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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2013

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

			ax year beginnir	ng	, 2013,	and ending		,	
Name of fo							A	Employer Identification num	nber
			TL BANK CHA		BLE FDN, INC.	Room/suite	В	42-1451615	
			W, PO BOX		uuiess)	Nooniisaile		Telephone number (see the in (641) 423-160	· ·
			, and ZIP or foreign pos				╁	(011) 123 100	
MASO	1 CI	TY			IA	50402-1708] c	If exemption application is	pending, check here . 🏲 📘
G Che	ck all	that apply	Initial return		Initial Return of a form	er public charity	n	1 Foreign organizations, che	rk here
			Final return		Amended return				LJ
			Address chan		Name change			2 Foreign organizations mee here and attach computation	ting the 85% test, check
<u>н с</u>		type of organiza			(c)(3) exempt private fou			nere and altach computation	,,,
			nonexempt charit				E	If private foundation status	
		ket value of all assert II, column (c), line			ounting method: XC	ashAccrual		under section 507(b)(1)(A)	, check here
	UIII Pai		•		Other (specify)		F	If the foundation is in a 60-	
	TAS	1,197		(Part I,	column (d) must be on c	asn dasis)		under section 507(b)(1)(B)	cneck nere
Part I		nalysis of Re	total of amounts	ın	(a) Revenue and	(b) Net investmer	nt	(c) Adjusted net	(d) Disbursements
	col	lumns (b), (c), ai	nd (d) may not ne	ces-	expenses per books	ıncome		income	for charitable purposes
		nly equal the am se instructions))	nounts in column	(a)					(cash basis only)
	1		grants, etc, received (a	tt sch)	350,000.				
	2		oundn is not reg to att :		330,000.				
			ings and tempora						
		cash investmer	nts						
26)	4		erest from securities.		34,511.	34,5	<u> 11.</u>		
Š		Net rental income							
		or (loss)		- 40					· · · · · · · · · · · · · · · · · · ·
Z K		i Net gain/(loss) πom i Gross sales price fo	sale of assets not on li	ne 10					
SCANNE VE	7	assets on line 6a ·	ome (from Part IV, line 2	2)		10,5	16		
J.	8		capital gain			10,5	10.	381.	
U	9		cations					3321	
M E DY	10 a	Gross sales less returns and				*** *** ** ** ** * * * * * * * * * * * *	·······		
₹	L	allowances Less Cost of							· · · · · · · · · · · · · · · · · · ·
	_	goods sold · · ·							<u> </u>
es S		, , ,	(att sch)						
201 <i>1</i>	11	•	attach schedule) IGATION REC		140.				
1	12		s 1 through 11		384,651.	45,0	57	381.	
	13		ficers, directors, trustee		6,000.	3,00	00.	301.	3,000.
	14	Other employee sa	alaries and wages .			•			, , , , , , , , , , , , , , , , , , , ,
	15	Pension plans,	employee benefi	ts					
A			schedule)						
D M			attach sch). L-16b		720.		20.		
I N	С		ttach sch) . L-16c	Stmt.	4,640.	4,6	40.		
O P E R A T	17	Interest		10 0					
ETR	18		_{l(see instrs)} See Line.	ւծ ծմոյ	1,033.	1,0	33.		
A A	19	Depreciation (a sch) and deple	attacn Hon						
I I N V G E	20						-		
ĞÉ	21		ences, and meetin						
A E N X D P	22		ublications			RF	CE	IVED	
	23	Other expense	s (attach schedul	e)				188	
E N S	24	Total	a and administra	ntisen		<u> </u>	, 1		
Ĕ	24	expenses. Add	ig and administration administration and administration	au ve 23	12,393.	%, 9Mg 33	331	\ \(\sigma\)	3,000.
3	25		s, grants paid		401,350.			<u>~</u>	3,000. 401,350.
	26	Total expense	s and disbursen	nents.		00	וחו	N, UT	
	<u> </u>		nd 25		413,743.	1 223	93.		404,350.
		Subtract line 2		eee					
	a		enue over exper ments		-29,092.				
	ь		come (if negative, enter			35,6	64.		
			me (if negative, enter -0			1 2 2 7 4	· · · · · · ·	381.	
DAA			ction Act Notice		tructions	·		A0204 40/48/42	Form 900-PE (2012)

Page 2

Dor		Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
ran	. 11	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing	399,352.	4,589.	4,593.
	2	Savings and temporary cash investments	31,457.	53,269.	53,269.
	3	Accounts receivable			-
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
	ŀ	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
A		Less: allowance for doubtful accounts			
S	8	Inventories for sale or use			
A S S E T	9	Prepaid expenses and deferred charges			
S		Investments – U.S. and state government obligations (attach schedule)			
	l b	Investments — corporate stock (attach schedule) . L-10b. Stmt	263,955.	399,985.	477,560.
		: Investments — corporate bonds (attach schedule) . L-10.c. Stmt	164,053.	286,895.	281,103.
	11	Investments — land, buildings, and equipment: basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments - other (attach schedule) L-13 Stmt	200,178.	297,699.	381,385.
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe L-15 Stmt)	1,988.	0.	0.
	16	Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I)	1,060,983.	1,042,437.	1,197,910.
L	17	Accounts payable and accrued expenses			1
Å	18	Grants payable			ı
В	19	Deferred revenue			
Ė	20	Loans from officers, directors, trustees, & other disqualified persons			
ļ	21	Mortgages and other notes payable (attach schedule)			
Ē	22	Other liabilities (describe			
<u> </u>	23	Total liabilities (add lines 17 through 22)			1
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			,
N F	24	Unrestricted			
N F E U T N	25	Temporarily restricted			,
D	26	Permanently restricted			
A B S A L T		Foundations that do not follow SFAS 117, check here . X and complete lines 27 through 31.			
EL	27	Capital stock, trust principal, or current funds			, <u> </u>
SÑ	28	Paid-in or capital surplus, or land, building, and equipment fund	1,060,983.	1,042,437.	,
O E	29	Retained earnings, accumulated income, endowment, or other funds			,
RS	30	Total net assets or fund balances (see instructions)	1,060,983.	1,042,437.	`
	31	Total liabilities and net assets/fund balances (see instructions)	1,060,983.	1,042,437.	
Par	t III	Analysis of Changes in Net Assets or Fund Balanc	es		
1	Total	I net assets or fund balances at beginning of year — Part II, column (of-year figure reported on prior year's return)	a), line 30 (must agree w	ith 1	1,060,983.
2		r amount from Part I, line 27a			-29,092.
3	Other	increases not included in line 2 (itemize) • CAPITAL GAIN		3	10,546.
4	Add	lines 1, 2, and 3 · · · · · · · · · · · · · · · · · ·		4	1,042,437.
5					
6	Total	eases not included in line 2 (itemize) I I net assets or fund balances at end of year (line 4 minus line 5) — P	art II, column (b), line 30	6	1,042,437.

2-story brick warehouse; or common stock, 200 shares MLC Company) 1a ASTRAZENECA PLC SPON	2-story brick warehouse 1 a ASTRAZENECA PLC SPO b BCE INC COM c BCE INC COM d BRISTOL MYERS SQUIT e See Columns (a) thru (d) (e) Gross sales price	Se; or common stock, 200 sh PON BB CO COM (f) Depreciation allov	(e g , real es ares MLC Co	tate, mpany)	P — Purci	nase		(d) Date sold (month, day, year)
Description	b BCE INC COM c BCE INC COM d BRISTOL MYERS SQUII e See Columns (a) thru (d) (e) Gross sales price	BB CO COM (f) Depreciation allow						(,
C BCE INC COM	c BCE INC COM d BRISTOL MYERS SQUII e See Columns (a) thru (d) (e) Gross sales price	(f) Depreciation allow			P		12/16/11	12/03/13
d BRISTOL MYERS SQUIBB CO COM e See Columns (a) thru (d) (e) Gross sales price (f) Depreciation allowed (or allowable) (or allowable) (g) Cost or other basis plus expense of sale (h) Gain or (loss) (e) plus (f) minus (g) a 2, 423. b 3, 361. c 1, 562. d 6, 469. e See Columns (e) thru (h) Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Fair Market Value (j) Adjusted basis as of 12/31/69 (ii) Fair Market Value as of 12/31/69 (iii) Fair Market Value (j) Adjusted basis over column (j), if any as of 12/31/69 (iv) Excess of column (i) and owned by the foundation on 12/31/69 (iv) Excess of column (i) as of 12/31/69 (iv) Excess of column (i) and owned by the foundation on 12/31/69 (iv) Excess of column (i) and owned by the foundation on 12/31/69 (iv) Excess of column (i) and owned by the foundation on 12/31/69 (iv) Excess of column (i) and owned by the foundation on 12/31/69 (iv) Excess of column (i) and owned by the foundation on 12/31/69 (iv) Excess of column (i) and owned by the foundation on 12/31/69 (iv) Excess of column (i) and owned by the foundation on 12/31/69 (iv) Excess of column (i) and owned by the foundation on 12/31/69 (iv) Excess of column (i) and owned by the foundation on 12/31/69 (iv) Excess of column (i) and owned by the foundation on 12/31/69 (iv) Excess of column (i) and owned by the foundation on 12/31/69 (iv) Excess of column (ii) and owned by the foundation on 12/31/69 (iv) Excess of column (ii) and owned by the foundation on 12/31/69 (ii) Excess of column (ii) and owned by the foundation on 12/31/69 (iii) Excess of column (ii) and owned by the foundation on 12/31/69 (iii) Excess of column (ii) and owned by the foundation on 12/31/69 (iv) Excess of column (ii) and owned by the foundation on 12/31/69 (iv) Excess of column (ii) and owned by the foundation on 12/31/69 (iv) Excess of column (ii) and owned by the foundation on 12/31/69 (iv) Excess of column (ii) and owned by the foundation on 12/31/69 (iv) Excess	BRISTOL MYERS SQUII See Columns (a) thru (d) (e) Gross sales price	(f) Depreciation allow			P		12/16/11	01/14/13
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as of 12/31/69 as of 12/31/69 over column (j), if any than -0-) or Losses (from column (t) a	Complete only for assets show	ung gain in column (h) and o	wned by the f	foundation on 12/31/69	Ð		(n) Gains (Col	umn (h)
b c d 1,6 e See Columns (i) thru (i) 2 Capital gain net income or (net capital loss) — If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8								
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If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3 Net short-term capital gain or (I	,, , , , , , , , , , , , , , , , , , ,	1222/5\ and /	6)	'	<u> </u>	<u> </u>	10/010
Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)	. • .	(loss) as defined in sections	122210101101		_			
Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)		` '	, , ,					
(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)		8, column (c) (see instructio	ons) If (loss),		_ -	3		381
Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.	, , ,	e 8, column (c) (see instruction er Section 4940(e) for the foundations subject to the section 4940(e).	Reduced	Tax on Net Inve				381
1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.	If section 4940(d)(2) applies, leave the Was the foundation liable for the section.	e 8, column (c) (see instruction er Section 4940(e) for the foundations subject to the stribute of the section 4942 tax on the distribute of the section and the section are section to the section are section to the section are section as the section are s	Reduced section 4940(stable amount	Tax on Net Investme a) tax on net investme of any year in the bas	nt income.)	ome		381 X No
(a) Base period years Calendar year (or tax year beginning in) (b) Adjusted qualifying distributions (b) Adjusted qualifying distributions Net value of nonchantable-use assets (column (b) divided by column (b) divided by column (column (colu	If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If 'Yes,' the foundation does not qualify	e 8, column (c) (see instruction er Section 4940(e) for the foundations subject to the subject t	Reduced section 4940(attable amount to not complet	Tax on Net Investment a) tax on net investment of any year in the base this part.	nt income.) e period?	ome		
2012 329,546. 847,337. 0.388	If section 4940(d)(2) applies, leave the Was the foundation liable for the sect of Yes, the foundation does not qualified. 1 Enter the appropriate amount in Base period years Calendar year (or tax year)	e 8, column (c) (see instruction of the section 4940(e) for the section 4942 tax on the distribution 4942 tax on the distribution diffy under section 4940(e). Do in each column for each year (b)	r Reduced section 4940(stable amount o not complet r; see the inst	Tax on Net Investme a) tax on net investme of any year in the bas te this part. tructions before makin (c) Net value o	nt income.) e period? g any entries.	ome	Yes (d) Distribution	X No
	If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If 'Yes,' the foundation does not qualiful. 1 Enter the appropriate amount in Base period years Calendar year (or tax year beginning in)	e 8, column (c) (see instruction of the section 4940(e) for e foundations subject to the section 4942 tax on the distribution of the section 4940(e). Do not each column for each year Adjusted qualifying distributions.	r Reduced section 4940(attable amount to not complet r; see the inst	Tax on Net Investme a) tax on net investme of any year in the bas te this part. tructions before makin (c) Net value o nonchantable-use	e period? . g any entries. f assets	(colu	Yes (d) Distribution	X No ratio by column (c))
	If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If 'Yes,' the foundation does not qualiful. 1 Enter the appropriate amount in Base period years Calendar year (or tax year beginning in) 2012	e 8, column (c) (see instruction of the section 4940(e) for the section 4942 tax on the distribution 4942 tax on the distribution diffy under section 4940(e). Do not each column for each year (b) Adjusted qualifying distribution of the section 4940(e) and the section 4940(e) and the section 4940(e).	rection 4940(atable amount o not complet r; see the instable butions	Tax on Net Investment a) tax on net investment of any year in the base this part. Tructions before making (c) Net value or nonchantable-use	e period?	(colu	Yes (d) Distribution	X No
	If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If 'Yes,' the foundation does not qualified. 1 Enter the appropriate amount in Base period years Calendar year (or tax year beginning in) 2012 2011	e 8, column (c) (see instruction of the section 4940(e) for the foundations subject to the section 4942 tax on the distribution of the section 4940(e). Do not each column for each year Adjusted qualifying distribution of the section 4940(e) and each column for each year (b) Adjusted qualifying distribution of the section 4940(e) and the section 4940(e) and the section 4940(e) and the section of the section o	representation of the section 4940(section 4	Tax on Net Investment a) tax on net investment of any year in the base this part. Tructions before making (c) Net value of nonchantable-use	e period? . g any entries. f assets 847,337. 822,052.	(colu	Yes (d) Distribution	x No 1 ratio 2 rolumn (c)) 0 . 388920 0 . 457578
2008 488,679. 1,395,161. 0.350	If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If 'Yes,' the foundation does not qualify. 1 Enter the appropriate amount in Base period years Calendar year (or tax year beginning in) 2012 2011 2010	e 8, column (c) (see instruction of the section 4940(e) for the foundations subject to the section 4942 tax on the distribution of the section 4940(e). Do not each column for each year (b) Adjusted qualifying distribution of the section of the s	representation of the section 4940(section 4	Tax on Net Investment a) tax on net investment of any year in the base this part. Tructions before making (c) Net value or nonchantable-use	e period?	(colu	Yes (d) Distribution	X No ratio oy column (c)) 0.388920
	If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If 'Yes,' the foundation does not qualify. 1 Enter the appropriate amount in Base period years Calendar year (or tax year beginning in) 2012 2011 2010 2009	e 8, column (c) (see instruction er Section 4940(e) for e foundations subject to the subject tof	table amount o not complet r; see the inst butions 9,546. 6,153. 9,095. 8,263.	Tax on Net Investme a) tax on net investme of any year in the bas te this part. tructions before makin (c) Net value o nonchantable-use	e period?	(colu	Yes (d) Distribution	x No 1 ratio 2 ratio 3 x x x x x x x x x x x x x x x x x x x
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If 'Yes,' the foundation does not qualiful. 1 Enter the appropriate amount in Base period years Calendar year (or tax year beginning in) 2012 2011 2010 2009 2008	e 8, column (c) (see instruction er Section 4940(e) for er foundations subject to the subject to	rection 4940(stable amount to not complet r; see the inst butions 9,546. 6,153. 9,095. 8,263. 8,679.	Tax on Net Investment a) tax on net investment of any year in the base this part. Tructions before making (c) Net value of nonchantable-use	e period?	(colu	Yes (d) Distribution	x No 1 ratio by column (c)) 0.388926 0.457578 0.421888 0.34679
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5	If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If 'Yes,' the foundation does not qualify. 1 Enter the appropriate amount in Base period years Calendar year (or tax year beginning in) 2012 2011 2010 2009 2008 2 Total of line 1, column (d)	e 8, column (c) (see instruction of the section 4940(e) for the foundations subject to the section 4942 tax on the distribution of the section 4940(e). Do not each column for each year of the section o	table amount o not complet r; see the inst butions 9,546. 6,153. 9,095. 8,263.	Tax on Net Investment a) tax on net investment of any year in the base this part. Tructions before making (c) Net value or nonchantable-use	e period? . g any entries. f assets 847,337. 822,052. 827,464. 888,901. 395,161.	(colu	Yes (d) Distribution	x No n ratio by column (c)) 0.388920 0.457570 0.421889 0.346790 0.35026
	If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If 'Yes,' the foundation does not qualify. 1 Enter the appropriate amount in Base period years Calendar year (or tax year beginning in) 2012 2011 2010 2009 2008 2 Total of line 1, column (d)	er Section 4940(e) for e foundations subject to the section 4942 tax on the distributed for each column for each year Adjusted qualifying distributed for each column for each year 32 37 34 30 48	table amount o not complet r; see the inst butions 9,546. 6,153. 9,095. 8,263. 8,679. de the total or ss than 5 year	Tax on Net Investment a) tax on net investment of any year in the base this part. Tructions before making (c) Net value or nonchantable-use	e period?	(colu	Distribution	x No n ratio by column (c)) 0.388920 0.457576 0.421889 0.346799 0.350269 1.965449 0.393089
	If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If 'Yes,' the foundation does not qualify. 1 Enter the appropriate amount in Base period years Calendar year (or tax year beginning in) 2012 2011 2010 2009 2008 2 Total of line 1, column (d)	er Section 4940(e) for er foundations subject to the shis part blank ction 4942 tax on the distribution 4942 tax on the distribution 4942 tax on the distribution are section 4940(e). Do not each column for each year (b) Adjusted qualifying distribution and the foundation are section 4940(e). Do not each year (b) Adjusted qualifying distribution are section as a foundation are section as a	table amount o not complet r; see the inst butions 9,546. 6,153. 9,095. 8,263. 8,679. de the total or ss than 5 year	Tax on Net Investment a) tax on net investment of any year in the base this part. Tructions before making (c) Net value or nonchantable-use	e period?	(colu	Distribution	x No (ratio oy column (c)) 0.388920 0.457573 0.421883 0.34679 0.35026
	If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If 'Yes,' the foundation does not qualify. 1 Enter the appropriate amount in Base period years Calendar year (or tax year beginning in) 2012 2011 2010 2009 2008 2 Total of line 1, column (d)	er Section 4940(e) for er foundations subject to the shis part blank ction 4942 tax on the distribution 4942 tax on the distribution 4942 tax on the distribution are section 4940(e). Do not each column for each year (b) Adjusted qualifying distribution and the foundation are section 4940(e). Do not each year (b) Adjusted qualifying distribution are section as a foundation are section as a	table amount o not complet r; see the inst butions 9,546. 6,153. 9,095. 8,263. 8,679. de the total or ss than 5 year	Tax on Net Investment a) tax on net investment of any year in the base this part. Tructions before making (c) Net value or nonchantable-use	e period?	(colu	Distribution	x No n ratio by column (c)) 0.388920 0.457576 0.421889 0.346799 0.350269 1.965449 0.393089
5 Multiply line 4 by line 3	If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If 'Yes,' the foundation does not qualify. 1 Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginning in) 2012 2011 2010 2009 2008 2 Total of line 1, column (d)	er Section 4940(e) for e foundations subject to the shis part blank ction 4942 tax on the distribution 4942 tax on the distribution 4942 tax on the distribution 4940(e). Do not each column for each year Adjusted qualifying distribution 4940(e) and a section 4940(e) and a section 4940(e). Do not each column for each year 4940(e) and 4940(e)	table amount o not complet r; see the inst butions 9,546. 6,153. 9,095. 8,263. 8,679. de the total or ss than 5 year	Tax on Net Investment a) tax on net investment of any year in the base this part. In contact in the base this part. Net value on nonchantable-use the second of the seco	e period? g any entries. f assets 847, 337. 822, 052. 827, 464. 888, 901. 395, 161.	(colu	Distribution	x No (x) No
5 Multiply line 4 by line 3	If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If 'Yes,' the foundation does not qualify. Base period years Calendar year (or tax year beginning in) 2012 2011 2010 2009 2008 2 Total of line 1, column (d) 3 Average distribution ratio for the number of years the foundation. 4 Enter the net value of noncharify. 5 Multiply line 4 by line 3 6 Enter 1% of net investment income.	er Section 4940(e) for e foundations subject to the shis part blank ction 4942 tax on the distribute lify under section 4940(e). Do in each column for each year Adjusted qualifying distributed and the section 4940(e) and the section 4940(e). Do in each column for each year Adjusted qualifying distributed and the section 4940(e) and the section 4940(e). Do in each column for each year and the section 4940(e) and the section 4940(e) and the section 4940(e). Do in each column for each year and the section 4940(e) and the section 4	table amount o not complet r; see the inst butions 9,546. 6,153. 9,095. 8,263. 8,679. de the total or ss than 5 year	Tax on Net Investment a) tax on net investment of any year in the base this part. Tructions before making (c) Net value or nonchantable-use 1, a line 2 by 5, or by the rs	g any entries. g any entries. 847,337. 822,052. 827,464. 888,901. 395,161.	(colu	Distribution	x No (x) No
5 Multiply line 4 by line 3 5 441,3 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 7 7 Add lines 5 and 6 7 441,6	If section 4940(d)(2) applies, leave the Was the foundation liable for the sect of Yes, the foundation does not qualify a lenter the appropriate amount in the Base period years calendar year (or tax year beginning in) 2012 2011 2010 2009 2008 2 Total of line 1, column (d)	er Section 4940(e) for e foundations subject to the s his part blank ction 4942 tax on the distribut lify under section 4940(e). Do in each column for each year Adjusted qualifying distril 32 37 34 30 48 he 5-year base period — divice in has been in existence if les critable-use assets for 2013 from come (1% of Part I, line 27b)	table amount o not complet r; see the inst butions 9,546. 6,153. 9,095. 8,263. 8,679. de the total or ss than 5 year	Tax on Net Investment a) tax on net investment of any year in the base this part. Tructions before making (c) Net value of nonchantable-use	e period? g any entries. f assets 847,337. 822,052. 827,464. 888,901. 395,161.	(columbia) 2 3 4 5 6 7 8	Distribution imn (b) divided b	x No (ratio by column (c)) 0.388920 0.457573 0.421883 0.346793 0.350263 1.965443 0.393083 1,122,660 441,304 357

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see ins		el.		age -
	Exempt operating foundations described in section 4940(d)(2), check here · · · · \ and enter 'N/A' on line 1	Sti detion	13)		
ıa	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)	1			
_		1		7	
L.	check here P and enter 1% of Part I, line 27b	<u> </u>	-		13.
_					;
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable	_			
_	trenewall and the same and a f	2			<u>0.</u>
3		3		7	13.
4		4			<u> </u>
5	——————————————————————————————————————	5		7	13.
6	Credits/Payments				
	2013 estimated tax pmts and 2012 overpayment credited to 2013				ĺ
	Exempt foreign organizations — tax withheld at source				ì
	Tax paid with application for extension of time to file (Form 8868) 6 c				
d	Backup withholding erroneously withheld				i
7		7		6	56.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	В			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9			57.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	0			0.
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax	1			
Par	t VII-A Statements Regarding Activities				
	Dunng the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	-		Yes	No
1 8	participate or intervene in any political campaign?		1 a		X
	Did it spend more than \$100 dunng the year (either directly or indirectly) for political purposes (see the instructions for definition)?		1 ь		х
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published				
	or distributed by the foundation in connection with the activities				1
	Did the foundation file Form 1120-POL for this year?		1 c		х
Ġ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on				
	foundation managers * \$				1
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		1		1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes				4
					X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4 a		X
t	olf 'Yes,' has it filed a tax return on Form 990-T for this year?		4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
	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	·
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		7	Х	
8 2	Enter the states to which the foundation reports or with which it is registered (see instructions)				
					•
	If the annual of Martin line 7, has the foundation fundation fundation for signal of Farm 200 DF to the Attended Constant	··		5.	
t	o If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation		8 b		X
_					<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5 for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If 'Yes,' complete Part XIV)	9		X
			<u> </u>	_	 ^
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		10		l x
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Form	990-PF (2013) FIRST CITIZENS NATL BANK CHARITABLE FDN, INC. 42-145161	5	Pa	age 5
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 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	х	
	Website address · · · · · · · · · · · · · · · · · ·		•	
14	The books are in care of FIRST CITIZENS TRUST COMPANY Telephone no. • (641)	422-	-160	0
	Located at ► 2601 4TH STREET SW MASON CITY IA ZIP+4 ► 50401			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here			П
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	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 the foreign country			-
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
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? Yes X No			
	(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? 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)?			
	(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)			,
ŧ	o 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		
	Organizations relying on a current notice regarding disaster assistance check here			
•	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 2013?	1 c		; 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)):		* 424-	-
í	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013?			'
	If 'Yes,' list the years 20 _ , 20 _ , 20			
1	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions.)	2 b	五.	ر. ا
(the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	F 16 k	15.5	- 14,
	► 20 ,20 ,20 ,20	, , ,	10 5	
	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			, .
İ	b If 'Yes,' did it have excess business holdings in 2013 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 2013.)	3 b	· -	
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		х
	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 2013?		1	х
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	IL BANK CHARITABLE		42-145	51615 Page 6
Part VII-B Statements Regarding Acti		1 4720 May Be Req	uired (continued)	
5 a During the year did the foundation pay or incu	· ·	netice 4045(c)\2	□v _{aa} Ū	Ma
(1) Carry on propaganda, or otherwise attem	,		· · · · Yes X	No
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ition drive?			No
(3) Provide a grant to an individual for travel,			· · · · Yes X	No
(4) Provide a grant to an organization other ti in section 509(a)(1), (2), or (3), or section			· · · · Yes X	No
(5) Provide for any purpose other than religious educational purposes, or for the prevention	ous, charitable, scientific, lite on of cruelty to children or a	erary, or nimals?	· · · · Yes X	No
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53.4945 or i (see instructions)?	n a current notice regarding	disaster assistance		5 b
Organizations relying on a current notice rega	ırdıng disaster assıstance cl	neck here	▶ [
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure response of 'Yes,' attach the statement required by Reg	sibility for the grant?		· · · · Yes	No
6 a Did the foundation, during the year, receive a on a personal benefit contract?	ny funds, directly or indirect	ly, to pay premiums	· · · · Yes X	No
b Did the foundation, during the year, pay prem	iums, directly or indirectly, o	on a personal benefit con		6b X
If 'Yes' to 6b, file Form 8870.			П. П	,,
7 a At any time during the tax year, was the found b If 'Yes,' did the foundation receive any proces				No
Part VIII Information About Officers				
and Contractors	,,	,	3 , 3 ,	
1 List all officers, directors, trustees, foundation	ition managers and their c	ompensation (see inst		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c)Compensation (if not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
PATRICIA A. TOMSON			Compensation	
PO BOX 1708	EXEC DIRECTOR			
	· -			
	2.00	6,000.	0.	0.
O. JAY TOMSON		6,000.	0.	0.
O. JAY TOMSON PO BOX 1708	PRESIDENT	,		
O. JAY TOMSON PO BOX 1708 MASON CITY IA 50402	PRESIDENT	0.	0.	0.
O. JAY TOMSON PO BOX 1708 MASON CITY IA 50402 GORDON ANDERSON	PRESIDENT 1.00	,		
O. JAY TOMSON PO BOX 1708 MASON CITY IA 50402 GORDON ANDERSON 501 MAIN ST	PRESIDENT 1.00	,		
O. JAY TOMSON PO BOX 1708 MASON CITY IA 50402 GORDON ANDERSON 501 MAIN ST OSAGE IA 50461	PRESIDENT 1.00	0.	0.	0.
O. JAY TOMSON PO BOX 1708 MASON CITY IA 50402 GORDON ANDERSON 501 MAIN ST OSAGE IA 50461	PRESIDENT 1.00	0.	0.	0.
O. JAY TOMSON PO BOX 1708 MASON CITY IA 50402 GORDON ANDERSON 501 MAIN ST OSAGE IA 50461 See Information about Officers, Directors, Trustees,	PRESIDENT 1.00 DIRECTOR 1.00 Etc	0.	0.	0.
O. JAY TOMSON PO BOX 1708 MASON CITY IA 50402 GORDON ANDERSON 501 MAIN ST OSAGE IA 50461 See Information about Officers, Directors, Trustees,	PRESIDENT 1.00 DIRECTOR 1.00 Etc yees (other than those inc	0. 0. luded on line 1 — see i	0. 0. 0. nstructions). If none, e	0. 0. 0. nter 'NONE.'
O. JAY TOMSON PO BOX 1708 MASON CITY IA 50402 GORDON ANDERSON 501 MAIN ST OSAGE IA 50461 See Information about Officers, Directors, Trustees,	PRESIDENT 1.00 DIRECTOR 1.00 Etc	0.	0.	0.
O. JAY TOMSON PO BOX 1708 MASON CITY IA 50402 GORDON ANDERSON 501 MAIN ST OSAGE IA 50461 See Information about Officers, Directors, Trustees, 2 Compensation of five highest-paid emplo (a) Name and address of each employee paid more than \$50,000	PRESIDENT 1.00 DIRECTOR 1.00 Etc yees (other than those inc (b) Title, and average hours per week	0. 0. luded on line 1 — see i	0. 0. ostructions). If none, e (d)Contributions to employee benefit plans and deferred	0. 0. nter 'NONE.' (e) Expense account,
O. JAY TOMSON PO BOX 1708 MASON CITY IA 50402 GORDON ANDERSON 501 MAIN ST OSAGE IA 50461 See Information about Officers, Directors, Trustees, 2 Compensation of five highest-paid emplo (a) Name and address of each employee paid more than \$50,000	PRESIDENT 1.00 DIRECTOR 1.00 Etc yees (other than those inc (b) Title, and average hours per week	0. 0. luded on line 1 — see i	0. 0. ostructions). If none, e (d)Contributions to employee benefit plans and deferred	0. 0. nter 'NONE.' (e) Expense account,
D. JAY TOMSON PO BOX 1708 MASON CITY IA 50402 GORDON ANDERSON 501 MAIN ST DSAGE IA 50461 See Information about Officers, Directors, Trustees, 2 Compensation of five highest-paid emplo (a) Name and address of each employee paid more than \$50,000	PRESIDENT 1.00 DIRECTOR 1.00 Etc yees (other than those inc (b) Title, and average hours per week	0. 0. luded on line 1 — see i	0. 0. ostructions). If none, e (d)Contributions to employee benefit plans and deferred	0. 0. nter 'NONE.' (e) Expense account,
D. JAY TOMSON O BOX 1708 MASON CITY IA 50402 GORDON ANDERSON OSAGE IA 50461 See Information about Officers, Directors, Trustees, Compensation of five highest-paid employee paid more than \$50,000	PRESIDENT 1.00 DIRECTOR 1.00 Etc yees (other than those inc (b) Title, and average hours per week	0. 0. luded on line 1 — see i	0. 0. ostructions). If none, e (d)Contributions to employee benefit plans and deferred	0. 0. nter 'NONE.' (e) Expense account,
D. JAY TOMSON PO BOX 1708 MASON CITY IA 50402 GORDON ANDERSON 501 MAIN ST DSAGE IA 50461 See Information about Officers, Directors, Trustees, 2 Compensation of five highest-paid emplo (a) Name and address of each employee paid more than \$50,000	PRESIDENT 1.00 DIRECTOR 1.00 Etc yees (other than those inc (b) Title, and average hours per week	0. 0. luded on line 1 — see i	0. 0. ostructions). If none, e (d)Contributions to employee benefit plans and deferred	0. 0. nter 'NONE.' (e) Expense account,
D. JAY TOMSON PO BOX 1708 MASON CITY IA 50402 GORDON ANDERSON 501 MAIN ST DSAGE IA 50461 See Information about Officers, Directors, Trustees, 2 Compensation of five highest-paid emplo (a) Name and address of each employee paid more than \$50,000	PRESIDENT 1.00 DIRECTOR 1.00 Etc yees (other than those inc (b) Title, and average hours per week	0. 0. luded on line 1 — see i	0. 0. ostructions). If none, e (d)Contributions to employee benefit plans and deferred	0. 0. nter 'NONE.' (e) Expense account,
D. JAY TOMSON PO BOX 1708 MASON CITY IA 50402 GORDON ANDERSON 501 MAIN ST OSAGE IA 50461 See Information about Officers, Directors, Trustees, 2 Compensation of five highest-paid emplo (a) Name and address of each employee paid more than \$50,000	PRESIDENT 1.00 DIRECTOR 1.00 Etc yees (other than those inc (b) Title, and average hours per week	0. 0. luded on line 1 — see i	0. 0. ostructions). If none, e (d)Contributions to employee benefit plans and deferred	0. 0. nter 'NONE.' (e) Expense account,
O. JAY TOMSON PO BOX 1708 MASON CITY IA 50402 GORDON ANDERSON 501 MAIN ST OSAGE IA 50461 See Information about Officers, Directors, Trustees, 2 Compensation of five highest-paid emplo (a) Name and address of each employee paid more than \$50,000	PRESIDENT 1.00 DIRECTOR 1.00 Etc yees (other than those inc (b) Title, and average hours per week	0. 0. luded on line 1 — see i	0. 0. ostructions). If none, e (d)Contributions to employee benefit plans and deferred	0. 0. nter 'NONE.' (e) Expense account,
O. JAY TOMSON PO BOX 1708 MASON CITY IA 50402 GORDON ANDERSON 501 MAIN ST OSAGE IA 50461 See Information about Officers, Directors, Trustees, 2 Compensation of five highest-paid emplo (a) Name and address of each employee paid more than \$50,000	PRESIDENT 1.00 DIRECTOR 1.00 Etc yees (other than those inc (b) Title, and average hours per week	0. 0. luded on line 1 — see i	0. 0. ostructions). If none, e (d)Contributions to employee benefit plans and deferred	0. 0. nter 'NONE.' (e) Expense account,
O. JAY TOMSON PO BOX 1708 MASON CITY IA 50402 GORDON ANDERSON 501 MAIN ST OSAGE IA 50461 See Information about Officers, Directors, Trustees, 2 Compensation of five highest-paid emplo (a) Name and address of each employee paid more than \$50,000	PRESIDENT 1.00 DIRECTOR 1.00 Etc yees (other than those inc (b) Title, and average hours per week	0. 0. luded on line 1 — see i	0. 0. ostructions). If none, e (d)Contributions to employee benefit plans and deferred	0. 0. nter 'NONE.' (e) Expense account,
O. JAY TOMSON PO BOX 1708 MASON CITY IA 50402 GORDON ANDERSON 501 MAIN ST OSAGE IA 50461 See Information about Officers, Directors, Trustees, 2 Compensation of five highest-paid employee	PRESIDENT 1.00 DIRECTOR 1.00 Etc (b) Title, and average hours per week devoted to position	0. O. Iuded on line 1 – see in (c) Compensation	0 . 0 . nstructions). If none, e (d)Contributions to employee benefit plans and deferred compensation	0 . O . O . nter 'NONE.' (e) Expense account, other allowances

Form 990-PF (2013) FIRST CITIZENS NATL BANK CHARITABLE FDN, INC.	42-1451615 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, H and Contractors (continued)	ighly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter	er 'NONE.'
(a) Name and address of each person paid more than \$50,000 (b) Type of serv	rice (c) Compensation
NONE	
~~~~~~~	
Total number of others receiving over \$50,000 for professional services	None
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number organizations and other beneficiaries served, conferences convened, research papers produced, etc.	of Expenses
1 GRANTS PAID TO NONPROFIT ORGANIZATIONS THAT MEET	
ESTABLSIHED CRITERIA.	401,350.
2	401,330.
3	
4	
Part IX-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	12. Amount
1 NONE	
	0.
2	
All other program-related investments See instructions.	
3	
Total. Add lines 1 through 3	·····▶ None
ВАА	Form <b>990-PF</b> (2013)

Page 8

see inst	ructions.)		·
1 Fair market valu	e of assets not used (or held for use) directly in carrying out chantable, etc, purposes		1 050 066
	/ fair market value of securities	1a	1,073,366.
	hly cash balances	1 b	66,390.
C Fair market valu	e of all other assets (see instructions)	1 c	0.
	1a, b, and c)	1 d	1,139,756.
	ed for blockage or other factors reported on lines 1a and 1c		
•	explanation)	]	
	otedness applicable to line 1 assets	2	
3 Subtract line 2 fr	om line 1d	3	1,139,756.
4 Cash deemed he	eld for charitable activities Enter 1-1/2% of line 3		
	unt, see instructions)	4	17, <u>09</u> 6.
	ncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,122,660.
	tment return. Enter 5% of line 5	6	56,133.
	utable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating ain foreign organizations check here   □ and do not complete this part.)	founda	ations
1 Minimum investi	ment return from Part X, line 6	1	56,133.
2 a Tax on investme	ent income for 2013 from Part VI, line 5		·
	013. (This does not include the tax from Part VI.) 2 b	j	
	1 2b	2 c	713.
	ount before adjustments. Subtract line 2c from line 1	3	55,420.
	mounts treated as qualifying distributions	4	00,1201
	4	5	55,420.
	distributable amount (see instructions)	6	00, 120.
	mount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	55,420.
	ing Distributions (see instructions)		00, 120,
a Expenses, contr	ncluding administrative expenses) to accomplish charitable, etc, purposes: ibutions, gifts, etc – total from Part I, column (d), line 26	1 a	404,350.
<b>b</b> Program-related	Investments – total from Part IX-B。	1 b	0.
2 Amounts paid to	acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set asi	de for specific chantable projects that satisfy the: prior IRS approval required)	3 a	
	n test (attach the required schedule)	3 b	
	r <b>ibutlons.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	404,350.
Enter 1% of Par	t qualify under section 4940(e) for the reduced rate of tax on net investment income.  I, line 27b (see instructions)	5	0.
6 Adjusted qualit	fying distributions. Subtract line 5 from line 4	6	404,350.
Note. The amo qualifies	unt on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the for for the section 4940(e) reduction of tax in those years.	undation	
DAA			Form 990-PF (2013)

Form **990-PF** (2013)

### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	( <b>c</b> ) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7 · · · · · · · · · · · · · · · · · ·				55,420.
2 Undistributed income, if any, as of the end of 2013				33,420.
a Enter amount for 2012 only			0.1	
<b>b</b> Total for prior years 20 , 20 , 20				· · · · · · · · · · · · · · · · · · ·
3 Excess distributions carryover, if any, to 2013.				<del></del>
<b>a</b> From 2008				
<b>b</b> From 2009 308, 407.				
<b>c</b> From 2010 349,511.				
<b>d</b> From 2011 376, 350.				
e From 2012 288, 387.				
f Total of lines 3a through e	1,811,555.			
4 Qualifying distributions for 2013 from Part				
XII, line 4: \$ 404,350.				
a Applied to 2012, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2013 distributable amount				55 420
e Remaining amount distributed out of corpus				55,420.
5 Excess distributions carryover applied to 2013	340,930.			
(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	2,160,485.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount — see instructions		0.		
e Undistributed income for 2012 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014				0.
7 Amounts treated as distributions out of			· · · · · · · · · · · · · · · · · · ·	<u> </u>
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions)	488,900.			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	1,671,585.			
10 Analysis of line 9:				
a Excess from 2009 308, 407.				
<b>b</b> Excess from 2010 349,511.	1			
<b>c</b> Excess from 2011 376, 350.	1			
d Excess from 2012 288, 387.	1			
e Excess from 2013 348, 930 .				

Part XIV				42-1451613	N/A
1 a If the foundation has received a ruling or dete is effective for 2013, enter the date of the ruling	rmination letter that	ıt ıs a private operat	ting foundation, and t		N/A
<b>b</b> Check box to indicate whether the foundation	•			4942(j)(3) or	4942(J)(5)
2 a Enter the lesser of the adjusted net	Tax year	ig louridation descri	Prior 3 years	1 10 120/(0) 01	1 40420)(0)
income from Part I or the minimum investment return from Part X for each year listed	(a) 2013	<b>(b)</b> 2012	(c) 2011	(d) 2010	(e) Total
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)			3.		
					<del></del>
(2) Support from general public and 5 or more exempt organizations as provided in section 4942()(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income	(0)		f	L & E . O O O	•
Part:XV Supplementary Information assets at any time during the	(Complete this	part only if the	toundation nac	i \$5,000 or more	e in
1 Information Regarding Foundation Manag	<u></u>				
a List any managers of the foundation who have close of any tax year (but only if they have or	e contributed more	than 2% of the total \$5,000). (See secti	contributions receive on 507(d)(2).)	d by the foundation t	pefore the
O. JAY TOMSON					
b List any managers of the foundation who ow a partnership or other entity) of which the fou	n 10% or more of the	e stock of a corporat or greater interest.	tion (or an equally lar	ge portion of the own	ership of
NOT APPLICABLE		· ·			
2 Information Regarding Contribution, Gran	t Gift Loon Scho	larehin eta Brassa	······································		· · · · · · · · · · · · · · · · · · ·
Check here if the foundation makes grouplete items 2a, b, c, and d.	akes contributions to	preselected charital	ble organizations and	d does not accept uniting under other conditions	solicited tions,
a The name, address, and telephone number	or e-mail of the person	on to whom applicat	ions should be addre	ssed	· · ·
PATRICIA A. TOMSON					
FIRST CITIZENS CHARITABLE	FOUNDATION,	INC. PO BOX	K 1708		
MASON CITY	IA 5040		41) 422-1600		<del></del>
<b>b</b> The form in which applications should be sul	bmitted and informat	ion and materials th	ey should include:		
SEE ATTACHED APPLICATION F	ORMS.				
c Any submission deadlines:					
APPLICATIONS ARE REVIEWED	QUARTERLY.				
d Any restrictions or limitations on awards, suc	ch as by geographica	al areas, chantable f	ields, kinds of institut	ions, or other factors	•
SEE CRITERIA INCLUDED IN T					

3 Grants and Contributions Paid During the Y	<del>, , , , , , , , , , , , , , , , , , , </del>	ure Paymen	T	
Recipient	If recipient is an individual, show any relationship to any foundation manager or	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year			ĺ	
CARING PREGNANCY CENTER				
830 15TH STREET SW	NONE	PUBLIC		
MASON CITY IA 50401	. ]	CHARITY	CARENET CONFERENCE	1,200.
CASA OF NORTH IOWA			RETENTION AND	
220 N WASHINGTON	NONE	PUBLIC	TRAINING OF	
MASON CITY IA 50401		CHARITY	VOLUNTEERS	1,000.
CEDAR RIVER JEWEL REC & FINE ARTS	5			
PO BOX 82	NONE	PUBLIC		
OSAGE IA 50461		CHARITY	CAPITAL PROJECT	50,000.
CHARLES MACNIDER MUSEUM				
303 2ND STREET SE	NONE	PUBLIC	REPAIR AND UPDATE	
MASON CITY IA 50401	.	CHARITY	FACILITY	1,000.
CITY OF CHARLES CITY				
105 MILWAUKEE MALL	NONE	PUBLIC	RIVERFRONT	
CHARLES CITY IA 50616	5	CHARITY	DEVELOPMENT	10,000.
CLARION PARTNERSHIP FOR GROWTH IN				
302 SOUTH MAIN STREET	NONE	PUBLIC	PURCHASE AND RENOVATE	
CLARION IA 50525	5	CHARITY	CLARION THEATRE	12,500.
COMMUNITY KITCHEN OF NORTH IOWA			!	
606 NORTH MONROE	NONE	PUBLIC	FOOD FOR NEEDY	
MASON CITY IA 50403	<u>.</u>	CHARITY	FAMILIES	1,200.
COMMUNITY KITCHEN OF NORTH IOWA				
606 NORTH MONROE	NONE	PUBLIC		
MASON CITY IA 50403		CHARITY	CAPITAL PROJECT	1,250.
COMMUNITY POLICING ADVISORY BOAR			•	
78 SOUTH GEORGIA	NONE	PUBLIC		
MASON CITY IA 50403		CHARITY	MATIONAL NIGHT OUT	1,000.
See Line 3a statement				
				322,200.
	-	İ		
		<u>.l</u> .	<u> </u>	
Total			3a	401,350.
<b>b</b> Approved for future payment	İ			
	•			1
	Ì			
Total			3 b	

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

nter gross	amounts unless otherwise indicated.	Unrelated	business income	Excluded by	section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions.)
	am service revenue:			code		
		<del>                                     </del>				<del></del>
b		<u> </u>				
g		<del> </del>		+		
e		<del></del>				
f			··	1 1		
g Fees	and contracts from government agencies			1		
_	bership dues and assessments					
Interes	st on savings and temporary cash investments					
Divid	ends and interest from securities			14	34,511.	
Net re	ental income or (loss) from real estate:					
a Debt-	financed property					
	ebt-financed property					
	ntal income or (loss) from personal property		<del>.</del>			
	r investment income					
	or (loss) from sales of assets other than inventory			$\bot$		
	ncome or (loss) from special events			$\bot$		
	s profit or (loss) from sales of inventory					
-	rrevenue			+		
.a		<del>                                     </del>		+		
ь		<del>                                     </del>		<del>                                     </del>		
<u>:</u>		<del>                                     </del>		<del>                                     </del>		
d						
_						
e Subt	otal Add columns (b) (d) and (o)	,				
Subto	otal. Add columns (b), (d), and (e)				34,511.	34,51
Subto Total ee works	l. Add line 12, columns (b), (d), and (e)	e Accompli	ishment of Exen	npt Purpos	ses	he
Subto Total ee works art XVI	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations    B   Relationship of Activities to the Explain below how each activity for which incompared to the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line o	e Accompli	ishment of Exen	npt Purpos	ses	he
Subto Total ee works art XVI	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations    B   Relationship of Activities to the Explain below how each activity for which incompared to the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line o	e Accompli	ishment of Exen	npt Purpos	ses	he
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2 Subto 3 Total ee works art XVI	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations    B   Relationship of Activities to the Explain below how each activity for which incompared to the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line o	e Accompli	ishment of Exen	npt Purpos	ses	he
Subto See works Part XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations    B   Relationship of Activities to the Explain below how each activity for which incompared to the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line o	e Accompli	ishment of Exen	npt Purpos	ses	he
2 Subto 3 Total ee works art XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations    B   Relationship of Activities to the Explain below how each activity for which incompared to the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line o	e Accompli	ishment of Exen	npt Purpos	ses	he

# Form 990-PF (2013) FIRST CITIZENS NATL BANK CHARITABLE FDN, INC. 42-1451615 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

										Yes	No
1 Di	d the or	ganization directly	or indirectly enga	age in any of the	e following with	any other	organization				<del></del>
		in section 501(c) political organiza		er than section 5	ou1(c)(3) organi	zations) or	in section 527,			1	
	•	, ,									
		from the reporting								ł	į
									1 a (1)		<u>X</u>
(2)	Other	rassets							1 a (2)	ł I	X
<b>b</b> Ot	her trar	nsactions:									
/11	Sales	of assets to a nor	ncharitable evem	nt organization					1 b (1)	'	Х
				-						<del>  </del>	
									1 b (2)	<b></b>	<u>X</u>
									1 b (3)	igsquare	X
(4)	) Reim	bursement arrange	ements						1 b (4)		X
(5)	Loan	s or loan guarante	es						1 b (5)		X
	•	_							1 b (6)		X
c Sr	iaring o	f facilities, equipm	ent, mailing lists,	other assets, or	r paid employee	38			1 c		X
			to a constant of the second			O-1 (L)	ale and all almost ale	41			
the	e apods	s other assets, or a	services given by	the reporting fo	oundation. If the	foundation	received less that	low the fair market v In fair market value i	aiue of n		
an	y trans	action or sharing a	irrangement, sho	w in column (d)	the value of the	goods, otl	ner assets, or serv	vices received.			
(a) Line	no	(b) Amount involved	(c) Name of	of noncharitable exe	empt organization	(0	) Description of trans	fers, transactions, and s	hanng arran	gements	;
	i										
	$\neg$										
	-+				·	<del></del>					
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			i								
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2 als	the fou	ndation directly or	indirectly affiliate	d with, or relate	d to, one or mo	re tax-exer	npt organizations		т.,	$\overline{}$	
de	escribed	d in section 501(c)	of the Code (other	er than section 5	501(c)(3)) or in	section 527	?		· []Yes	3 X	No
<b>b</b> If	Yes,' c	omplete the follow	ing schedule								
	(a)	Name of organiza	tion	(b) Typ	oe of organizati	on	(c	) Description of relati	onship		
		- <del></del>			<del>-</del>		1	·			
							<del>- </del>	<del> </del>			
			<del></del>	ļ			1				
										·	
	Under pe	enalties of penury, I decl	are that I have examine	ed this return, includir	ng accompanying sc	hedules and st	atements, and to the be	st of my knowledge and be	lief, it is true,		
	correct, a	and complete Declaration	n of preparer (other the	an taxpayer) is based	on all information o	f which prepare	er has any knowledge		_		
Sign		· ) , , .			,				May the	IRS discu	ıss
Here	X	1	11/1/	ā	125/00	1,00	EXECUTIVE	DIBECTOR		n with the shown b	
ileie	Surret	ancia	10/ y on	Son	Date /	<del>//</del>	EAECULIVE :	DIRECTOR		ructions)	
	Signat	ure of officer or trustee	:	<del></del>				<del></del>		Yes	No
		Print/Type preparer's r	ame	Preparer	s signature		Date	Check	PTIN		
Paid		Timothy J.	Schupick.	CPA	2m 2 8/1	1	05/07/14	self-employed	P00194	4748	
		Firm's name	Schupick 8	<del></del>		7		Firm's EIN - 42-14	149513		
Prepa		1						42 1			
Use O	nly	Firm's address	13 North I		<del></del>		0.4.0.1			-000	
		<u> </u>	Mason City	<u> </u>		IA 5	0401	Phone no (641	) 424-		
BAA									Form 99	0-PF (	2013)

#### 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
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Name of the organization		Employer Identification number
FIRST CITIZENS NATL BANK CHAR	ITABLE FDN, INC.	42-1451615_
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a p	rivate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	e foundation
	501(c)(3) taxable private foundation	3 (3 1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	30 1(0)(3) taxable private roundation	
Check if your organization is covered by the Gene	eral Rule or a Special Rule	
, ,	·	15.1.6.1.1.11
<b>Note.</b> Only a section 501(c)(7), (8), or (10) organic	zation can check boxes for both the General Rule and a Speci	al Rule, See instructions.
General Rule		
X For an organization filing Form 990, 990-EZ, contributor. (Complete Parts I and II.)	or 990-PF that received, during the year, \$5,000 or more (in m	oney or property) from any one
contributor. (complete rand rand m,		
Special Rules		
	m 990 or 990-EZ that met the 33-1/3% support test of the regu om any one contributor, during the year, a contribution of the c	
(2) 2% of the amount on (i) Form 990, Part VI	II, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	, oa.e. e. (1) 40,000 e.
For a section 501(c)(7), (8), or (10) organization	on filing Form 990 or 990-EZ that received from any one contri	butor, during the year,
total contributions of more than \$1,000 for use the prevention of cruelty to children or animals	e <i>exclusively</i> for religious, charitable, scientific, literary, or educ s. Complete Parts I. II. and III.	ational purposes, or
	on filing Form 990 or 990-EZ that received from any one contri	butor, during the year.
contributions for use exclusively for religious,	charitable, etc, purposes, but these contributions did not total	to more than \$1,000.
purpose. Do not complete any of the parts un	tributions that were received during the year for an exclusively less the General Rule applies to this organization because it r	religious, charitable, etc, eceived nonexclusively
	00 or more during the year	
Courtisms As association that is not associated by the	Cararal Bula and/artha Cararal Bulas dass not file Cahadi	
990-PF) but it must answer 'No' on Part IV, line 2	ne General Rule and/or the Special Rules does not file Schedu , of its Form 990, or check the box on line H of its Form 990-E	Z or on its Form 990-PF,
Part I, line 2, to certify that it does not meet the file	ng requirements of Schedule B (Form 990, 990-EZ, or 990-PF	).
BAA For Paperwork Reduction Act Notice, se	e the Instructions for Form 990, 990EZ, Schedule I	<b>3</b> (Form 990, 990-EZ, or 990-PF) (2013)
or 990-PF.		

	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2013)	Page	1 of 1 of <b>Part 1</b>
Name of org FIRST	anization CITIZENS NATL BANK CHARITABLE FDN, INC.		Identification number
	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FIRST_CITIZENS_NATIONAL_BANK		Person X Payroll
	2601 4TH STREET SW	\$ <u>350,000.</u>	Noncash
	MASON_CITYIA_50401		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<del>-</del>		\$	Person
			(Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
	45	(2)	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for
(-)		(0)	noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
		, .	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

BAA

Person Payroll Noncash

(Complete Part II for noncash contributions.)

Form 990-PF, Page 1, Part I, Line 18 **Line 18 Stmt** 

Taxes	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
FOREIGN TAXES	16.	16.		
FEDERAL EXCISE TAXES	1,017.	1,017.		

Total <u>1,033.</u> <u>1,033.</u>

# Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (a) thru (d)

(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 acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
BRISTOL MYERS SQUIBB CO COM  CENTURYLINK INC  GLAXOSMITHKLINE PLC SPON ADR	P P	12/16/11 12/16/11 12/16/11	07/03/13 02/15/13 04/18/13
HEINZ H J CO COM	P	12/16/11	02/15/13
ELI LILLY & CO	P	12/16/11	05/07/13
NATIONAL GRID PLC GBP SPONS  VODAFONE GROUP PLC  WINDSTREAM CORP COM	P	12/16/11	09/13/13
	P	12/16/11	12/03/13
	P	12/16/11	06/04/13
PIMCO TOTAL RETURN FUND FEDERATED ULTRA SHORT BOND FUND FEDERATED ULTRA SHORT BOND FUND	P	12/10/12	12/11/13
	P	09/28/11	01/16/13
	P	09/28/11	03/06/13
FEDERATED ULTRA SHORT BOND FUND ISHARE MSCI EAFE FUND	P P	09/28/11 01/28/11	06/25/13
TWEEDY BROWNE GLOBAL VALUE TWEEDY BROWNE GLOBAL VALUE TWEEDY BROWNE GLOBAL VALUE	P	12/30/09	01/30/13
	P	12/30/10	01/30/13
	P	12/29/11	01/30/13
TWEEDY BROWNE GLOBAL VALUE TWEEDY BROWNE GLOBAL VALUE TWEEDY BROWNE GLOBAL VALUE	P	12/29/11	01/30/13
	P	12/28/06	01/30/13
	P	12/28/05	01/30/13
TWEEDY BROWNE GLOBAL VALUE TWEEDY BROWNE GLOBAL VALUE PIMCO TOTAL RETURN FUND	P	12/28/04	01/30/13
	P	12/30/10	01/30/13
	P	12/11/13	12/11/13
TWEEDY BROWNE GLOBAL VALUE TWEEDY BROWNE GLOBAL VALUE TWEEDY BROWNE GLOBAL VALUE	P	12/27/12	01/30/13
	P	12/27/12	01/30/13
	P	12/27/12	01/30/13

### Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (e) thru (h)

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) mınus (g)
3,894.		3,159.	735.
8,940.		10,464.	-1,524.
3,117.		2,819.	298.
14,081.		10,960.	3,121.
6,214.		5,296.	918.
1,290.		1,121.	169.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (e) thru (h)

Continued

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
2,481. 1,716. 803. 60,000. 100,000. 25,000. 3,849. 1,255. 164. 825. 1,107. 23,566. 1,090. 15,934. 757. 153. 671. 138.		1,848. 2,365. 0. 59,838. 99,834. 24,986. 3,795. 1,089. 160. 736. 988. 21,737. 1,179. 15,152. 738. 0. 641. 132.	633.  -649.  803.  162.  166.  14.  54.  166.  4.  89.  119.  1,829.  -89.  782.  19.  153.  30.  6.
4,244. Total		<u>4,052.</u> <u>273,089.</u>	

# Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (i) thru (I)

Complete only for assets by the foundation on 12/3	(I) Gains (column (h)		
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	gain minus column (k), but not less than -0-) <b>or</b> losses (from column (h))
			7351,524. 298. 3,121. 918. 169. 633649. 803. 162. 166. 14. 54.
			89. 119.
			1,829.

FIRST CITIZENS NATL BA	NK CHARI	TABLE FDN, IN	C. 42-145161	5	3
Form 990-PF, Part IV, Cap Columns (i) thru (I)	ital Gains a	nd Losses for Ta	ax on Investment Inco	me	Continued
Complete only for assets si by the foundation on 12/31		n in column (h) a	nd owned	Gains (	(I) column (h)
(i) (j) Fair Market Value Adjusted as of 12/31/69 as of 12/		d basis Excess of column (i)		but not le or los	s column (k), ess than -0-) ses (from amn (h))
Total					-89. 782. 19. 153. 30. 6. 192.
Form 990-PF, Page 6, Par Information about Office			c.	_	
(a) Name and addres	s	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Person . X Business CATHERINE ROTTINGS 300 MAIN ST CHARLES CITY IA Person . X Business	50616	DIRECTOR 1.00	0.	0.	0.
MARTI RODAMAKER PO BOX 1708 MASON CITY IA Person . X Business	50402	DIRECTOR 1.00		0.	0.
RRISTINE SCHULTZ PO BOX 1708  MASON CITY IA	50402	DIRECTOR 1.00	-\ <u> </u>	0.	0.
Total			_		2
			0.	0.	<u> </u>

Recipient  Name and address  (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
	contributor			
a Paid during the year				
COMPREHENSIVE SYSTEMS INC				Person or
	NONE	PUBLIC		Business X
MASON CITY IA 50401		CHARITY	ELEVATOR REPAIR	5,000.
CONSUMER CREDIT COUNSELING SERVICES OF NE IA				Person or
404 SOUTH MONROE	NONE	PUBLIC	CREDIT COUNSELING	
MASON CITY IA 50401			SERVICES	2,500.
CUB CADET CHILDHOOD CENTER				Person or
1441 GULL STREET	NONE	PUBLIC		Business X
LATIMER IA 50452		CHARITY	PLAYGROUND RESURFACING	
FRANCIS LAUER YOUTH SERVICES				Person or
50 NORTH EISENHOWER	NONE	PUBLIC	CHARACTER COUNTS	Business X
MASON CITY IA 50401		CHARITY		<del></del>
FRANKLIN GENERAL HOSPITAL FDN			HOSPITAL	Person or
1720 CENTRAL AVENUE EAST	NONE	PUBLIC	REMODELING	Business X
HAMPTON IA 50441		CHARITY		6,000.
GOOD SHEPHERD HEALTH CENTER				Person or
304 3RD STREET NE	NONE	PUBLIC	TELEPHONE	Business X
MASON CITY IA 50401			REASSURANCE	1,000.
GROW ROCKFORD TOGETHER ASSN	-			Person or
114 WEST MAIN AVE	NONE	PUBLIC		Business X
ROCKFORD IA 50468		CHARITY	SUMMER DAY CAMP	1,000.
HABITAT FOR HUMANITY OF NCI				Person or
517 1ST STREET NW	NONE	PUBLIC		Business X
MASON CITY IA 50401		CHARITY	NEW FACILITY	8,000.
IOWA COLLEGE FOUNDATION				Person or
505 5TH AVE STE 1034	NONE	PUBLIC	SCHOLARSHIP	Business X
DES MOINES IA 50309		CHARITY	PROGRAM	6,000.
KANAWHA FIREFIGHTERS ASSN				Person or
121 NORTH MAIN STREET	NONE	PUBLIC	THERMAL IMAGING	Business X
KANAWHA IA 50447		CHARITY	CAMERS	1,000.
LUTHER COLLEGE				Person or
700 COLLEGE DRIVE	NONE	PUBLIC		Business X
DECORAH IA 52101		CHARITY	SCHOLARSHIP FUND	60,000.
LUTHERAN SOCIAL SERVICES				Person or
2502 SOUTH JEFFERSON	NONE	PUBLIC	FAMILIES TOGETHER	Business X
MASON CITY IA 50401		CHARITY	PROGRAM	2,500.
LUTHERAN SUMMER MUSIC PROGRAM				Person or
122 W FRANKLIN AVE	NONE	PUBLIC	MATCHING	Business X
MINNEAPOLIS MN 55404		CHARITY	GIFT	1,000.
MASON CITY FOUNDATION				Person or
318 S PENNSYLVANIA	NONE	PUBLIC		Business X
MASON CITY IA 50401		1	OPERATING EXPENSES	5,000.
MASON CITY YMCA				Person or
1840 S MONROE	NONE	PUBLIC		Business X
MASON CITY IA 50401	]	CHARITY	CAPITAL FUND	25,000.

Continued

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to	Foun- dation status of re-	Purpose of grant or contribution	Person or Business Checkbox
	any foundation manager or substantial contributor	cipient		Amount
a Paid during the year		ļ		_
MASON CITY PUBLIC LIBRARY		]		Person or
225 2ND STREET SE	NONE	PUBLIC	SPONSOR	Business X
MASON CITY IA 50401		CHARITY	LIVE MUSIC	4,000.
MERCY MEDICAL CENTER FOUNDATION				Person or
1000 4TH STREET SW	NONE	PUBLIC	MATCHING	Business X
MASON CITY IA 50401	1.2.2.	CHARITY	GIFT	2,000.
NEWMAN CATHOLIC SCHOOL FDN		0.2.2.2.2	<u> </u>	Person or
2445 19TH STREET SW	NONE	PUBLIC		Business X
MASON CITY IA 50401	1.0	CHARITY	MATCHING GIFT	500.
NORTHERN LIGHTS ALLIANCE FOR HOMELESS		Olim II. I	12110112110 0111	Person or
2 SOUTH ADAMS	NONE	PUBLIC		Business X
MASON CITY IA 50401		CHARITY	MATCHING GIFT	500.
NO IOWA AREA COMM COLLEGE FDN		Omm.iii	14110111110 0111	Person or
500 COLLEGE	NONE	PUBLIC	PERFORMING ARTS	Business X
MASON CITY IA 50401		CHARITY	SPONSORSHIP	6,750.
NORTH IA AREA COUNCIL OF GOVTS			0-011001101	Person or
525 6TH STREET SE	NONE	PUBLIC	EMERGENCY HOUSING	Business X
MASON CITY IA 50401	1.2.2.	CHARITY	REPAIRS	5,000.
NORTH IOWA BAND FESTIVAL		0.11.11.11		Person or
9 NORTH FEDERAL	NONE	PUBLIC	SPONSOR	Business X
MASON CITY IA 50401		CHARITY	PARADE	5,000.
NORTH IOWA FAIR ASSOCIATION		0		Person or
3700 4TH STREET SW	NONE	PUBLIC	SPONSORSHIP	Business X
MASON CITY IA 50401		CHARITY	PROGRAM	7,500.
OSAGE COMMUNITY SCHOOLS				Person or
820 SAWYER DRIVE	NONE	PUBLIC		Business X
OSAGE IA 50461		CHARITY	COMPUTER PURCHASE	15,000.
PHEASANTS FOREVER				Person or
INDUSTRIAL DRIVE	NONE	PUBLIC	MATCHING	Business X
FOREST CITY IA 50436		CHARITY	GIFT	1,000.
ROCKWELL AQUATIC CENTER	<del></del>			Person or
PO BOX 446	NONE	PUBLIC	BATH HOUSE	Business X
ROCKWELL IA 50469		CHARITY	IMPROVEMENTS	2,000.
STEBENS CHILDRENS THEATRE			1	Person or
616 NORTH DELAWARE	NONE	PUBLIC	CAPITAL	Business X
MASON CITY IA 50401		CHARITY		500.
UNIVERSITY OF IOWA	<del> </del>	1		Person or
1 JESSUP HALL	NONE	PUBLIC	ADVANCED PLACEMENT	Business X
IOWA CITY IA 52242	1.7.7.	CHARITY	ACADEMY	1,000.
THE WORLD FOOD PRIZE FOUNDATION	<del></del>	1	RESTORATION OF	Person or
1700 RUAN CENTER	NONE	PUBLIC	OLD DES MOINES	Business X
DES MOINES IA 50309		CHARITY		10,000.
YOUTH FOR CHRIST			- ODDIO BIDIGINI	Person or
2210 SOUTH FEDERAL	NONE	PUBLIC	BASIC_FINANCIAL	Business X
MASON CITY IA 50401		1	EDUCATION PROJECT	15,000.

Continued

Recipient  Name and address  (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
WRIGHT CO DISTRICT JUN FAIR				Person or
901 SE 1ST ST	NONE	PUBLIC		Business X
EAGLE GROVE IA 50533		CHARITY	SPONSORSHIP	12,500.
STACYVILLE COMM NURSING HOME				Person or
413 S BROAD ST	NONE	PUBLIC	GENERAL	Business X
STACYVILLE IA 50476		CHARITY	OPERATING	2,000.
MORA HIGH SCHOOL BOOSTERS				Person or
400 MAPLE AVE E	NONE	PUBLIC	GENERAL	Business X
MORA MN 55051		CHARITY	OPERATING	1,000.
FRANKLIN COUNTY R.A.C.E				Person or
1008 CENTRAL AVE WEST	NONE	PUBLIC	GENERAL	Business X
HAMPTON IA 50441		CHARITY	OPERATING	10,000.
CITY OF FLOYD				Person or
617 MONROE ST	NONE	PUBLIC		Business X
FLOYD IA 50435		CHARITY	EQUIPMENT	2,000.
CHICKASAW PUBLIC HEALTH				Person or
260 EAST PROSPECT	NONE	1	MENTORING	Business X
NEW HAMPTON IA 50659		CHARITY	PROGRAM	2,000.
CHARLES CITY ARTS CENTER				Person or
301 N JACKSON ST	NONE	PUBLIC		Business X
CHARLES CITY IA 50616		CHARITY	EQUIPMENT	3,500.
CHICKASAW ATHLETIC BOOSTERS				Person or
215 S 1ST STREET	NONE		CAPITAL	Business X
NEW HAMPTON IA 50659		CHARITY	IMPROVEMENTS	5,600.
CHARLES CITY FOSTER GRANDPARENTS				Person or
624 N MAIN ST	NONE	PUBLIC	,	
CHARLES CITY IA 50616		CHARITY	OPERATING	2,000.
MASON CITY FIRE DEPT				Person or
78 S GEORGIA AVE	NONE	PUBLIC		Business X
MASON CITY IA 50401	<u> </u>	CHARITY	EQUIPMENT	1,500.
MASON CITY NOON LIONS				Person or
1519 4TH ST SW	NONE	PUBLIC		Business X
MASON CITY IA 50401	<u> </u>	CHARITY	EQUIPMENT	2,000.
KINNEY PIONEER MUSEUM				Person or
MUNICIPAL AIRPORT HWY 122 W	NONE	PUBLIC		Business X
MASON CITY IA 50401	<del> </del>	CHARITY	RESTORATION	2,000.
CHARLES CITY CIVIC FOUNDATION	NONE	DUDI TO	COMMINITAL	Person or
117 N JACKSON ST	NONE	PUBLIC	1	Business X
CHARLES CITY IA 50616	<del> </del>	CHARITY	RESTORATION	2,000.
CITY OF KANAWHA	NONE	DURTEC	CADIMAI	Person or
110 W 2ND ST	NONE	PUBLIC		Business X
KANAWHA IA 50447	<del> </del>	CHARITY	IMPROVEMENTS	2,000.
FEED MY STARVING CHILDREN				Person or
401 93RD AVE NW	NONE	PUBLIC	~	Business X
COON RAPIDS MN 55433	.l. <u></u>	CHARITY	SUPPLIES	2,500.

Continued

MASON CITY         IA 50401         CHARITY EQUIPMENT         3,00           KANABEC COUNTY FAIR ASSOC         Person or PUBLIC         Business	Х
MORA         MN         55051         CHARITY         SPONSORSHIP         1,05           MASON CITY HIGH SCHOOL         1700_4TH_ST_SE         NONE         PUBLIC SUMMER         Business           MASON CITY         IA 50401         CHARIT MUSICAL         1,00           KANABEC STATE BANK         Person or	х
MORA MN 55051 CHARITY SPONSORSHIP 1,00 WRIGHT ON THE PARK Person or	х
THE SALVATION ARMY  747 VILLAGE GREEN DR NONE PUBLIC DAY CARE Business  MASON CITY IA 50401 CHARITY CENTER 1,00  FRIENDS OF PARKER'S WOODS Person or	
MASON CITY IA 50401 CHARITY EQUIPMENT 1,50 CLEAR LAKE CHAMBER OF COMMERCE Person or	х
NEW HAMPTON ROTARY CLUB PO BOX 445 NONE PUBLIC WONDERLAND Business CHARITY PROJECT 2,50 THE JOLLY RANCHERS 4-H Person or Person or Person or	х
	0. X
CLEAR LAKE IA 50428 CHARITY OPERATING 5,00	Х
VISIT MASON CITY, INC.  2021 4TH ST SW  NONE  PUBLIC  CHARITY SPONSORSHIP  5,00  IGNITE CLEAR LAKE  Person or  Person or  Person or  Person or  Person or  Person or	0.
205 MAIN AVENONEPUBLIC GENERALBusinessCLEAR LAKEIA 50428CHARITY OPERATING5,00GIRL SCOUTS OF GREATER IOWA	0. X

Continued

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year  CENTRAL PRESCHOOL  601 MILWAUKEE ST  CHARLES CITY IA 50616	NONE	PUBLIC CHARITY	SCHOLARSHIPS	Person or Business X 2,500.
FOUR OAKS 980 S IOWA AVE MASON CITY IA 50401	NONE	PUBLIC CHARITY	CAPITAL IMPROVEMENTS	Person or Business X 25,500.
NORTH IOWA VOCATIONAL CENTER  1225 S HARRISON AVE  MASON CITY IA 50401	NONE	PUBLIC CHARITY	EMPLOYMENT TRAINING	Person or Business X 2,500.
MORA AREA FOOD PANTRY 214 NW RAILROAD AVE MORA MN 55051	NONE	PUBLIC CHARITY	MATCHING GIFT	Person or Business X
CALVARY LUTHERAN CHURCH 7520 GOLDEN VALLEY ROAD GOLDEN VALLEY MN 55427	NONE	PUBLIC CHARITY	MATCHING GIFT	Person or Business X
CHARLES CITY BOOSTER CLUB 1 COMET LANE CHARLES CITY IA 50616	NONE	PUBLIC CHARITY	MATCHING GIFT	Person or Business X
ZION LUTHERAN CHURCH 112 N 4TH ST CLEAR LAKE IA 50428	NONE	PUBLIC CHARITY	MATCHING GIFT	Person or Business X 550.

Total

322,200.

Form 990-PF, Page 1, Part I Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SCHUPICK & ASSOC, PC	TAX PREPARATION	720.	720.		

Total

720.

720.

Form 990-PF, Page 1, Part I Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FIRST CITIZENS TRUST CO.	TRUSTEE	4,640.	4,640.		
Total		4,640.	4,640.		

Form 990-PF, Page 2, Part II, Line 10b **L-10b Stmt** 

	End of	End of Year		
Line 10b - Investments - Corporate Stock:	Book	Fair Market		
	Value	Value		
ABBVIE	8,283.	11,249		
ALTRIA GROUP INC	12,100.	14,934		
AMERICAN ELEC PWR INC	3,036.	3,459		
ASTAZENECA PLC	10,295.	13,002		
AT&T INC	13,675.	14,732		
BCE INC COM	3,675.	3,810		
BERKSHIRE HATHAWAY INC	21,823.	29,640		
BRISTOL MYERS SQUIBB CO	2,548.	3,774		
CHEVRON CORPORATION	2,296.	3,123		
COCA COLA	2,608.	3,305		
CONOCO PHILLIPS	12,277.	15,402		
DOMINION RESOURCES INC	6,105.	7,310		
DUKE ENERGY HOLDINGS	11,110.	11,663		
HEALTHCARE REIT INC	6,153.	5,678		
HCP INC	3,815.	3,305		
JOHNSON & JOHNSON	8,001.	10,533		
KIMBERLY CLARK CORP	6,258.	8,252		
KRAFT FOODS GROUP	12,435.	13,801		
ELI LILLY & CO	2,824.	3,111		
LORILLARD INC	6,526.	8,210		
MCDONALDS CORP	7,456.	7,859		
MERCK & CO	12,227.	14,865		
NATIONAL GRID PLC	10,288.	13,195		
PPL CORP	7,704.	7,853		
PEPSICO INC	2,872.	3,483		
PHILLIP MORRIS INTL INC	6,143.	6,360		
PROCTOR & GAMBLE CO	3,263.	3,826		
REALTY INCOME CORP	4,286.	3,733		
REYNOLDS AMERICAN	10,246.	12,398		
SENIOR HOUSING PPTYS TR	5,120.	4,424		
SOUTHERN CO	11,245.	10,442		
VENTAS INC	3,431.	3,093		
VERIZON COMMUNICATIONS INC	11,019.	13,514		
WELLS FARGO & CO	34,193.	49,940		
WILLIAMS CO INC	5,169.	5,51		
BANK OF AMERICA PREFERRED	49,784.	58,35		
B P AMOCO SPONSORED ADR	11,542.	13,02		
GLAXOSMITHKLINE PLC	9,404.	10,998		
ROYAL DUTCH SHELL PLC	13,106.	13,520		

Continued

	⊢orm	990-PF,	Page 2,	Part II,	Line	106
ı	1 -10H	Stmt				

	End of Year		
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value	
TOTAL S. A.	12,369.	14,827.	
UNILEVER PLC	2,891.	3,337.	
VODAFONE GROUP PLC	10,384.	14,702.	
Total	399,985.	477,560.	

Form 990-PF, Page 2, Part II, Line 10c

L- 10c Stmt

	End of	End of Year		
Line 10c - Investments - Corporate Bonds:	Book Value	Fair Market Value		
MORGAN STANLEY 3.45% BOND	49,750.	52,045.		
FEDERATED ULTRA SHORT BOND FUND	29,645.	29,437.		
PIMCO TOTAL RETURN FUND	150,000.	143,127.		
VANGUARD HIGH YIELD CORPORATE FUND	57,500.	56,494.		
Total	286,895.	281,103.		

Form 990-PF, Page 2, Part II, Line 13 L-13 Stmt

	End of	Year
Line 13 - Investments - Other:	Book Value	Fair Market Value
ISHARE S&P MIDCAP 400 GROWTH	15,197.	34,544.
ISHARE S&P MIDCAP 400 VALUE	16,518.	34,869.
ISHARE S&P SMALLCAP 600 BARRA VALUE	17,110.	36,716.
ISHARE S&P SMALLCAP 600 GROWTH	14,501.	37,362.
ETF VANGUARD EMERGING MARKETS	49,616.	43,814.
ISHARES DJ US REAL ESTATE	57,031.	52,041.
ISHARE MSCI EAFE FUND	63,402.	72,798.
ISHARE DOW JONES INTL SELECT DIV IDX	64,324.	69,241.

297,699. 381,385. Total

Form 990-PF, Page 2, Part II, Line 15 **Other Assets Stmt** 

	Beginning	End of	f Year
Line 15 - Other Assets:	Year Book Value	Book Value	Fair Market Value
EX-DIVIDENDS	1,988.	0.	0.
Total	1,988.	0.	0.

### APPLICATION PROCEDURE FOR THE FIRST CITIZENS NATIONAL BANK CHARITABLE FOUNDATION, INC.

The First Citizens National Bank Charitable Foundation is a corporation established under the Iowa Non-Profit Corporation Act under Chapter 504(A) of the Code of Iowa (1995), and commenced existence on December 27, 1995. The Corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code of 1954.

#### Criteria for Making Grant Determination

- 1. The Applicant must be a "public charity" within the meaning of Internal Revenue Code Section 501(c)(3) and must submit a copy of IRS letter with Application.
- 2. The Applicant must demonstrate the feasibility of the project for which the funds will be used and submit a proposed budget for the project.
- 3. In addition to the foregoing and other factors, whether an application for a grant is favorably considered, and the amount of the grant, depends upon the total number of applicants, the amount requested by each applicant, and the amount of funds available to the First Citizens National Bank Charitable Foundation.

### **Submitting Applications**

Please submit application to a staff member at any of our bank locations:

Alta Vista:

Charles City:

300 North Main Street – Charles City, IA 50603
Clarion:

315 Central Avenue E – Clarion, IA 50525
Kanawha:

220 North Main Street – Kanawha, IA 50447
Latimer:

119 North Akir Street – Latimer, IA 50452
Mason City:

2601 Fourth Street SW – Mason City, IA 50401

New Hampton: 124 West Main Street - New Hampton, IA 50659

Osage: 501 Main Street – Osage, IA 50461

Or mail to:

Pat Tomson, Executive Director First Citizens National Bank Charitable Foundation P.O. Box 1708 Mason City, IA 50402-1708

#### **Application Deadlines**

June 1 and November 15

#### **Contents of Applications**

Applications will be accepted by submission of the attached Application form delivered to a bank staff member at one of the locations listed above or mailed to the Executive Director. Additional information, including pamphlets or informational documentation, may also be submitted.

# FIRST CITIZENS NATIONAL BANK CHARITABLE FOUNDATION, INC. APPLICATION FOR GRANT FUNDING

Date	
Applicant	
Contact Person and Title	
Mailing Address	
<del></del>	
Phone	
Applicant's Status:	
City or County	Not for Profit Corporation
Business or Corporation	Committee/Group/Club
Amount Requested \$	Total Project Cost \$
Give a brief description of the mission of you	ur organization.

2. Give a brief description of the project for which application is being made, explaining the purpose of this request and specifically what this contribution will be used for.

•	•
3.	How will the community benefit from this project?
4.	Attach a detailed budget for total project for which application is being made. No grants will be considered without project budget.
5.	Anticipated completion date of this project?
6.	What other funding have you received for this project?
7.	What other applications are you making for this project?
8.	Is this request specifically targeted to benefit low- to moderate-income individuals?
	If so, what percentage of persons benefiting from this request has family income below \$47,440
	Explain how the above number was determined (i.e. specific criteria for qualification).
Co	empleted attached CRA Needs Assessment form? Yes No
	this request is granted, could the funds be designated to specifically benefit individuals who comes fall below \$47,440.00?
Se	ee attached CRA Needs Assessment and complete form if appropriate.
	ease attach a copy of your IRS 501(c)(3) letter to this Application. No grants will

Comments and signature of bank staff member receiving application:			
	<u> </u>		
Signature of bank staff member	Date		

.



# CRA Needs Assessment 2013

Organization Name:		
Contact Person:	Phone:	
Date:	E-mail address:	
Give a brief description of the pur	pose of your organization:	
How does your organization addition household income below \$47,4	ress the needs of low- and moderate-income individuals? This would be	
Do you have a method of tracking	g the income level? If so, how? Please be specific.	
What percentage of those served	meet this criteria? How was this determined?	
What do you consider as the prin income housing: services such a development.	nary need(s) of your community or organization? Examples might be low-s meals, medical care, or mental health; unemployment; or economic	
How could First Citizens National	Bank assist your organization in meeting those needs? Please be specific	