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Form 990-PF

A 3

Return of Private Foundation

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

▶ Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf and ending For calendar year 2013 or tax year beginning Name of foundation A Employer identification number 42-6612322 JONAN HASKELL SCHOLARSHIP TRUST Room/suite Number and street (or P O box number if mail is not delivered to street address) B Telephone number 319-754-2250 P.O. BOX 928 C If exemption application is pending, check here City or town, state or province, country, and ZIP or foreign postal code 52601 BURLINGTON, IA G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Amended return Final return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust ____ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) 161,826. (Part I, column (d) must be on cash basis) ▶\$ (d) Disbursements for charitable purposes (cash basis only) Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) Part I (c) Adjusted net (a) Revenue and (b) Net investment expenses per books income income N/A Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments STATEMENT 1,307. 1,307. 3 1,239. 1,239. STATEMENT Dividends and interest from securities 5a Gross rents h Net rental income or (loss) 6,352. 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 30.489. b 6,352. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 8,898. 8,898. Total. Add lines 1 through 11 0. 1,564. 1,564. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees

b Accounting fees

c Other professional fees

17 Interest

18 Taxes

19 Depreciation and depletion RECEIVED

20 Occupancy 260. 0. 260. 15. 15. 827. 884. S 22 Printing and pu.
23 Other expenses
24 Total opera*
25 exp. and megungs 2 1 2014 21 Travel, conferences 22 Printing and publica 24 Total operating and administrative DEN, UT 2,723. 2,666. expenses. Add lines 13 through 23 7,838 7,838. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 7,838. 2,666. 10,561. Add lines 24 and 25 27 Subtract line 26 from line 12: -1,663. a Excess of revenue over expenses and disbursements

6,232

N/A

b Net investment income (if negative, enter -0-)

TRUST

JONAN HASKELL SCHOLARSHIP

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42-6612322

Page 2

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7 Add lines 5 and 6 7 6 , 473 8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.				SKELL_SCHOLA					4	2-6612	2322	Page :
Tay FAM. TRUIST ACCOUNT SECURIFIES P CAPITAL GATNS DIVIDENDS (e) Gross sales price (f) Deprecation allowed (g) Cost or other basis (s) plus (f) minus (g) plus (g) plus (g) minus (g) plus (g) plus (g) minus (g) plus (g)						Income	T/6\ U/	ow acquired. I		 , - ₁		
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(e) Gross sales price (f) Deprecation allowed (g) Cost or other basis (h) Carn or (loss) (g) plus (f) mins (g) 2 4, 137 . 2, 113							ļ	P				
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(e) Gross sales price (f) Deprecation allowed (or allowable) (p) dos for other basis (b) plus (f) mins (g) (b) a. 26, 250, b. 4, 239, c. 249, c.							 					
For Others are by domester present plant in column (h) and owned by the foundation on 12/31/69 (1) Gams (CoL. (h) pain minus (a)	<u>e</u>		- (6) [John San State of San	/e) Coo	t or other basis	1		/b) G	Coun or (loce)		
8 4 , 239		(e) Gross sales price	(1)									
8 4 , 239		26,250.	-			24,13	7.				2	,113.
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (l) Excess of cot. (i) col. (k), but not less than 4-) or Lesses (from ext. (ii)). If any column (iii) and owned by the foundation on 12/31/69 (ci). (k), but not less than 4-) or Lesses (from ext. (iii)). If any column (iii) and a column (iii) and owned by the foundation on 12/31/69 (ci). (k), but not less than 4-) or Lesses (from ext. (iii) over cot. (i), it any column (iii). If gain, also enter in Part I, line 7 (ci). (ii) and increase (iii) and 4, 23.9 (ci). (iii) and increase (iii) and iii) and i						-						
Complete only for assets showing gain in column (f) and owned by the foundation on 12/3 t/69 (f) Came (Col. (h) gain minus col. (k), but not less than 4-) or 12/3 t/69 (g) Adjusted basis sol 12/3 t/69 (g) Excess of col. (h) over col. (l), if any col. (k), but not less than 4-) or 12/3 t/69 (g) Excess of col. (h) over col. (h), if any col. (k), but not less than 4-) or 12/3 t/69 (g) Excess of col. (h) over col. (h), if any col. (k), but not less than 4-) or 12/3 t/69 (g) Excess of col. (h) over col. (h), if any col. (k), but not less than 4-) or 12/3 t/69 (g) Excess of col. (h) over col. (h), if any col. (k), but not less than 4-) or 12/3 t/69 (g) Excess of col. (h) over col. (h), if any col. (k), but not less than 4-) or 12/3 t/69 (g) Excess of col. (h) over col. (h), if any co	C											
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(i) F.M.V. as of 12/31/69 Over col. (j), if any Losses (from col. (h)) a		Complete only for assets showin	g gain in c	column (h) and owned by the	ne foundation	on 12/31/69						
b		(i) F.M.V. as of 12/31/69	(CC				
b	a										2	,113.
General gain net income or (net capital loss) 2 Capital gain net income or (net capital loss) 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). If gain, also enter in Part I, line 8, column (c). If gain, also enter in Part I, line 8, column (c). If gain, also enter in Part I, line 8, column (c). If gain, also enter in Part I, line 8, column (c). If gain, also enter in Part I, line 8, column (c). If gain, also enter in Part I, line 8, column (c). If gain, also enter in Part I, line 8, column (c). If gain, also enter in Part I, line 8, column (c). If gain, also enter in Part I, line 8, column (c). If gain, also enter in Part I, line 8, column (c). If gain, also enter in Part I, line 7 3 N/A 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) lax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Was the foundation does not qualify under section 4940(e). Do not complete this part. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. 1 Enter the net value of moncharitable use assets for 2013 from Part X, line 5 2 Total of line 1, column (d) 3 N/A 2 Total of line 1, column (d) 3 Net year and the section 4940(e) (b) divided by col. (c)			-					,				
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Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes	lf ec	ection 4940(d)/2) annies leave th	ne nart his	ink								
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If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.	g i	Enter qualifying distributions from	n Part XII	line 4					R		7	,838
	١				1b, and comp	lete that part usin	ng a 1%	tax rate.		<u> </u>	<u>-</u>	•

	990-PF (2013) JONAN HASKELL SCHOLARSHIP TRUST rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49		see ins		tions	2age 4
_						'
12	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					1
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	1				52.
D	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	-'				 -
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	2				0.
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	3				52.
-	Add lines 1 and 2 Subtille A (magnetic accition 4047(a)(1) trusts and toyable foundations only. Others onter: 0.)	4			`	0.
_	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	5			- 6	52.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	3_				72.
6	Credits/Payments: 2013 estimated tax payments and 2012 overpayment credited to 2013					
	60					ł
	Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld 6d 6d					
	Total credits and payments. Add lines 6a through 6d	7				52.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
10	Enter the amount of line 10 to be: Credited to 2014 estimated tax	11				
	rt VII-A Statements Regarding Activities					-
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	No
	any political campaign?		ľ	1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	12		1b		X
•	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishe		ſ	t		
	distributed by the foundation in connection with the activities.				İ	
c	Did the foundation file Form 1120-POL for this year?		Ī	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		Ī			
_	(1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	•			- 1	, ,
	managers. ► \$ 0.				- 4	*
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		[2		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	r	Į			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3_		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		ļ	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?]	5		X
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law	1			
	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, col. (c), and Part XV	1		7_	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	IA					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				77	igspace
	of each state as required by General Instruction G? If "No," attach explanation		l	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar				<u></u> _
	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X

Form 990-PF (2013)

Form 990-PF (2013) JONAN HASKELL SCHOLARSHIE			42-66123	<u> </u>	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be Re	equirea (continu	ied)		
5a During the year did the foundation pay or incur any amount to:					
' (1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s 🗓 No		
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire	ctly,			
any voter registration drive?		☐ Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	>	X Ye			1 1
(4) Provide a grant to an organization other than a charitable, etc., organization		, ,,	· — · ·		
• •	r described in section	□ v ₋	s X No	, , , ,	
509(a)(1), (2), or (3), or section 4940(d)(2)?			S A NO	1	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or to	or		-	
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations	L		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$
section 53.4945 or in a current notice regarding disaster assistance (see instruc	ctions)?		L	5b	X
Organizations relying on a current notice regarding disaster assistance check he			▶□□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned	_		
		// A □ Ye	s No		
expenditure responsibility for the grant?		1/A 16	S L NU		
If "Yes," attach the statement required by Regulations section 53 4945					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on				
a personal benefit contract?		Ye	s X No		\perp
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870			Γ	7	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	s X No		
b if "Yes," did the foundation receive any proceeds or have any net income attribu		L	N/A	7b	
Part VIII Information About Officers, Directors, Truste	Co. Foundation Mar	agers Highly	21/ 22		
Paid Employees, and Contractors	es, roundation Mai	lagers, riigiliy			
List all officers, directors, trustees, foundation managers and their control of the contro	compensation				
Elst all officers, allectors, a astees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) F	xpense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	accou allov	xpense nt, other wances
F & M BANK & TRUST	TRUSTEE				
PO BOX 928					
	1.00	1,564.	0.		0.
BULRINGTON, IA 52601	1.00	1,304.		+	
		ļ		 	
				ł	
	1				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	enter "NONE."	L	1	
2 Compensation of the inglicer paid employees (earlier than those the	(b) Title, and average	1	(d) Contributions to	(e) F	xpense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred compensation	accou	ınt, other
	devoted to position		compensation	allo	wances
NONE					
				_	
		1			
	1				
				+	
	1	1			
		<u> </u>		<u> </u>	
]	1			
		<u> </u>	<u> </u>		
Total number of other employees paid over \$50,000					0

Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensa
NONE	(a) type of control	(0)
		
		
Fotal number of others receiving over \$50,000 for professional services		>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant standard of organizations and other beneficiaries served, conferences convened, research papers p	atistical information such as the	Expenses
1 N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2		
3		
4		
	<u></u>	
Part IX-B Summary of Program-Related Investments		Amount
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	
	on lines 1 and 2.	
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	
Describe the two largest program-related investments made by the foundation during the tax year N/A	on lines 1 and 2.	
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	
Describe the two largest program-related investments made by the foundation during the tax year N/A	on lines 1 and 2.	
Describe the two largest program-related investments made by the foundation during the tax year N/A	on lines 1 and 2.	

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

Form **990-PF** (2013)

7,838.

3b

4

6

Cash distribution test (attach the required schedule)

4940(e) reduction of tax in those years.

Adjusted qualifying distributions. Subtract line 5 from line 4

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

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

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				
line 7				7,563.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			6,947.	
b Total for prior years:		2 625		
<u>2011</u> ,,		2,607.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008				
b From 2009				
c From 2010				
d From 2011		1		
e From 2012				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ► \$ 7,838.		`	6,947.	
a Applied to 2012, but not more than line 2a			6,947.	1
b Applied to undistributed income of prior	•	0		
years (Election required - see instructions)	· · · · · · · · · · · · · · · · · · ·	0.		*
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			891.
d Applied to 2013 distributable amount		<		891.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.		***	0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.	\$	м,	
b Prior years' undistributed income. Subtract				
line 4b from line 2b		2,607.		
c Enter the amount of prior years'	₹ <u>*</u>			*
undistributed income for which a notice of deficiency has been issued, or on which	!			
the section 4942(a) tax has been previously assessed	,	2,607.		
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 instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				6,672.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013			L	- 000 PE (0040)

Part XIV Private Operating For	ASKELL SCHO				12322 Page 10
			I-A, question 9)	N/A	
1'a If the foundation has received a ruling of foundation, and the ruling is effective for					
b Check-box to indicate whether the found	, -	•	.n acation	4942(j)(3) or 49	942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	ig touridation described i	Prior 3 years		1
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
	(4) 2515	(0) 2012	(0) 2011	(4) 25 10	(0) 10(4)
investment return from Part X for				}	
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
•			 		
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets			-		
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter			<u> </u>		
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)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization	 		 		· · · · · · · · · · · · · · · · · · ·
(4) Gross investment income Part XV Supplementary Info	rmation (Cample	 to this part only i	 if the foundatio	n had \$5 000 or ma	ro in accete
at any time during the	•		ir the foundatio	n nau \$5,000 or mo	re iii assets
		<u> </u>			
1 Information Regarding Foundatio	•	than 00/ af the tatal ages		ha fawadakan hafara tha alaa	a of any tax
a List any managers of the foundation who year (but only if they have contributed n			ributions received by t	ne touridation before the clos	se of any tax
NONE	(0000				
b List any managers of the foundation who	o own 10% or more of th	a stock of a corporation i	(or an equally large no	tion of the ownership of a n	ertnerchin or
other entity) of which the foundation has			(or all equally large po-	tion of the ownership of a pe	arthership or
NONE	g				
2 Information Regarding Contributi	on Grant Cift Loon	Sabalarahin ata Dr	oaramai		
<u> </u>		• • • •	•	s not accept unsolicited requ	acts for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone numb	·				
BURLINGTON HIGH SCHOOL				esseu.	
421 TERRACE DRIVE, BU		IA 52601	J 733 0034		
b The form in which applications should b			hould include:		
SEE ATTACHED	e submitted and imornia	non and materials mey si	nould include.		
c Any submission deadlines:					
FEBRUARY 28					
	e cuch ac by acceron	al areae charitable fields	kinds of institutions	or other feeters	
d Any restrictions or limitations on awards BURLINGTON HIGH SCHOOL					LLEGE OR
UNIVERSITY.	JE STODENI .	TIME EDMING	IO MITEND .	TOCKEDITED CO	OK GOUGE

3 Grants and Contributions Paid During th		Payment		
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	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
TEPHANIE SMITH	N/A	N/A	TUITION	
01 CONRAD COURT				1,313
BURLINGTON, IA 52601		+	-	
VAMES FLAHERTY	N/A	N/A	TUITION	
12 TERRACE DRIVE	,,,,	,,,,		
BURLINGTON, IA 52601			_	1,312
KARLIE LAWLER	N/A	N/A	TUITION	
213 SPRUCE STREET				
BURLINGTON, IA 52601				3,475
JESSICA COULTER	N/A	N/A	TUITION	
1036 STARR AVE				
BURLINGTON, IA 52601				1,738
		·		
Total			▶ 3a	7,838
b Approved for future payment				
JESSICA COULTER	N/A	N/A	TUITION	
1036 STARR AVE				4 525
BURLINGTON, IA 52601		- -		1,737
		-		
Total			<u>▶</u> 3b	1,737

Form 990-PF (2013) JONAN HASKELL SCHOLARSHIP TRUST

Enter gross amounts unless otherwise indicated.	Unrelated	business income		y section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business	Amount	sion code	Amount	function income
a				-	
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	1,307. 1,239.	
Dividends and interest from securities			14	1,239.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					·
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			14	6,352.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory		<u>-</u>			-
1 Other revenue:					
a					
b	l i				
C			<u> </u>		
d					
	1 1				
e			1	8,898.	0
e		0.		0,050.	
		0.			8,898
2 Subtotal. Add columns (b), (d), and (e)	itions.)	0.	<u> </u>		
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula				13	
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activ	ities to the Accon	nplishment of Ex	empt Pu	rposes	8,898
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activ Line No. Explain below how each activity for wheeling the second secon	ities to the Accon	nplishment of Ex	empt Pu	rposes	8,898
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activ	ities to the Accon	nplishment of Ex	empt Pu	rposes	8,898
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Part X	Information Re Exempt Organi		fers To a	nd Transactions	and Re	elationsh	ips With Non	charitable		
1 Did t	he organization directly or indir		f the followin	g with any other organiz	ation desci	ribed in section	on 501(c) of		Yes	No
	ode (other than section 501(c)			-			5,1 55 1(5) 5.			
	sfers from the reporting founda	. , .		· ·	,					
(1)	• •							1a(1)		X
	Other assets							1a(2)		X
b Other	r transactions:							<u> </u>		
(1)	Sales of assets to a noncharitat	ole exempt organizatio	on					1b(1)		_X_
(2)	Purchases of assets from a nor	icharitable exempt org	ganization					1b(2)		X
(3)	Rental of facilities, equipment, (or other assets						1b(3)		X
(4)	Reimbursement arrangements							1b(4)	igsquare	<u>X</u>
(5)	Loans or Ioan guarantees							1b(5)	$\sqcup \sqcup$	<u> </u>
(6)	Performance of services or mei	mbership or fundraisi	ng solicitatio	ns				1b(6)		X
c Shar	ing of facilities, equipment, mai	ling lists, other assets	s, or paid em	ployees				1c		_X_
or se	answer to any of the above is rvices given by the reporting for	oundation. If the found	dation receive	, ,					ets,	
(a) Line no	nn (d) the value of the goods, or (b) Amount involved			exempt organization	17	d) Description	of transfers, transaction	ons and sharing arr	angemen	
(a) Line no	(b) Amount involved	(c) Name of t	N/A	CACITIFE OF GATHEAUTON		u) bescription	or barislers, transaction	one, and one ing an	a igenien	
-										
· · · · · · · · · · · · · · · · · · ·										
										
			-0				-	-		
		- 								
							,			
				-						
ın se	e foundation directly or indirect ction 501(c) of the Code (other is," complete the following sche	than section 501(c)(3		•	anizations	described		Yes	X] No
<u> </u>	(a) Name of org			(b) Type of organization	on	-	(c) Description of r	elationship		
	N/A					<u> </u>	· · · · · · · · · · · · · · · · · · ·			
	<u> </u>									
										
	· · ·									
	Under penalties of perjury, I declare than belief unstitue, correct, and gome			taxpayer) is based on all info	rmation of w	nich preparer ha	as any knowledge	May the IRS return with the shown below X Yes	e prepare (see inst	er
	Signature of officer or trustee		Drangue-1-	Date		tle	Chack F	DTIN		
	Print/Type preparer's na	me	Preparer's s	ignature	Date		Check if	PTIN		
Paid	MELINDA S.		Melmo	la Robins	07/	08/14	self- employed	P01226		
Prepai Use O	1 11 11 0 11 at 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	KE & COMPA	ANY	0			Firm's EIN ► 4	2-13632	98	
	Firm's address ▶ PO	BOX 135 ST POINT,	TA 50	656			Phone no. 31	0_027_6	042	
	WE	OI BOINT	IN 34	0.50			T LUOUE NO. 3T	. <u>, </u>	<u> </u>	

FORM 990-PF INTER	EST ON SAVI	NGS AND TEN	IPORARY	CASH IN	NVESTMENTS	STATEMENT 1
SOURCE		(<i>I</i> REVI PER I	ENUE		(B) VESTMENT VCOME	(C) ADJUSTED NET INCOME
F&M TRUST ACCOUNT			1,307.		1,307.	
TOTAL TO PART I, L	INE 3		1,307.		1,307.	
FORM 990-PF	DIVIDEND	S AND INTER	REST FR	OM SECUE	RITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	R	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO	
LTCG DISTRIBUTIONS NON-QUALIFIED QUALIFIED	4,239 235 1,004	•	39. 0. 0.	235 1,004	. 23	
TO PART I, LINE 4	5,478	4,23	39.	1,239	1,23	9.
FORM 990-PF		ACCOUNT	ING FEE	S 		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM	
ANN MENKE - TAX PRI	 3P	260		260.		0.
TO FORM 990-PF, PG	1, LN 16B	260	•	260.		0.

FORM 990-PF	TAX	ES	STATEMENT 4		
DESCRIPTION	(A)	(B)	(C)	(D)	
	EXPENSES	NET INVEST-	ADJUSTED	CHARITABLE	
	PER BOOKS	MENT INCOME	NET INCOME	PURPOSES	
FORM 990-PF	57.	0.		0.	
FOREIGN TAX	45.	45.		0.	
FORM 4720	782.	782.		0.	
TO FORM 990-PF, PG 1, LN 18	884.	827.		0.	

FORM 990-PF U.S. AND S	STATE/CITY GOV	ERNMENT	OBLIGATIONS	STATEMENT 5
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
	x		19,297.	19,441.
TOTAL U.S. GOVERNMENT OBLIGAT	TIONS	-	19,297.	19,441.
TOTAL STATE AND MUNICIPAL GOV	VERNMENT OBLIG	ATIONS		
TOTAL TO FORM 990-PF, PART II	I, LINE 10A	=	19,297.	19,441.
FORM 990-PF	CORPORATE	BONDS		STATEMENT 6
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME SECURITIES		-	10,189.	10,204.
TOTAL TO FORM 990-PF, PART II	I, LINE 10C	-	10,189.	10,204.

JONAN HASKELL SCHOLARSHIP TRUST

FORM 990-PF OT	HER INVESTMENTS	STATEMENT 7	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	COST	73,589.	99,025.
TOTAL TO FORM 990-PF, PART II, LI	NE 13	73,589.	99,025.

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www irs gov/form8868 .

OMB No 1545-1709

P If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8985 Lecteronia filing 6-righ. You can electronically life Form 8986 for you need a 3-month automatic extension of time to file are filed. Port of the file form 1907, or an additional (not automatic) 3-month extension of time. You can electronically file Form 8985 for request an extension of time. Or time to file are filed in Part II or Part II with the exception of Form 8970, information Return for Transfers Associated With Certain of time to file are filed in Part I or Part II with the exception of Form 8970, information Return for Transfers Associated With Certain Parts under the Certain Parts and Parts II an	• If you	are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box			<u>X</u>
Do not complete Part Juniess — you have already been granted an automatic 3-month extension on a previously filed from 896 februaries filting (e-file). You can electronically file from 896 ff you not a district on the februaries of time to file any of the forms listed in Part i or Part it with the exception of Form 8970, information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be earn to the filts in page from 8970, information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be earn to the filts in page from 890 februaries (Filts in Part i or Part it with the exception of Form 8970, information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be earn to the filts in page from 890 februaries and filts of the form 890 februaries and filts of the filts of th	•		•		this form).	_	_
Electronic filling (a-bdy). You can electronically file Form 8888 it you need a 3-month automatic extension of time for file (8 months for a corporation required to file Form 980 T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8888 to request an extension of time to file any of the forms listed in Part for Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, institutions and circle on a fee for Chantes & Abonachitis. Part II Automatic 3-Month Extension of Time. Only submit original (no copies needed). Acopporation regiment to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All chere corporations (including 1120-C filers), partnerships, REMICs, and fursts must use Form 7004 to request an extension of time. Onle including 1120-C filers, partnerships, REMICs, and fursts must use Form 7004 to request an extension of time. Onle including 1120-C filers, partnerships, REMICs, and fursts must use Form 7004 to request an extension of time. Onle including 1120-C filers, partnerships, REMICs, and fursts must use Form 7004 to request an extension of time. Onle including 1120-C filers, partnerships, REMICs, and fursts must use Form 7004 to request an extension of time. Only 100-NN HASKELL SCHOLARSHIP TRUST Value of extension of time to file of the return of time of the return of the organization named above. The extension is for the whole group, check this box Partnerships and continued in line 1 is for less th	•			· · · · · · · · · · · · · · · · · · ·		n 8868	
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Application Return Application Return Application Return Series Series	A corpor	ation required to file Form 990-T and requesting an auton	natic 6-mo	nth extension - check this box and c	complete	_	
The file is identifying number Name of exempt organization or other filer, see instructions	Part I on	'y)	▶ ∐
JONAN HASKELL SCHOLARSHIP TRUST JONAN HASKELL SCHOLARSHIP TRUST Number, street, and room or suite no if a P O box, see instructions P.O. BOX 928 City, town or post office, state, and ZIP code For a foreign address, see instructions. BURLINGTON, IA 52601 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Form 990 or Form 990 EZ O1 Form 990-T (corporation) O7 Form 990-BL O2 Form 4720 (orther than individual) O3 Form 4720 (orther than individual) O3 Form 990-T (rust other than above) O6 Form 890-T (rust other than above) O7 FARMERS & MERCHANTS BANK & TR FARMERS & MERCHANTS BANK & TR Telephone No \$19-754-2250 FARMERS & MERCHANTS BANK & TR Telephone No \$319-754-2250 FARMERS & MERCHANTS BANK & TR Trequest an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until ACIGUST 15, 2014 If it is for part of the group, check this box \$\bigsimes\$ and adatach a list with the names and EINs of all members the extension is for the organization's return for \$\bigsimes\$ and adatach a list with the names and EINs of all members the extension is for the organization's return for \$\bigsimes\$ and adatach a list with the names and EINs of all members the extension is for the organization's return for \$\bigsimes\$ and adatach a list with the names and EINs of all members the extension is for the organization's return for \$\bigsimes\$ and adatach a list with the names and EINs of all members the extension is for the organization's return for the organization is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			Cs, and tn	usts must use Form 7004 to request			mber
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c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,			_		3b	\$	0.
			•	•	3с	\$	62.
Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment	Caution	If you are going to make an electronic funds withdrawal	(direct del	bit) with this Form 8868, see Form 8	3453-EO an	d Form 8879-EO f	or payment

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs gov/form8868 •

OMB No. 1545-1709

• If you a	re filing for an Automatic 3-Month Extension, complet	e only Par	rt I and check this box			ightharpoonup
	re filing for an Additional (Not Automatic) 3-Month Ext			hıs form)		
			tic 3-month extension on a previously		n 8868.	
	c filing (e-file) . You can electronically file Form 8868 if y					rporation
	o file Form 990-T), or an additional (not automatic) 3-mor					
	file any of the forms listed in Part I or Part II with the exc					
	Benefit Contracts, which must be sent to the IRS in paper					
	urs.gov/efile and click on e-file for Charities & Nonprofits.					
Part I	Automatic 3-Month Extension of Time.	. Only s	submit original (no copies nee	ded).		
A corpora	tion required to file Form 990-T and requesting an autom	natic 6-moi	nth extension - check this box and c	omplete		
Part I only	1					▶ □
	corporations (including 1120-C filers), partnerships, REMI ome tax retums	Cs, and tru	usts must use Form 7004 to request		on of time r's identifying n	umber
Type or	Name of exempt organization or other filer, see instruc	ctions			identification nu	
print	Than of oxompt organization of oxformor, coo money	J		,,		` ,
print	JONAN HASKELL SCHOLARSHIP T	RUST			42-6612	322
File by the due date for	Number, street, and room or suite no. If a P.O. box, se		ions	Social sec	curity number (S	SN)
filing your	P.O. BOX 928					
return See instructions	City, town or post office, state, and ZIP code For a fo	reign addi	ress, see instructions			
	BURLINGTON, IA 52601	J	,			
Enter the	Return code for the return that this application is for (file	a separat	e application for each return)			0 9
Applicati	on	Return	Application			Return
Is For		Code	Is For		Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
	0 (individual)	03				09
Form 990		04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
	FARMERS & MERCH	RTMA	BANK & TR			
• The bo	ooks are in the care of P.O. BOX 928 -	BURLI	NGTON, IA 52601			
	one No ► 319-754-2250		Fax No ▶			
• If the c	organization does not have an office or place of business	in the Un	ited States, check this box			
If this	s for a Group Return, enter the organization's four digit (Group Exe	mption Number (GEN)	f this is foi	r the whole group	p, check this
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all membe	ers the extension	ı ıs for
1 re	quest an automatic 3-month (6 months for a corporation AUGUST 15, 2014, to file the exemp		o file Form 990-T) extension of time to time to the form for the organization name		The extension	
	or the organization's return for	t Olyaniza	tion return for the organization name	d above	THE EXTENSION	
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	► X calendar year 2013 or ► tax year beginning , and ending					
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	using EFTPS (Electronic Federal Tax Payment System) S If you are going to make an electronic funds withdrawal				<u>Ψ</u>	
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instructions.

Farmers & Merchants Bank & Trust Scholarship Application

Deadline for Scholarship Application: March 15th

Please type or print entire application

Name of Applicant
Address
Phone Number
Parent/Guardian Name
Mother's Occupation
Father's Occupation
Families Reported Gross Income on last years Tax Return
High School Attended
High School Graduation Date
Post Secondary Field of Study/Major
College/University You Plan to Attend
G.P.A
Class Rank
ACT/SAT Score

WRITTEN STATEMENT

On a separate sheet, type a statement about your future educational and vocational/career goals and how you plan to use the scholarship money.

Please provide a letter of recommendation from a non family member.

1. Describe your financial need as you see it.
2. List other types of financial aid/scholarships you have applied for or received.
3. List your school extracurricular activities.
4. List your work experience.
5. List any community service activities.
6. Please provide any other information that you feel is pertinent to this application.

	icate the scholarship(s) for which you wish to be considered as an applicant. You isidered for all scholarships for which your application appears to make you
Je	ssie Corbin Trust Scholarship
	Must be enrolled at an accredited College or University
	Field of study or training should be in the area of activities related to the
	care, education or development of the mentally retarded
	No restrictions on student's current age, high school or gender
	Scholarship may be renewable
A.	Vern & Pauline Crawford Scholarship
	Must be enrolled at Iowa State University
	Fields of study should be Veterinary Science, Forestry, Electronics,
	Electrical or Mechanical Engineering, Agriculture or Home Economics
	Considerations: financial need, good moral character, good scholastic
	record
Be	atrice Loper Scholarship \$700.00
	Must be enrolled at an accredited College or University
	Based on Financial Need
	Renewable for 4 years
	No restriction on High School or location of residence
Joa	n McAllister Scholarship
	Must be enrolled at an accredited College or University or
	Community College with intent to receive Bachelor's Degree
	Field of study should be related to elementary education: teacher, counselor,
	etc. Should be a graduate from Burlington Community High School, West
	Burlington High School, or Burlington Area Catholic System High School
	No restrictions on student's gender or financial need
	Scholarship is renewable for four years if 3.0/4.0 GPA is maintained and
	remain a full-time student
Sh	eridan-Setterberg Memorial Trust Scholarship
	One scholarship for students enrolled at an accredited College, University,
	Community College and one scholarship awarded for a student attending a
	Vocational-Technical training school No restriction on field of study
	Should be a graduate of Des Moines County
	Based on financial need, academic records and achievements
	May be renewable
Ke	nneth Cooksey/Norma Cook Memorial Scholarship
_	A 4 year scholarship, awarded to worthy students based solely on their
	academic achievements and record and no weight shall be given to the
	financial peods of the students or their families

Not all scholarships above will be awarded every year. Awarding of scholarship will depend on available funding.

Mail application and letter of recommendation to:

Farmers & Merchants Bank & Trust ATTN: Trust Dept PO Box 928 Burlington, IA 52601