

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



efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491133019184

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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. By law, the IRS cannot redact the information on the form.
► Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

For	cale	ndar year 2013, or tax yea	ar beginning 01-	01-2013 , and	d end	ding 12-31-	2013					
	e of fou					A Employer id	lentification numb	er				
DE	112 FUU	INDATION				56-6657852						
Num	ber and	street (or P O box number if mail is not o	delivered to street address	s) Room/suite		B Telephone nu	ımber (see ınstructio	ns)				
		NATIONAL BANK 300 E 2ND S				(563) 262-4215						
Cıtv	or town	, state or province, country, and ZIP or foi	reign postal code			C If exemption	ı application is pendin	a, check here 🕨 🗀				
		IA 52761	cigii postai code			• If exemption	application is pendin	ngy effects field p				
	haalı s	ıll that apply	Tautial rations a	f a former public cha	.			_				
GC	песка	Final return	A mended retu		iity	_	rganizations, check h	•				
		Address change	_	• • •		check he	rganizations meeting re and attach comput	ation				
		pe of organization 🔽 Section 50					undation status was i in 507(b)(1)(A), chec					
		4947(a)(1) nonexempt charitable					. , , , , ,					
		I	Accounting method Other (specify)	I Cash I Acc	rual		ation is in a 60-mont in 507(b)(1)(B), chec	. —				
			।	t be on cash basıs.)		under seedle	307(0)(1)(0), enec	, incre				
Pa	rt I	Analysis of Revenue and		(a) Revenue and				(d) Disbursements				
		total of amounts in columns (b), (c), a necessarily equal the amounts in colun instructions))		expenses per books	(b) N	let investment income	(c) Adjusted net income	for charitable purposes (cash basis only)				
	1	Contributions, gifts, grants, etc., i	received (attach									
	2	schedule)	de magnipped to the -									
		Check ► if the foundation is no Sch B	t required to attach									
	3	Interest on savings and temporar	y cash investments									
	4	Dividends and interest from secui	nties	1,792		1,792						
	5a	Gross rents										
	ь	Net rental income or (loss)										
Φ	6a	Net gain or (loss) from sale of ass	ets not on line 10	462								
Revenue	Ь	Gross sales price for all assets or	n line 6 a									
	7		t IV, line 2)			462						
_	8	Net short-term capital gain										
	9	Income modifications										
	10a	Gross sales less returns and										
	١.	allowances										
	_	Less Cost of goods sold										
	11	Gross profit or (loss) (attach sche Other income (attach schedule)	·	95 2,000								
	12	Total. Add lines 1 through 11 .		4,254		2,254						
	13	Compensation of officers, director		798		399		399				
	14	Other employee salaries and wage										
γ di	15	Pension plans, employee benefits										
Š	16a	Legal fees (attach schedule).										
Expenses	ь	Accounting fees (attach schedule)	650		325		325				
	С	Other professional fees (attach so	chedule)									
Ę	17	Interest										
stra	18	Taxes (attach schedule) (see inst	ructions)	34		34						
Administrative	19	Depreciation (attach schedule) ar	nd depletion									
틭	20	Occupancy										
р Д	21	Travel, conferences, and meeting										
and	22	Printing and publications		OFT								
Ď.	23	Other expenses (attach schedule		202		202						
Operating	24	Total operating and administrativ	-	1 604		000		77.4				
<u>\$</u>		Add lines 13 through 23		1,684 6,500		960		724 6,500				
0	25	Contributions, gifts, grants paid.		8,184		960		7,224				
_	26	Total expenses and disbursement : 25	s. Add lines 24 and	0,104				7,224				
	27	Subtract line 26 from line 12										
	a	Excess of revenue over expenses		-3,930								
	b	Net investment income (if negative				1,294						
	C	Adjusted net income (if negative,	enter-U-)									

Da	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year			f year
		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Val	lue	(c) Fair Market Value
	1	Cash—non-interest-bearing	2.405		2.266	2 266
	2	Savings and temporary cash investments	3,105		3,366	3,366
	3	Accounts receivable				
		Less allowance for doubtful accounts				
	4	Pledges receivable -				
		Less allowance for doubtful accounts 🟲				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	_	disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)				
		Less allowance for doubtful accounts 🟲				
sets	8	Inventories for sale or use				
v^	9	Prepaid expenses and deferred charges				
ጚ	10a	Investments—U S and state government obligations (attach schedule)	47.224	(ASC)	17.224	22.270
		Investments—corporate stock (attach schedule)	17,224	1759 	17,224	23,370
	_	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis				
		Less accumulated depreciation (attach schedule)				
		Investments—mortgage loans	60.753	o5∈7	C 4 F C O	60.063
	13	Investments—other (attach schedule)	68,752	7529	64,560	69,863
	14	Land, buildings, and equipment basis				
	4-	Less accumulated depreciation (attach schedule)				
	15	Other assets (describe) Total assets (to be completed by all filers—see the				
	16	Instructions Also, see page 1, item I)	89,081		85,150	96,599
	17	Accounts payable and accrued expenses	05,001		05,150	30,333
	18	Grants payable				
v	19	Deferred revenue				
īle\$	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
<u>-</u>	22	Other liabilities (describe				
		,				
	23	Total liabilities (add lines 17 through 22)			0	
		Foundations that follow SFAS 117, check here 🕨 🔽				
,		and complete lines 24 through 26 and lines 30 and 31.				
Balances	24	Unrestricted	89,081		85,150	
盲	25	Temporarily restricted				
<u>ක</u>	26	Permanently restricted				
Fund		Foundations that do not follow SFAS 117, check here 🕨 🦵				
∄∣		and complete lines 27 through 31.				
ŏ	27	Capital stock, trust principal, or current funds				
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund				
Š	29	Retained earnings, accumulated income, endowment, or other funds				
A A	30	Total net assets or fund balances (see page 17 of the				
Ŋet		instructions)	89,081		85,150	
	31	Total liabilities and net assets/fund balances (see page 17 of	00.004		05.450	
		the instructions)	89,081		85,150	
Pa	rt II	Analysis of Changes in Net Assets or Fund Balances				
1		Total net assets or fund balances at beginning of year—Part II, column	(a), line 30 (must ag	gree		
		with end-of-year figure reported on prior year's return)		1		89,081
2		Enter amount from Part I, line 27a		2	!	-3,930
3		Other increases not included in line 2 (itemize)	3			
4		Add lines 1, 2, and 3				85,151
5		Decreases not included in line 2 (itemize) 🟲			-	1
6		Total net assets or fund balances at end of year (line 4 minus line 5)—P	art II, column (b), lı	ne 30 . 6	-	85,150

• •	e the kınd(s) of property sold (e g , re house, or common stock, 200 shs M	· I P_PIIro	hase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a					
-					
(e) Gross sales price	(f) Depreciation allower (or allowable)	d (g) Cost or other ba			or (loss)) mınus (g)
a					
b					
С					
d					
e					
Complete only for assets	s showing gain in column (h) and owne (j) Adjusted basis	(k) Excess of col		(I) Gains (Col col (k), but not	(h) gain minus less than -0-) o i
(i) F M V as of 12/31/69	9 as of 12/31/69	over col (j), if an			om col (h))
a					
b					
С					
d					
е					
2 Capital gain net inc	ome or (net capital loss)	If gain, also enter in Part I, li If (loss), enter -0- in Part I, l			
a Natabaut taum aan	ا ما مراجع المعرفي المعرف		J	2	46
	ital gain or (loss) as defined in sectio		1		
If gain, also enter ir in Part I, line 8	n Part I, line 8, column (c) (see instru	ctions) If (loss), enter -0-	}		
	Under Section 4940(e) for R	advand Tavana Nat Tava	J	3	
"Yes," the foundation does	the section 4942 tax on the distributant not qualify under section 4940(e)	not complete this part			┌ Yes ┌ No
1 Enter the appropriate am	ount in each column for each year, se	ee page 18 of the instructions	before m	nakıng any entries	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as:	sets	(d) Distribution (col (b) divided	
2012	5,419		,495		0 05859
2011	7,480 6,990		,058		0 0795
2010	7,971		,523		0 07194
2008	3,967		,279		0 0384:
2 Total of line 1, colu	mn (d)		:	2	0 3327
	n ratio for the 5-year base period—div		by ,	_	0.0661
the number of years	the foundation has been in existence	e if less than 5 years	·	3	0 0665
4 Enter the net value	of noncharitable-use assets for 2013	3 from Part X, line 5	. 4	4	94,19
	of noncharitable-use assets for 2013	3 from Part X, line 5		5	
5 Multiply line 4 by lii					6,2
5 Multiply line 4 by lii	ne 3			5	94,19 6,27 1
Multiply line 4 by lineEnter 1% of net invAdd lines 5 and 6.	ne 3	7b)		5	6,27

	990-PF (2013) EXECUTE: Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	ructio		age 4
1a		Tuctio	115)	
14	on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary–see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			13
	here Frand enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
3	Add lines 1 and 2			13
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			13
6	C redits/P ayments			
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here T if Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9			13
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10			
11	Enter the amount of line 10 to be Credited to 2014 estimated tax Refunded 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	it participate or intervene in any political campaign?	1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of			
	the instructions for definition)?	1b		No_
	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.			
	Did the foundation file Form 1120-POL for this year?	1c		No
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
•	(1) On the foundation \$ (2) On foundation managers \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers * \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No
_	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
•	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No
	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	Yes	
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.	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	▶ <u>IA</u>			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes	
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		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.	10		No

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of FIRST NATIONAL BANK Telephone no (563)	 -262	4221	_
	Located at ▶300 E 2ND STREET MUSCATINE IA ZIP+4 ▶52761			
4-				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		'	- 1
	- · · · · · · · · · · · · · · · · · · ·		1	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over	1	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the			
	foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		l	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V 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?			
	(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)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2013?	1c		No
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))			
а	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			
Ь	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)	2b		No
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_	▶ 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
.				
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.).	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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?	4b		No

Pal	Statements Reg	arqıı	ig Activities for	VVI	iich form 4/20	<u>мау ве кеquir</u>	ea (<i>cor</i>	ΙΤΙΙ	nuec	1)		
5a	During the year did the foundation	n pay	orincurany amoun	t to								
	(1) Carry on propaganda, or othe	rwise	attempt to influenc	e leg	ııslatıon (section 494	45(e))?	☐ Yes	굣	No			
	(2) Influence the outcome of any	spec	ific public election (see	section 4955), or to	carry						
	on, directly or indirectly, any	vote	r registration drive?				☐ Yes	~	No			
	(3) Provide a grant to an individu	ual foi	travel, study, or oth	ners	ımılar purposes?		☐ Yes	~	No			
	(4) Provide a grant to an organiz	atıon	other than a charita	ble,	etc , organization de:	scribed						
	ın section 509(a)(1), (2), or	(3), o	r section 4940(d)(2)? (s	ee instructions)		☐ Yes	~	No			
	(5) Provide for any purpose othe	r thar	religious, charitabl	e, sc	ientific, literary, or							
	educational purposes, or for	the pi	revention of cruelty to children or animals? Yes 🔽									
b	If any answer is "Yes" to 5a(1)-	(5), d	ıd any of the transad	tion	s fail to qualify unde	r the exceptions d	escribed	ın				
	Regulations section 53 4945 or	ın a c	urrent notice regard	ling d	disaster assistance ((see instructions)	·			5b		No
	Organizations relying on a curre	nt not	tice regarding disaster assistance check here									
c	If the answer is "Yes" to questio	n 5a(4), does the foundat	ion c	laım exemption from	the						
	tax because it maintained expen	diture	e responsibility for th	ne gr	ant?		☐ Yes	~	No			
	If "Yes," attach the statement requ	ııred i	by Regulations sectio	n 53.	.4945–5(d).							
6a	6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on											
	a personal benefit contract?											
b	b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									6b		No
	If "Yes" to 6b, file Form 8870.											
7a	At any time during the tax year,	was t	he foundation a part	y to a	a prohibited tax shelf	ter transaction?	┌ Yes	~	No			
b	If yes, did the foundation receive		•		·		n?		•	7b		No
	Information Abou									Emp	love	es,
Pai	and Contractors		<u> </u>							•		
1	List all officers, directors, trustee	s, fo	undation managers a	nd t	heir compensation (see instructions).						
		(b)	, ,		c) Compensation	·	(d) Contributions to		(e) Expense accoun			ount,
	(a) Name and address	4	hours per week evoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation			other allowances			
FIRST	NATIONAL BANK	+	stee		798	and deferred con	pomourio	Ť				
300	E 2ND ST	1 00			, 50							
	CATINE, IA 52761											
2	Compensation of five highest-pai	d em	oloyees (other than	thos	e included on line 1—	-see instructions).	If none,	ent	er "N	IONE.	•	
			(b) Title, and aver	age		(d) Contrib						
(a)	Name and address of each emplo paid more than \$50,000	yee	hours per week	-	(c) Compensatio	n employee plans and					se acc owanc	
	paid more than \$30,000		devoted to positi	on		compens			Oti	ilei aii	owanc	C 3
NON	IE											
			1									
								+				
			1									
								+				
			-									
								+				
			4									
			<u> </u>				E-	+				
Tota	I number of other employees paid	over	\$50,000				. 🕨					

Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, Foundation Managers, Higl	hly Paid Employees,
3 Five highest-paid independent contractors for professional services	(see instructions). If none, enter "NONE	".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Tabel number of able an arrange and FO 000 for any formation		<u> </u>
Total number of others receiving over \$50,000 for professional services.		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include re		of Expenses
organizations and other beneficiaries served, conferences convened, research papers prod 1	duced, etc	
2		
3		
4		
Part IX-B Summary of Program-Related Investments	(see instructions)	
Describe the two largest program-related investments made by the foundation during	•	A mount
1		
2		
All other program-related investments See page 24 of the instruction	s	
3		
Total. Add lines 1 through 3		•

Pai	rt X Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.)	reign	foundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	92,268
b	A verage of monthly cash balances	1b	3,363
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	95,631
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	95,631
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	1,434
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	94,197
6	Minimum investment return. Enter 5% of line 5	6	4,710
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations	atıng	foundations and
	certain foreign organizations check here 🕨 T and do not complete this part.)		T
1	Minimum investment return from Part X, line 6	1	4,710
2a	Tax on investment income for 2013 from Part VI, line 5 2a 13		
b	Income tax for 2013 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	13
3	Distributable amount before adjustments Subtract line 2c from line 1	3	4,697
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	4,697
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	4,697
Part	Qualifying Distributions (see instructions)		
1	A mounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	7,224
ь	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	За	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	7,224
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see instructions)	5	13
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	7,211
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth	ner the	· ·

the section 4940(e) reduction of tax in those years

Р	art XIII Undistributed Income (see instru	uctions)			r age 5
		(a)	(b)	(c)	(d)
		Corpus	Years prior to 2012	2012	2013
1	Distributable amount for 2013 from Part XI, line 7				4,697
2	Undistributed income, if any, as of the end of 2013				
а	Enter amount for 2012 only				
b	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2013				
а	From 2008				
b	From 2009				
	From 2010				
	From 2011				
	From 2012	2.000			
	Total of lines 3a through e	3,969			
4	Qualifying distributions for 2013 from Part				
_	XII, line 4 \$ 7,224				
	Applied to 2012, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required—see instructions)				
_	Treated as distributions out of corpus (Election				
	required—see instructions)	0			
d	Applied to 2013 distributable amount				4,697
	Remaining amount distributed out of corpus	2,527			
5	Excess distributions carryover applied to 2013				
	(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:	6.406			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	6,496			
Ь	Prior years' undistributed income Subtract line 4b from line 2b				
_	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				
е	Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount—see				
	Instructions				
f	Undistributed income for 2013 Subtract				
	lines 4d and 5 from line 1 This amount must				0
_	be distributed in 2014				0
7	Amounts treated as distributions out of 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)				
9	Excess distributions carryover to 2014.	6,496			
10	Subtract lines 7 and 8 from line 6a	3,130			
10 a	Excess from 2009				
a b	Excess from 2010				
C	2.017				
	Excess from 2012 828				
	Excess from 2013 2,527				

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation

before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the

Check here 🕨 🗔 If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

assets at any time during the year-see instructions.)

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

b The form in which applications should be submitted and information and materials they should include

SEE ATTACHED BEITZ FOUNDATION EDUCATION SCHOLARSHIP APPLICATION

alternative test relied upon a "Assets" alternative test—enter

(2) Value of assets qualifying

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

Information Regarding Foundation Managers:

other conditions, complete items 2a, b, c, and d

FIRST NATIONAL BANK 300 EAST SECOND STREET MUSCATINE, IA 52761

c Any submission deadlines

(563) 262-4221

NONE

(1) Value of all assets

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. . .

Rame and address (nome of Dusiness) or substantial contributor Fecupiers See Additional Data Table	Total	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
Total	Total		or substantial contributor	recipient		
			or substantial contributor	recipient		
b Approved for future payment	b Approved for future payment	Total				6,50

orm 990-PF (2013) Part XVI-A Analysis of Income-	Producing Activ	ities			Page 12
Enter gross amounts unless otherwise indic	ated Unrelate	ed business income	Excluded by section	n 512, 513, or 514	(e)
1 Program service revenue	(a) Busines code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See instructions)
a	_				,
b					
d					
e f					
g Fees and contracts from government a					
Membership dues and assessments Interest on savings and temporary cash investments	h				
Dividends and interest from securities. Net rental income or (loss) from real est			14	1,792	
a Debt-financed property					
Net rental income or (loss) from person property.	al				
Other investment income					
Gain or (loss) from sales of assets othe inventory			14	462	
Net income or (loss) from special event Gross profit or (loss) from sales of inver					
O ther revenue a RETURN OF SCHOLARSHIP					2,000
b					
d					
eSubtotal Add columns (b), (d), and (e).				2,254	2,000
Total. Add line 12, columns (b), (d), and	d (e)		:	L3	4,254
(See worksheet in line 13 instructions to art XVI-B Relationship of Activ	to verify calculations vities to the Acc	<u>。)</u> omplishment o	f Exempt Purpos	es	
ine No. Explain below how each activithe accomplishment of the four instructions)	ity for which income i	ıs reported ın colum	nn (e) of Part XVI-A c	ontributed importa	

Part	XVII	Information R Noncharitable					actio	ns and I	Relationships	With			
		rganızatıon dırectly or 01(c) of the Code (oth										Yes	No
org	anızat	ions?											
a Tra	nsfers	from the reporting fou	ndatıon to	a nonc	haritable e	exempt organiza	ition of						
(1)	Cash	1									1a(1)		No
(2)	Othe	rassets									1a(2)		No
b 0 t	ner tra	nsactions											
(1)	Sales	s of assets to a noncha	arıtable ex	empt o	rganızatıor	1					1b(1)		No
(2)	Purc	hases of assets from a	noncharit	able ex	empt orga	nızatıon					1b(2)		No
(3)	Rent	al of facilities, equipme	ent, or othe	erasse	ts						1b(3)		No
(4)	Reim	bursement arrangeme	nts								1b(4)		No
		s or loan guarantees.									1b(5)		No
		mance of services or i									1b(6)		No
		f facilities, equipment,		-	=						1c		No
	_	wer to any of the abov	_									LLLL Jue	
of t	he goo ny tra	ods, other assets, or sensets, or sensets or sensets or sharing ari	ervices giv rangement	en by t , show	the reportir in column	ng foundation I	f the fou the god	ındatıon r ods, other	eceived less thar	i fair mark es receive	et value ed	:	nte
(a) LIR	: NO	(b) Amount involved	(C) Name	or nonci	паптаріе ехе	ilipi olganization	(u)	Description	or transfers, transact	ions, and sn	alling alla	ngemei	its
			ļ										
des	cribed	ndation directly or ind I in section 501(c) of t complete the following (a) Name of organizatio	he Code (d schedule		nan sectior		ın sectı			tion of relati	.⊏Y€ onship	es F	No
								_					
Sign Here	the bas	er penalties of perjury best of my knowledge ed on all information of *****	and belief,	ıt ıs tr	ue, correct	, and complete			reparer (other tha	n taxpaye		iciary)	IS
	I B									with the	preparer st	hown belo	nw.
	' '	orginature of officer of	., 43156	1			Insti	11110	Charlesteris		, jc	,	
Paid Prep	arer	Print/Type preparer's VICKI A BECKEY		Prepa	arer's Sıgna	ature	Date		Check if self- employed	PTIN P	002267	738	
Use Only		Firm's name ►			and Advis				Firm's EIN ►				
Jiii y		Fırm's address ▶	rm's address 🕨 500 Cedar St Muscatine, IA 52761								27		_

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
KINSEY EDMONDS 901 EAST 11TH STREET MUSCATINE,IA 52761			2011 SCHOLARSHIP	500
NICHOLAS ESCALANTE 1990 GENEVA HILLS ROAD MUSCATINE,IA 52761			2013 SCHOLARSHIP	1,500
REBECCA NESS 401 PARKINGTON DRIVE MUSCATINE,IA 52761			2013 SCHOLARSHIP	1,500
ALEX OSLAND 1958 NORTH TIPTON ROAD MUSCATINE,IA 52761			2013 SCHOLARSHIP	1,500
ASHLEY HANSEN 1887 NORTH ISETT MUSCATINE,IA 52761			2012 SCHOLARSHIP	1,500
Total				6,500

TY 2013 Accounting Fees Schedule

Name: BEITZ FOUNDATION

EIN: 56-6657852

Software ID: 13000170

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	650	325	0	325

TY 2013 Investments Corporate Stock Schedule

Name: BEITZ FOUNDATION

EIN: 56-6657852

Software ID: 13000170

Name of Stock	End of Year Book Value	End of Year Fair Market Value
VANGUARD TOTAL INTNL STCK IDX FD SIGNAL	3,054	2,857
VANGUARD TTL STK MKT INDEX FUND SIGNAL	3,089	4,558
VANGUARD 500 INDEX SIGNAL	11,081	15,955

TY 2013 Investments - Other Schedule

Name: BEITZ FOUNDATION

EIN: 56-6657852

Software ID: 13000170

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
VANGUARD S-T BOND INDEX SIGNAL	AT COST	27,000	28,498
VANGUARD S-T FEDERAL FUND ADM SHS	AT COST	6,840	6,678
VANGUARD REIT INDEX FUND SIGNAL	AT COST	4,797	5,045
VANGUARD EQUITY INCOME FUND ADM SHS	AT COST	18,423	20,515
VANGUARD WELLINTON FD ADMIRAL SHS	AT COST	7,500	9,127

TY 2013 Other Decreases Schedule

Name: BEITZ FOUNDATION

EIN: 56-6657852

Software ID: 13000170

Description	Amount
ROUNDING	1

TY 2013 Other Expenses Schedule

Name: BEITZ FOUNDATION

EIN: 56-6657852

Software ID: 13000170

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT CARRYING VALUE ADJUSTMENT	202	202		

TY 2013 Other Income Schedule

Name: BEITZ FOUNDATION

EIN: 56-6657852

Software ID: 13000170

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
RETURN OF SCHOLARSHIP	2,000		

TY 2013 Taxes Schedule

Name: BEITZ FOUNDATION

EIN: 56-6657852

Software ID: 13000170

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	34	34		

BEITZ EDUCATIONAL TRUST SCHOLARSHIP

- I. Purpose: The Beitz Foundation was established by Miles Beitz, a former Agricultural Sciences Teacher from Muscatine High School. The Scholarship was established to provide educational assistance to students from Muscatine High School who wish to pursue a career in vocational agriculture education, or some form of hands on farm operations.
- II. Edibility: To be eligible students must have graduated from Muscatine Public High School and must be pursuing either undergraduate, graduate or professional education in the field of Agricultural Sciences. Preference will be given to students attending a college or university in the State of Iowa. The Scholarship Committee will also consider the character and scholastic achievement of applicants, as well as their financial need
- III. Checklist for completed application (return all materials to your High School Ag Department office by March 13, 2014.) All forms should be typed (except references) or completed using a word processor. Incomplete or late applications will not be accepted.

CHECK LIST

Completed Application

Official Copy of High School or College Transcript

Completed Reference Forms Given to References

Essay or Personal Statement

A copy of your FAFSA Application or the first two pages of your parents most recent federal income tax return.

Copy of College Admissions Letter

School/Financial Aid Award Letter (if available)

BEITZ FOUNDATION EDUCATION SCHOLARSHIP APPLICATION

The Beitz Foundation was established in the will of Miles Beitz. Although his will states that a preference should be given in the selection process to students planning to attend Muscatine Community College, other scholarships may be awarded to student attending other Iowa colleges or universities. These scholarships are based primarily on need and the absence of any other apparent form of financial assistance

FAMILY INFORMATION

Name	Birth Date
Social Security No	Cell Phone
Email	de fact substitute consistence
FATHER	
Name	***************************************
Occupation and Employer	
Address	
MOTHER	
Name	Note Visignature
Occupation and Employer	22 Mars 7 - 7 - 8 Mars 9 M 7 - 8 - 200 - 2
Number of brothers/sisters in your family	v living at home and not attending college:
Number of brothers/sisters attending colle	ege:
Number of other family members living i	n your home:

High Schoo	1	THE THROWN IS NOT THE WAY OF THE PARTY OF TH	Date of g	raduation	
	GPA:ough first sem	ester, grade 12)	Rank in o	class:	/
Attendance;	Λbs	sences			
Grade 9 Grade 10	Micros Micros Au				
Grade 10 Grade 11		dan California (gray / 4)), proposition and the decrease of			
Grade 12	Paradia Albahara alima				
Please explain if the	•				
TRANSCRIPT	a cult annuscialistatic companyumbers in a casta in casta		and the state of t	and analytical and an analytic and analytic and analytic and analytic and analytic and analytic analytic and analytic and analytic analytic and analytic analytic analytic and analytic analytic and analytic analytic analytic and analytic analytic analytic analytic analytic analytic analytic analytic and analytic analyt	ne de - vano a sanono son a
If you are currently school transcript.	a college stud	ent, a college tra	nscript must be atta	iched in additi	on to your high
school transcript.	a college stud	ent, a college tra	nscript must be atta	iched in additi	on to your high
school transcript. TEST SCORES	a college stud	ent, a college tra	nscript must be atta	ehed in additi	on to your high
school transcript.	a college stud	ent, a college tra			on to your high
school transcript. FEST SCORES ACT					
school transcript. FEST SCORES ACTE				omposite E	Date
school transcript. FEST SCORES ACT E COMPASS TEST	M Reading	R	ScR C	omposite E	Date
school transcript. FEST SCORES ACT E COMPASS TEST EXTRA CURICULAR A	M Reading CTIVITIES	R	ScR C	omposite D	Date Algebia
school transcript. FEST SCORES ACT E COMPASS TEST EXTRA CURICULAR ACT Please list school an	M Reading CTIVITIES	R Writing activities that yo	ScR Control Algebra u participated in du	omposite D	Oate Algebia ool. You may includ
school transcript. FEST SCORES ACTE COMPASS TEST EXTRA CURICULAR ACT Please list school and any volunteer experiences a	M Reading CTIVITIES ad community as well as any	R Writing activities that yo	ScR Control Algebra u participated in du	omposite D	Oate Algebia ool. You may includ
school transcript. TEST SCORES ACTE COMPASS TEST EXTRA CURICULAR AGE Please list school and any volunteer experiences a provided or attach a separate	Reading CTIVITIES and community as well as any le statement.	R Writing activities that yo	ScR Control Algebra u participated in du	Pre-/ Pre-/ uring high scho	Oate Algebra ool. You may include rite this in the space
school transcript. TEST SCORES ACTE COMPASS TEST EXTRA CURICULAR AGE Please list school and any volunteer experiences a provided or attach a separate	M Reading CTIVITIES ad community as well as any le statement.	R Writing activities that yo	ScR Control Algebra u participated in du Please include date	omposite E Pre-/ uring high scho	Oate Algebia Ool. You may include rite this in the space

\mathbf{RE}	FE	\mathbf{RE}	NC	ES
---------------	----	---------------	----	----

List two references and h	ave each reference complete the attach	ned reference form.
Name	Address	Occupation
1		·
2		
ESSAY		
achievement of applicants, as we	s the selection committee will consider Il as their financial need. You are enco a "deserving" individual. You may al	ouraged to discuss your personal
POST-SECONDARY INFORM	MATION	
College Choice		
Intended Major		
Career Goals		
EDUCATION PLAN STATEM	1ENT	
field of Agricultural Sciences. Pleany thing else you feel will help t	as established to encourage and enable ease write a short statement describing the selection committee understand how ou may write in the space provided or a	w your education plans are within the

FINANCIAL INFORMATION

1. What	is you expected a	nnual cost of c	education?		
		a. Tuition	\$,
		b. Books	\$		
		c. Fees	\$	> 7/11/1/10/00/1/46/00/00/1/46/00/1/4/00/00/00/00/00/00/00/00/00/00/00/00/0	
		d. Room I	3oard \$		
		Total	\$	Makana ang ang ang ang ang ang ang ang ang	
2. Did y	ou file a FΛFSA (Free Applicat	ion for Federal Stud	lent Aid)?	
	no, plea		opy of your FAFSA py of the first two p		rents most recent federal
3. Have	you applied for ot	her scholarshi	ps?	yes	no
4. Have	you received scho	larship assista	nce?	yes	no
			ow do you plan to pa		expenses?
\$	savings	\$	trust account	\$	work
\$	loans	\$	parents	\$	other
should	l be aware of whe	n considering	your financial need	? [*] y	e scholarship committee esno
	repositions, on paper in an experience of the state and the transformation				
Certification					
To the best of my	knowledge, the in	nformation pro	ovided in this applic	ation is accurat	e.
Signature					

The Beitz Foundation reserves the right to review, approve, disapprove, amend or modify any scholarships awarded from the Beitz Foundation

Beitz Foundation Education Scholarship

Scholarship Reference Form

Instructions: Items #1, #2, #3 and #4 should be completed by the applicant. No friends or relative please. As a courtesy to the people that are providing a reference for you, please provide a stamped envelope.

1.	Applicar	ıt's Name:		**************************************			THE AMERICAN ADMINISTRATION AND		
2.	Applicant's Address:								
3.	College that applicant will be attending:								
4.	High School ∧ttended.								
5.	How long and in what capacity have you known this individual?								
6.	Please ra	te the applican	t on the follow Above Average	ving characteris	ities: Below Average	Poor	Unable to Make Determination		
Mot Char Abil with Like	endability ivation racter ity to get alc Others lihood of demic	ong							
7		plain why you ontinue on bac		idual is (or is n	ot) deserving o	f a scholarsh	ip.		

Signatur	C			Date					
Name Pr	Name Printed			Title	Title/Position				
Compan	y/Institution			***************************************					

This information is confidential.

Return this form to the high school Ag. Department by March 13, 2014: do not return to the student

Beitz Foundation Education Scholarship

Scholarship Reference Form

Instructions: Items #1, #2, #3 and #4 should be completed by the applicant. No friends or relative please As a courtesy to the people that are providing a reference for you, please provide a stamped envelope.

1.	Applicant's	Name:	TO ANTARAGAMAN OF WAY OF THE SECOND WARRANT AND	er eln så. Almetyn net mentelet orombor transcourancessa		to mention the name of the nam	V CONSTRUCTO, N MARK MA		
	2. Applicant's Address:								
3.	3. College that applicant will be attending:								
4.	High School	l Attended:					(A)		
5.	How long as	nd in <u>what capa</u>	icity have you	known this ınd	ividual?		MANAGE TO SECURE		
6.	Please rate t	he applicant on	the following Above Average	characteristics Average	: Below Average	Poor	Unable to Make Determination		
M Cl Al Wi Li Ac St		in why you fee		al is deserving o	of a scholarship),			
Signat	ure			Date					
Name	ame Printed			Title	Title/Position				
Comp	any/Institution	1	and the second s	no tapana minando de describido que de stanca en aconstituição do de securios	enner neddfallochillalochillaloch atanians arthur	Market			

This information is confidential.

Return this form to the high school Ag Department by March 13, 2014. do not return to the student