | | | |
| Total | | | ► 3b | | |

Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated | Unrelate | ed business income | Excluded | i by section 512, 513, or 514 | (e) |
|------------------------------------------------------------|-------------------------|----------------------|-------------------------------|-------------------------------|------------------------------------------------------|
| 1 Program service revenue. | (a) Business code | (b) Amount | (c) Exclu- sion code | (d) Amount | Related or exempt function income (See instructions) |
| a | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | _ | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments. | | | | | |
| 3 Interest on savings and temporary cash investments | | | 14 | | |
| 4 Dividends and interest from securities | | | 14 | 52,906. | |
| 5 Net rental income or (loss) from real estate | *** | | | | |
| a Debt-financed property | | | | | |
| 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 | | | | | -431. |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue | | aadaa Maa | 1000 | | |
| a REFUND OF GRANTS | | | | | 2,021. |
| b US TREASURY 990PF REFUND | | | | | 668. |
| С | | | | | |
| d | 1 | | | , | |
| e | | | | | |
| 12 Subtotal Add columns (b), (d), and (e) | 1.34 3.39 | _ | 4463 | 166,470. | 2,258. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 168,728. |
| (See worksheet in line 13 instructions to verify calculate | ions) | | | | |
| Part YVI P Polationship of Activities to the | | inhorant of France | - D | | |

Relationship of Activities to the Accomplishment of Exempt Purposes

| Lille No. ▼ | accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.) |
|----------------|---------------------------------------------------------------------------------------------------------------------------|
| N/A | |
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Form 990-PF (2012) WILLIAM M AND DONNA J HOAGLIN 42-1121634 Part XVII. Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| descri | e organization directly objection in section 501(c) or one to political organization | f the Code (of | ngage in any of ther than sectior | the following with 501(c)(3) organ | th any of | ther organizations) or in section 5 | n 27, | | | Yes | No |
|------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------|--------------------------------------|--------------------------------------|--------------------------|----------------|---------------|
| a Transi | fers from the reporting | foundation to | a noncharitable | exempt organiz | ation of | | | | | 2. 5 | 1 |
| (1) Ca | | | | | | | | 1 | a (1) | | X |
| (2) 0 | ther assets | | | | | | | - | a (2) | | X |
| b Other | transactions | | | | | | | · · · · · · | | 18 6 | |
| (1) Sa | ales of assets to a nonc | charitable exe | mpt organizatioi | n | | | | | b (1) | 2 2 - 1 | X |
| | urchases of assets from | | | | | | | | b (2) | | $\frac{x}{x}$ |
| • • | ental of facilities, equipi | | , , | amzation | • | | | - | b (3) | | X |
| | eimbursement arrangen | • | 1 433613 | | | | | - | b (4) | | X |
| | oans or loan guarantees | | | | | | | | b (5) | | |
| | erformance of services | | in or fundraising | s solicitations | | | | | '' | | <u>X</u> |
| • • • | ng of facilities, equipme | | | • | 005 | | | | b (6) | | <u>X</u> |
| Conam | ig of facilities, equipme | ant, maining its | ots, other assets | , or paid employ | CCS | | | L! | С | | <u> X</u> |
| d If the the go | answer to any of the at ods, other assets, or servansaction or sharing are | bove is 'Yes,' vices given by rangement, sl | complete the fo the reporting four how in column (| llowing schedule ndation. If the four d) the value of the | Columi dation re | n (b) should alw eceived less than s. other assets. | ays show the fair market or services | ne fair mark value in received | cet valι | ue of | |
| (a) Line no | (b) Amount involved | | of noncharitable exen | | | Description of tran | | | no arran | aement | |
| N/A | (-) | (0) | | pr organization | \ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u> | , 2000 | - | ono, and onan | ng arran | gomon | |
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| | | | | | <u> </u> | - | | | | | |
| descri | foundation directly or ind ibed in section 501(c) os,' complete the following | of the Code (o | d with, or related ther than section | to, one or more tan 501(c)(3)) or in | x-exemp section | ot organizations 527? | | [| Yes | X | No |
| | (a) Name of organization | <u> </u> | (b) Type | e of organization | | 10 |) Description | n of relation | nshin | | |
| N/A | (a) Name of organization | | (b) 1990 | or organization | | (C | Description | - Of Telation | 131 IIP | | |
| М/Д | | | | | | | | | | | |
| | · - · · · | - | | | - | | | | | | |
| | | _ | | | | | - | | | | |
| | | | | | | <u></u> | | | | | |
| Linde | er negatives of neguro. I declare | that I have ovam | and this rature, inclu | dina pasamanilina sa | hadulas an | d statements, and to | the best of any | | l ballat u | | |
| Sign | er penalties of perjury, I declare ect, and complete Declaration of | of preparer lother | than taxpayer) is base | ed on all information of | of which pre | eparer has any know | edge | _ | May the If | | |
| | | | () | 1./2./ | 15 D. | _ | | l t | his return preparer s | with th | e |
| Here _ | | () | <u> </u> | 3/31/ | | <u> reasurer</u> | | t | (seè ipstri | uctions) | 2 |
| | gnature of office for trustee Print/Type preparer's name | 70 | Preparer's | Date / | | I Date | | I LA IPTI | | Yes | No |
| | ' | | Frepaiers | 7/ | | Date | Check | □" | | | |
| Paid | TOM HOLTKAMP | | 70 1 | 1400 | 7 | 15/28/1 | self-emplo | | 0544 | 676 | |
| Preparer | | | NCIAL GROUE | P, P.C. | <u> </u> | | Firm's EIN | 42-1029 | <u> 3744</u> | | |
| Use Only | | 04 North | | | | | | | | | |
| | M1 | t. Pleasa | nt, IA 526 | 541 | | | Phone no | (319) | 385-3 | 3026 | |
| BAA | | | | | | | | Fo | rm 990 | - PF (2 | 012) |

| 012 | Federal Statements WILLIAM M AND DONNA J HOAGLIN FOUNDATION INC | Page 42-11216 |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Statement 1 Form 990-PF, Part I, Line 11 Other Income | | |
| | (a) (b) Net Revenue Investment per Books Income | (c) Adjusted Net Income |
| REFUND OF GRANTS US TREASURY 990PF REFUND | \$ 2,021. 668. Total \$ 2,689.\$ | \$ 2,021. 0.\$ 2,021. |
| Statement 2 Form 990-PF, Part I, Line 16b Accounting Fees | | |
| ACCOUNTING | (a) (b) Net (c) Expenses Investment Adjuste per Books Income Net Inco \$ 1,350. Total \$ 1,350. \$ 0. \$ | |
| Statement 3 Form 990-PF, Part I, Line 18 Taxes | | |
| TAXES | (a) (b) Net (c) Expenses Investment Adjuste per Books Income Net Income \$ 3,748. \$ 0. \$ | |
| Statement 4 Form 990-PF, Part I, Line 23 Other Expenses | | |
| BANK CHARGE | (a) (b) Net (c) Expenses Investment Adjust per Books Income Net Inco \$ 527. | ed Charitable |
| OFFICE SUPPLIES POSTAGE | $\begin{array}{cccccccccccccccccccccccccccccccccccc$ | \$ 527 72 91 |

2012

Federal Statements WILLIAM M AND DONNA J HOAGLIN FOUNDATION INC

Page 2

42-1121634

Statement 5 Form 990-PF, Part II, Line 10b Investments - Corporate Stocks

| Corporate Stocks | Valuation <u>Method</u> | Book <u>Value</u> | Fair MarketValue |
|---------------------------------------------------|----------------------------|----------------------|--------------------------|
| PIPER JAFFRAY COMPANIES STOCK US BANCORP STOCK | Cost Cost | \$ 0. 1,233,252. | \$ 26,259. 2,245,107. |
| | Total | \$ 1,233,252. | \$ 2,271,366. |

Statement 6 Form 990-PF, Part II, Line 22 Other Liabilities

Total \$ 0.

Statement 7
Form 990-PF, Part VIII, Line 1
List of Officers, Directors, Trustees, and Key Employees

| Name and Address | Title and Average Hours <u>Per Week Devoted</u> | | Compen- sation | Contri- bution to EBP & DC | Account/ |
|--------------------------------------------------------------|-------------------------------------------------------|------|-------------------|----------------------------------|----------|
| DONNA J HOAGLIN 202 S VAN BUREN MT. PLEASANT, IA 52641 | President 1.00 | \$ | 0. | \$ 0. | \$ 0. |
| DAVID H CARRICK 800 S ALTER CT MT. PLEASANT, IA 52641 | Treasurer 2.00 | | 0. | 0. | 0. |
| JOE REMICK 1330 SALEM RD HILLSBORO, IA 52630 | Vice President 1.00 | | 0. | 0. | 0. |
| LARRY REMICK 31644 145TH ST HILLSBORO, IA 52630 | Director 1.00 | | 0. | 0. | 0. |
| NORMAN KISLING 28852 170TH ST STOCKPORT, IA 52651 | Director 1.00 | | 0. | 0. | 0. |
| CARMEN HEATON 510 E WASHINGTON MT. PLEASANT, IA 52641 | Secretary 1.00 | | 0. | 0. | 0. |
| | Total | . \$ | 0. | \$ 0. | \$ 0. |

2012

Federal Statements WILLIAM M AND DONNA J HOAGLIN FOUNDATION INC

Page 3

42-1121634

Statement 8 Form 990-PF, Part XV, Line 2a-d **Application Submission Information**

Name of Grant Program:

WILLIAM M AND DONNA J HOAGLIN FOUNDATION

DONNA J HOAGLIN

Name: Care Of:

Street Address:

PO BOX 791

City, State, Zip Code: Telephone:

MT PLEASANT, IA 52641

E-Mail Address: Form and Content:

SEE ATTACHED

Submission Deadlines:

JANUARY 1ST AND JULY 1ST

Restrictions on Awards:

PRIMARILY IN HENRY AND VAN BUREN COUNTIES OF IOWA.

Statement 9 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

| Name and Address | Donee Relationship | Found- ation Status | Purpose of Grant | Amount |
|----------------------------------------------------------------------------------|-----------------------|---------------------------|-------------------------------------------------------------------|---------|
| THE ARC OF JEFFERSON AND NEARBY COUNTIES LOCAL BRIGHTON, IA 52540 | NONE | PUBLIC | SEND SPECIAL NEEDS STUDENTS TO CAMP | \$ 750. |
| CHRISTAMORE FAMILY TREATMENT CENTER 905 S IRIS ST MT PLEASANT, IA 52641 | NONE | PUBLIC | ASSIST IN REMODELING OF FAMILY VISITATION ROOM. | 5,000. |
| HILLSBORO PUBLIC LIBRARY LOCAL HILLSBORO, IA 52630 | NONE | PUBLIC | REPLACE AND UPDATE FOUR COMPUTERS FOR PATRONS | 5,000. |
| MIDWEST OLD THRESHERS 405 E THRESHER RD MT PLEASANT, IA 52641 | NONE | PUBLIC | ASSIST IN CONSTRUCTION OF NEW RESTROOM/SHOWER IN THE LOG VILLAGE. | 9,500. |
| PRESBYTERIAN FOUNDATION LOCAL MT PLEASANT, IA 52641 | NONE | PRIVATE | ANNUAL DONATION | 13,219. |
| SOUTHEAST IOWA SYMPHONY ORCHESTRA LOCAL MT PLEASANT, IA 52641 | NONE | PUBLIC | ANNUAL DONATION AND KIDS SYMPHONY. | 1,500. |

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Statement 9 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

| Name and Address | Donee <u>Relationship</u> | Found- ation <u>Status</u> | Purpose of Grant | Amount |
|-----------------------------------------------------------------------------|------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------|-----------|
| THE REC CENTER LTD 200 E MONROE MT PLEASANT, IA 52641 | NONE | PUBLIC | PURCHASE TWO COILS FOR 10 TON DEHUMIDIFIER IN POOL AREA | \$ 10,962 |
| VAN BUREN COUNTY 4-H PROGRAM LOCAL KEOSAUQUA, IA 52565 | NONE | PUBLIC | PURCHASE EDUCATION/PROGRA M LIVESTOCK KITS. | 2,500 |
| VILLAGES FOLK SCHOOL LOCAL KEOSAUQUA, IA 52565 | NONE | PUBLIC | PURHASE CAMERA FOR PROMOTING OF SCHOLARSHIPS . | 5,800 |
| VILLAGES OF VAN BUREN LOCAL KEOSAUQUA, IA 52565 | NONE | PUBLIC | ASSIST WITH 2012 VISITORS GUIDE; CREATE AND PRINT RIVER MAPS | 4,700 |
| SALEM EAST CEMETERY ASSOCIATION LOCAL SALEM, IA 52649 | NONE | PUBLIC | CONTINUE PROJECT OF REPAIR AND SETTING OF TOMBSTONES | 10,000 |
| VAN BUREN COUNTY CONSERVATION BOARD LOCAL KEOSAUQUA, IA 52565 | NONE | PUBLIC | REPAIR AND REPLACE 6 WINDOW IN THE BENTONSPORT ODDD FELLOW BUILDING AND BENTONSPORT CAMPGROUND ELECTRICAL LINES. | 13,900 |
| VAN BUREN CTY CHILD ABUSE LOCAL KEOSAUQUA, IA 52565 | NONE | PUBLIC | ENHANCE AND SUPPORT "THE SAFE AND HEALTY KIDS FAIR" | 3,000 |
| FRIENDS OF MORRIS PARK/VILLAGES FOLK SCH LOCAL KEOSAUQUA, IA 52565 | NONE | PUBLIC | REPLACE WINDOW, NEW EDUCATIONAL SIGN, AND INSTALL METAL SIDING ON PARK BARN | 5,000 |
| CITY OF BONAPARTE 616 1ST ST BONAPARTE, IA 52620 | NONE | PUBLIC | ENHANCE AND REPAIR CITY HISTORIC BANDSHELL IN CITY PARK | 3,000 |

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Statement 9 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

| Name and Address | Donee <u>Relationship</u> | Found- ation Status | Purpose of Grant | Amount |
|----------------------------------------------------------------------------------------------|------------------------------|---------------------------|----------------------------------------------------------------------------------------------|-----------|
| CITY OF MILTON 319 N MAIN ST MILTON, IA 52570 | NONE | PUBLIC | | \$ 6,000. |
| DOUDS COMMUNITY FIRE AND EMS DEPARTMENT 14209 HWY 98 DOUDS, IA 52551 | NONE | PUBLIC | PURCHASE USED BREATHING SYSTEMS FOR USE BY DEPARTMENT TO FILL SCRA TANKS USED BY THE FIREMAN | 12,000. |
| DOVER HISTORICAL SOCIETY 213 W MAIN ST NEW LONDON, IA 52645 | NONE | PUBLIC | ASSIST IN BUILDING HANDICAP ACCESSIBLE RAMP FOR RAILROAD DEPOT BUILDING OF MUSEUM | 4,000. |
| HEALTHY HENRY COUNTY COMMUNITIES LOCAL MT PLEASANT, IA 52641 | NONE | PUBLIC | PRINTED UPDATED DIRECTORY | 2,400. |
| HENRY COUNTY HABITAT FOR HUMANITY 203 NORTH JEFFERSON STREET MT PLEASANT , IA 52641 | NONE | PUBLIC | ASSIST IN CONSTRUCTION OF NEW HOME | 6,800. |
| HENRY COUNTY HEALTH CENTER 407 S WHITE MT PLEASANT, IA 52641 | NONE | PUBLIC | ASSIST IN CONSTRUCTION OF NEW HOSPITAL HEALTH EDUCATION CENTER | 25,000. |
| HENRY COUNTY HEALTH CENTER FOUNDATION 407 S WHITE MT PLEASANT, IA 52641 | NONE | PRIVATE | ASSIST IN THE EPANSION AND UPDATING OF HENRY COUNTY HEALTH CENTER | 35,000. |

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Federal Statements WILLIAM M AND DONNA J HOAGLIN FOUNDATION INC

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Statement 9 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

| Name and Address | Donee <u>Relationship</u> | Found- ation <u>Status</u> | Purpose of Grant | Amount |
|----------------------------------------------------------------------------------------|------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| MT PLEASANT PARKS AND RECREATION DEPART CITY HALL MT PLEASANT, IA 52641 | NONE | PUBLIC | ASSIST IN EXPANSION OF DISC GOLF COURSE AND PURCHASE EQUIPMENT AND PROGRAMS FOR USE IN PARKS, CIVIC CENTER, LIBRARY AND PERFORMING ARTS CENTER | \$ 6,000. |
| NEW LONDON COMMUNITY SCHOOL 106 W WILSON ST NEW LONDON, IA 52645 | NONE | PUBLIC | ASSIST IN INSTALLING "ALL-WEATHER" TRACK | 6,500. |
| PATHFINDERS RESOURCE CONSERVATION 304 SOUTH MAPLE STE 101 FAIRFIELD, IA 52556 | NONE | PUBLIC | ASSIST IN PURCHASING AND SPREADING GRAVEL FOR MULTIPURPOSE TRAILS. | 10,000. |
| SALEM CREW PUBLIC LIBRARY 107 E CHERRY ST SALEM , IA 52649 | NONE | PUBLIC | PURCHASE 4 LAPTOP COMPUTERS | 4,314. |
| BONAPARTE BALL ASSOC. LOCAL BONAPARTE, IA 52620 | NONE | PUBLIC | CONSTRUCT NEW RESTROOM AND CONCRETE AROUND NEW FACITLY AND EXISTING CONCESSION BUILDING AT BALL DIAMOND | 13,500. |
| VANBUREN COUNTY AGRICULTURAL ASSOCIATION P O BOX 174 KEOSAUQUA, IA 52565 | NONE | PUBLIC | ASSIST IN BUILDING NEW LIVESTOCK BARN | 30,000. |
| VAN BUREN COUNTY HISTORICAL SOCIETY P O BOX 236 KEOSAUQUA, IA 52565 | NONE | PUBLIC | REPLACE TWO HVAC UNITS IN VISTOR'S CENTER | 6,500. |
| | | | Total | \$ 261,845. |

WILLIAM M. AND DONNA J. HOAGLIN FOUNDATION, INC.

REQUEST FOR FUNDS APPLICATION (NON-PROFIT ORGANIZATION)

THE WILLIAM M. AND DONNA J. HOAGLIN FOUNDATION, INC. (Foundation) was incorporated in 1980. The Foundation is operated by a Board of Trustees who will review and act upon this application.

The Foundation's purpose is to:

- A. Promote the literary and educational welfare of people in Henry County and Van Buren County, Iowa;
- B. Foster self improvement, self reliance, and individual initiative;
- C. Promote charitable purposes;
- D. Promote the goal of conserving our land and natural wildlife; and,
- E. Promote historic preservation.

| Name | of Applicant: |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Addre | ess of Applicant: |
| Name | , address, and telephone number of contact person for the applicant: |
| Please | e indicate the dollar amount being requested from the Foundation: |
| expect | e identify in narrative form the nature of the project to be funded, the total ted cost of the project, the benefit of the project, and, the expected impact on County and/or VanBuren County, Iowa residents: (Attach additional sheets if sary): |
| | |
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| Indicate if the requested grant funds are for "Operational" or "Capital" Purportional Indicate when the funded project is expected to be completed: Please outline what grant requests have been made to Federal, State and/or L Governmental Agencies; and, indicate the results of those governmental requested and the requested | Indicate when the funded project is expected to be completed: Please outline what grant requests have been made to Federal, State | and/or Lo |
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| Indicate when the funded project is expected to be completed: Please outline what grant requests have been made to Federal, State and/or L Governmental Agencies; and, indicate the results of those governmental requested and the second seco | Indicate when the funded project is expected to be completed: Please outline what grant requests have been made to Federal, State | and/or Lo |
| Indicate when the funded project is expected to be completed: Please outline what grant requests have been made to Federal, State and/or L Governmental Agencies; and, indicate the results of those governmental requests are considered in the second of th | Indicate when the funded project is expected to be completed: Please outline what grant requests have been made to Federal, State | and/or Lo |
| Please outline what grant requests have been made to Federal, State and/or L Governmental Agencies; and, indicate the results of those governmental requests of those governmental requests of those governmental requests of those governmental requested, which the grant for the indicated governmental requested, meets one or more of the purposes of the William M. and Donna J | Please outline what grant requests have been made to Federal, State | |
| Please outline how your organization feels the project, for which the grant fur requested, meets one or more of the purposes of the William M. and Donna J | | |
| Please outline how your organization feels the project, for which the grant furequested, meets one or more of the purposes of the William M. and Donna J | | |
| Please outline how your organization feels the project, for which the grant fu requested, meets one or more of the purposes of the William M. and Donna J | | |
| Please outline how your organization feels the project, for which the grant fu requested, meets one or more of the purposes of the William M. and Donna J | | |
| Please outline how your organization feels the project, for which the grant furequested, meets one or more of the purposes of the William M. and Donna J | | |
| Please outline how your organization feels the project, for which the grant furequested, meets one or more of the purposes of the William M. and Donna J | | |
| requested, meets one or more of the purposes of the William M. and Donna J | Please outline what other sources of financing will be used for the | ndicated p |
| requested, meets one or more of the purposes of the William M. and Donna J | | |
| requested, meets one or more of the purposes of the William M. and Donna J | | · · · · · · · · · · · · · · · · · · · |
| requested, meets one or more of the purposes of the William M. and Donna J | | |
| Hoaglin Foundation, Inc. (Purposes are indicated on page 1 of this form): | requested, meets one or more of the purposes of the William M. and | l Donna J. |
| | Hoaglin Foundation, Inc. (Purposes are indicated on page 1 of this | form): |
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11. Please attach to this application, your organization's most recent financial statement and a copy of your organization's tax exempt status letter from the Internal Revenue Service. Both of these items are required for consideration by the Foundation Board of Trustees.

Please send the completed application and requested attachments to:

William M. and Donna J. Hoaglin Foundation, Inc.

P. O. Box 791

Mt. Pleasant, Iowa 52641

Questions relating to the Foundation, or the Application form, can be directed to:

William M. and Donna J. Hoaglin Foundation, Inc.

P.O. Box 791

Mt. Pleasant, Iowa 52641

Upon request by this Foundation, organizations receiving a funding grant from the William M. and Donna J. Hoaglin Foundation, Inc. are expected, and required, to relate and furnish results and/or benefits, as a result of the grant funding.

Thank you for your interest in The William M. and Donna J. Hoaglin Foundation, Inc.