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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. Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

ī	010	alen	dar year 2014 or tax year be	eginning	·	, and e	nding		
-	Nan	ne of	foundation			, , , , , , , , , , , , , , , , , , , ,		A Employer identification	number
_			E STATE BANK		·			42-1378344	
			nd street (or P O box number if m	nail is not delivered to street	address)		Room/suite	B Telephone number	0.1
-			W. STATE			<u></u>		515-386-21	
_			own, state or province, count FERSON,IA 5	ry, and ZIP or foreign p 50129–1911	ostal code			C If exemption application is p	ending, check here
(3 C	heck	ali that apply In	ntial return	Initial return of a fo	rmer public c	harity	D 1. Foreign organizations	s, check here
			F1	nal return	Amended return			2 Foreign organizations me	potens the 9594 test
-				ddress change	Name change			2. Foreign organizations me check here and attach co	emputation
'	<u> </u>	-			empt private foundation			E If private foundation sta	
:	<u></u>		ction 4947(a)(1) nonexempt		Other taxable private foundang method X Cash	\neg		under section 507(b)(1	
'			irket value of all assets at end Part II, col. (c), line 16)	· —	her (specify)	L Accr	uai	F If the foundation is in a	
	.		101.		mn (d) must be on cash t	basis.)		under section 507(b)(1	I(B), Check here
ſ		rt I	Analysis of Revenue and I	Expenses	(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements
_			(The total of amounts in column necessarily equal the amounts is	s (b), (c), and (d) may not in column (a))	expenses per books	inco		income	for charitable purposes (cash basis only)
_		1	Contributions, gifts, grants,	etc , received	56,400.	., , , , , , , , , , , , , , , , , , ,		N/A	
		2		not required to attach Sch 8					
		3	Interest on savings and temporar cash investments	ry	113.		113.		STATEMENT 1
		4	Dividends and interest from	securities					<u> </u>
		5a	Gross rents						
		_	Net rental Income or (loss)			· ····			
	ne ne	ba b	Net gain or (loss) from sale of ass Gross sales price for all	sets not on line 10					
	Revenue	7	assets on line 6a	rt IV line 2)			0.		
		8	Net short-term capital gain	11.14, IIII					
		9	Income modifications			***************************************	***********	RECEN	
		10a	Gross sales less returns						18
		þ	Less Cost of goods sold			, , , , , , , , , , , , , , , , , , , ,	, 	R FFH WS	2015 3
		C	Gross profit or (loss)				···	S FEB ® \$	con m
2015		11	Other income		56 512		112	The second second	UT
-		12	Total Add lines 1 through		56,513. 0.		113.	OGDE	
<u> </u>		13	Compensation of officers, director		0.		0.		0.
		14	Other employee salaries and Pension plans, employee be						
FEB	Ses		Legal fees .	andnis					
	ens		Accounting fees	STMT 2	300.		150.		0.
ш	Exp		Other professional fees						
3	ive	17	Interest		,				
SCANNED	Operating and Administrative Expense	18	Taxes	STMT 3	1.		0.		0.
\mathcal{S}	inis	19	Depreciation and depletion						
00	d d		Occupancy					<u> </u>	
	ΥP	21	Travel, conferences, and me	eetings					
	au	22	Printing and publications						
	ting	23	Other expenses Total operating and admin	intentivo					
	era	24	expenses. Add lines 13 thre		301.		150.		0.
	ŏ	25	Contributions, gifts, grants	•	78,303.				78,303.
			Total expenses and disbur						
_			Add lines 24 and 25 .		78,604.		150.		78,303.
•		27	Subtract line 26 from line 13	2			··· ————		
			Excess of revenue over expense		<22,091.	>			
			Net investment income (if n				0.	37/3	<u> </u>
		C	Adjusted net income (if nega	stive, enter -0-)	Į			N/A	

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 3 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 101,699. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Form 990-PF (2014)

or Fund Balances

(a) List and describ				Income-	-					
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)						acquired day, yr)	(d) Date sold (mo , day, yr)			
a										
non Non	E									
	· ·		 		ļ					
<u> </u>					-	-				
<u> </u>	/f) D		(-) 0		1			(5)	2 (1	<u> </u>
(e) Gross sales price		ciation allowed llowable)		t or other basis xpense of sale					Gain or (loss is (f) minus	
	·······									
					\dashv				<u> </u>	
Complete only for assets showing	gain in colum	n (h) and owned by t	he foundation	on 12/31/69			1	N Gains (Col (h) gain	minus
		usted basis		cess of col (I)			cò	i (k), but	not less tha	n -0-) or
(i) F M V. as of 12/31/69		12/31/69		col (j), if any				Losses	(from col ((ክ))
			<u>-</u>							
				-						
		-	···							
		[If gain, also enter	ın Part I line	7	٦					- · · · · · · · · · · · · · · · · · · ·
Capital gain net income or (net capi	ital loss)	If gain, also enter If (loss), enter -0-	in Part I, line	7	} [2				
Net short-term capital gain or (loss)) as defined in	•								
If gain, also enter in Part I, line 8, co			u (0)		<u>}</u>					
If (loss), enter -0- in Part I, line 8						3				<u></u> .
,		ibject to the section 4		net investment in					<u>.</u> .	
section 4940(d)(2) applies, leave this as the foundation liable for the section "Yes," the foundation does not qualify	s part blank on 4942 tax or y under sectio	n the distributable am n 4940(e). Do not co	940(a) tax on ount of any ye mplete this pa	net investment in ear in the base pe int	nod?)				Yes X N
section 4940(d)(2) applies, leave this as the foundation liable for the section	s part blank on 4942 tax or y under sectio	n the distributable am n 4940(e). Do not co	940(a) tax on ount of any ye mplete this pa	net investment in ear in the base pe int	nod?)				
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	990-PF(2014) HOME STATE BANK CHARITABLE FOUNDATION **I VI Excise Táx Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4		1378 - see i i			Page 4
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" 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 here X and enter 1%	1				0.
-	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	ĺ			0.
3	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-	5				0.
6	Credits/Payments		,			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a					
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments Add lines 6a through 6d .	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
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 2015 estimated tax ▶ Refunded ▶	11				
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	IN			Yes	
	any political campaign?			1a		_X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	2		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or				
	distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?			16		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$ 0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers ► \$O.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			. 2		<u>X</u>
	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	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3.7	/3	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		V
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.					
b	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or	1				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law			Х	
,	remain in the governing instrument? 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	,		<u>6</u> 7	X	
7	bid 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					
82	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)					
	of each state as required by General Instruction G? If "No," attach explanation .			8b	Х	<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 cale	ndar				
	year 2014 or the taxable year beginning in 2014 (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

Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If r		1430
(a) Name and address of each person paid more than \$50,000 NONE	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part X-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include re number of organizations and other beneficiaries served, conferences convened, research	elevant statistical information such as the papers produced, etc	Expenses
PROVIDE MONETARY AWARDS TO CHARITABLE, EDUCATIONAL, OR OTHER WORTHY INSTITUTIONSTITUTED		0.
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2	Amount
1 N/A		-
2		0.
All other program-related investments. See instructions		

Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	112,745.
	Fair market value of all other assets	10	•
d	Total (add lines 1a, b, and c)	10	112,745.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	112,745.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,691.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	111,054.
6_	Minimum Investment return. Enter 5% of line 5	6	5,553.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	5,553.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	20	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	5,553.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	5,553.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5,553.
P	Qualifying Distributions (see instructions)	······	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		70 202
а		1a	78,303.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	,	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	78,303.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	78,303.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for th	ie section
	4940(e) reduction of tax in those years		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				
line 7				5,553.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2014				
a From 2009 20, 366.				
b From 2010 19,077. c From 2011 26,539.				
20 470				
07 500				
	182,960.			
I Total of lines 3a through e	102,500.			······································
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 78,303.				
·			0.	
a Applied to 2013, but not more than line 2a	· · · · · · · · · · · · · · · · · · ·			+ · · · · · · · · · · · · · · · · · · ·
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)			.,	
c Treated as distributions out of corpus	0.			
(Election required - see instructions)			*************	5,553.
d Applied to 2014 distributable amount	72,750.			3,333.
e Remaining amount distributed out of corpus	0.		· · · · · · · · · · · · · · · · · · ·	0.
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	255,710.			
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	,	0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2013 Subtract line			_	
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2014 Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2015		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	······································	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.	**************************************	····	····
8 Excess distributions carryover from 2009	20.266			
not applied on line 5 or line 7	20,366.			
9 Excess distributions carryover to 2015.	225 244			
Subtract lines 7 and 8 from line 6a	235,344.	······································		
10 Analysis of line 9				
a Excess from 2010 19,077. b Excess from 2011 26,539.		1		
		`		
0 = -00			•	
20 25 0				
e Excess from 2014 /2, 750 .				Form 990-PF (2014):

3 Grants and Contributions Paid During the Y	<u> </u>	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Continuation	ranount
a Paid during the year				
AMERICAN CANCER SOCIETY	none	PUBLIC CHARITY	CHARITABLE	
8364 HICKMAN ROAD DES MOINES, IA 50325				2,075.
AMERICAN FOUNDATION FOR SUICIDE PREVENTION 120 WALL STREET NEW YORK, NY 10005	NONE	PUBLIC CHARITY	CHARITABLE	100.
		-		· · · · ·
AMERICAN HEART ASSOCIATION 1111 9TH STREET	NONE	PUBLIC CHARITY	CHARITABLE	100.
DES MOINES, IA 50314			:	100.
ABUNDANT LIFE MINISTRIES 1308 WEST LINCOLNWAY	NONE	PUBLIC CHARITY	CHARITABLE	
JEFFERSON, IA 50129				800.
ADOPT-A-FAMILY 307 SOUTH WILSON JEFFERSON, IA 50129	NONE	PUBLIC CHARITY	CHARITABLE	- 50.
	NTINUATION SHE	ET(S)	▶ 3a	78,303.
b Approved for future payment				
NONE				
Total			> 3b	
<u>Total</u>				0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income		ded by section 512, 513, or 514	(e)
	_ (a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue	Business code	Amount	sion	Amount	function income
a					
b		·	-		
6					
d	1 1				
e	l i				· · · · · · · · · · · · · · · · · · ·
1			<u> </u>		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	113.	
4 Dividends and interest from securities					
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					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b		· · · · · · · · · · · · · · · · · · ·			
c					· -
d					
e					
12 Subtotal Add columns (b), (d), and (e)		_ ().		0,
13 Total. Add line 12, columns (b), (d), and (e)				13	113.
(See worksheet in line 13 instructions to verify calculations)				· ·· · · <u></u>	

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

423621 11-24-14	Form 99	0-PF (2014)
		
	······································	
Line No.	the foundation's exempt purposes (other than by providing funds for such purposes)	

Pane	1	•
raue		ċ

Part	XVII	Information Re Exempt Organ		sters To a	ind Transactions	and Relation	nships With Nond	haritable	
1 Die	d the oro			of the followin	g with any other organiza	ition described in s	ection 501/c) of	Ye	s No
					7, relating to political org		0000011 00 1(0) 01		1
	-	rom the reporting found				amzations.			
) Cash	tom the reporting rounds	ation to a monenanta	iolo oxompt on	gamzation of			1a(1)	Х
• •) Other	accato		•	•	•		1a(2)	$\frac{x}{x}$
								18(2)	+
	her trans		bla avenue areasum	tion				1,5/1	х
•	•	of assets to a noncharital					•	1b(1)	$\frac{x}{x}$
•	•	ases of assets from a noi	•	organization				1b(2)	$\frac{X}{X}$
• •	•	of facilities, equipment,						1b(3)	$\frac{\Lambda}{X}$
• •	•	ursement arrangements					•	1b(4)	$\frac{\lambda}{X}$
•	•	or loan guarantees			•			1b(5)	$\frac{\lambda}{X}$
•		mance of services or me	*	-				1b(6)	$\frac{\Lambda}{X}$
	-	facilities, equipment, ma	-					10	
or	services	•	oundation. If the fou	ndation receive	• •	=	or market value of the goo tion or sharing arrangeme		
(a) Line		(b) Amount involved			exempt organization	(d) Descrit	otion of transfers, transactions,	and sharing arrange	ments
,	,	,	(2)	N/A	-	(.,,	<u></u>		
				217.22					
	-			_					
						<u> </u>			
		· · · · · · · · · · · · · · · · · · ·							
					-				
				-		 	•		
			-						
									
									
					<u></u>				
	-			·		-	-		
					· 				
ın	section	dation directly or indirec 501(c) of the Code (othe mplete the following sch	r than section 501(c		or more tax-exempt orga tion 527?	anizations describe	d	Yes [X No
	-, -, -, -	(a) Name of org		,	(b) Type of organizatio	n	(c) Description of relat	ionship	
		N/A							
			,						
				· · · · · · · · · · · · · · · · · · ·					
		· · · · · · · · · · · · · · · · · · ·			-				
Sign Here	and be	lief, it is true correct, and cor	mplete Declaration of p		ng accompanying schedules an taxpayer) is based on all inf	ormation of which pre		May the IRS disc. return with the preshown below (see	parer
	Sign	ature of officer or trustee		10	Date /	Title '	Chook 15	TINI	
		Print/Type preparer's na	ame	Preparer's s	ignature	Date		TIN	
D - 1	1			1 6	m Herelin	1/25/15	self- employed	D0000505	_
Paid		WAYNE FLOE		1 - 7	, , ,			P0022593	
-	arer	Firm's name ► ROT	TH & COMPA	ANY, P.	C.		Firm's EIN ► 42	-1361038	i
Use	Only								
		l Firm's address 🕨 66	6 WALNUT	STREET	, SUITE 145	Ü	1		

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, or 990-PF) and its instructions is at www.irs.gov/form990

HOME STATE BANK CHARITABLE FOUNDATION

OMB No 1545-0047

Name of the organization

Employer identification number

42-1378344

Organization type (check one):				
Filers of	:	Section:		
Form 99	0 or 990-EZ	501(c)() (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private foundation		
		527 political organization		
Form 99	0-PF	X 501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		501(c)(3) taxable private foundation		
	nly a section 501(c)	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
X	=	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special	Rules	_		
	sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.		
	year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III.		
	year, contributions is checked, enter h purpose. Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year		
but it m	ust answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

HOME STATE BANK CHARITABLE FOUNDATION

42-1378344

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	HOME STATE BANK 115 WEST STATE STREET JEFFERSON, IA 50129	\$56,400.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
- (a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number

HOME STATE BANK CHARITABLE FOUNDATION

42-1378344

art II	Noncash Property (see instructions). Use duplicate copies of Part	If additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		 \$	

Name of orga	nization			Employer identification number			
HOME S	TATE BANK CHARITABLE FOU			42-1378344			
Part III	Exclusively religious, charitable, etc., contribute the year from any one contributor. Complete colu	itions to organizations described mns (a) through (e) and the follo	in section 501(c)(7), (8), 0 wing line entry For organization	ne			
	completing Part III, enter the total of exclusively religious, chantable, etc., contributions of \$1,000 or less for the year (Enter this info once.) \$\Bigsize \\$ Use duplicate copies of Part III if additional space is needed.						
(a) No. from Part I	(b) Purpose of gift			(d) Description of how gift is held			
-		(e) Transfer of gif	it				
-	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		· · · · · · · · · · · · · · · · · · ·					
-	(e) Transfer of gift						
	Transferee's name, address, and	Relationship of tra	insferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
	(e) Transfer of gift						
-	Transferee's name, address, and ZIP + 4		Helationship of tra	ansferor to transferee			
(a) Na							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
-	(e) Transfer of gift						
-	Transferee's name, address, and ZIP + 4 Rela			ansferor to transferee			

Part XV- Supplementary Information

3 · Grants and Contributions Paid During th	- , · · · · · · · · · · · · · · · · · · 		T	
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		
BLUE RIBBON FOUNDATION	NONE	PUBLIC CHARITY	CHARITABLE	
PO BOX 57130				
DES MOINES, IA 50317			-	1,500
RUSHY CREEK AREA HONOR FLIGHT	NONE	PUBLIC CHARITY	CUADITARI.P	
1639 NELSON AVENUE	3,011,1			
FORT DODGE, IA 50501				1,200
CITY OF JEFFERSON - SWIM TEAM	NONE	PUBLIC CHARITY	CHARITABLE	
220 NORTH CHESTNUT				
JEFFERSON, IA 50129				1,000
CHURDAN PUBLIC LIBRARY	NONE	PUBLIC CHARITY	CHARITARLE	
414 SAND STREET	10.12			
CHURDAN, IA 50050				5,000
FIRST PRESBYTERIAN CHURCH	NONE	PUBLIC CHARITY	CHARITABLE	
208 WEST STATE				
JEFFERSON, IA 50129				850
FIRST UNITED METHODIST CHURCH	NONE	PUBLIC CHARITY	CHARITABLE	
307 SOUTH WILSON JEFFERSON, IA 50129	-	-		1,690
JEFFERSON, IN JULES				1,030
GENESIS DEVELOPEMENT	NONE	PUBLIC CHARITY	CHARITABLE	
PO BOX 438				
JEFFERSON, IA 50129				1,700
GOLDEN EAGLE WRESTLING CLUB	NONE	PUBLIC CHARITY	CHARITABLE	
JRBANDALE, IA 50322		1		868
GOSPEL OPEN BIBLE CHURCH	NONE	PUBLIC CHARITY	CHARITABLE	
302 SOUTH GRIMMELL				
JEFFERSON, IA 50129				600
GRAND JUNCTION FIRE & RESCUE	NONE	PUBLIC CHARITY	CHARITARIE	
PO BOX 255	HONE	FOBLIC CHARITI	CHARLIABLE	
GRAND JUNCTION, IA 50107		.1	<u> </u>	100
Total from continuation sheets .		<u> </u>		75,178

Part XV Supplementary Information 3 . Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount contribution any foundation manager status of Name and address (home or business) or substantial contributor recipient PUBLIC CHARITY CHARITABLE GREENE COUNTY COMMUNITY FOUNDATION NONE 104 WEST WASHINGTON 1,200. JEFFERSON, IA 50129 GREENE COUNTY MEDICAL CENTER NONE PUBLIC CHARITY CHARITABLE FOUNDATION 1000 WEST LINCOLNWAY 21,700. JEFFERSON, IA 50129 HABITAT FOR HUMANITY NONE PUBLIC CHARITY CHARITABLE 720 STORY STREET 1,000. BOONE, IA 50036 PUBLIC CHARITY CHARITABLE NONE IOWA COLLEGE FOUNDATION 3930 16TH AVENUE SW CEDAR RAPIDS, IA 52406 750. NONE PUBLIC CHARITY CHARITABLE IOWA LEGAL AID FOUNDATION 1111 9TH STREET 1,000. DES MOINES, IA 50314 IOWA NATURAL HERITAGE FOUNDATION NONE PUBLIC CHARITY CHARITABLE 505 50TH AVENUE 250. DES MOINES, IA 50309 NONE PUBLIC CHARITY CHARITABLE IOWA PUBLIC TELEVISION PO BOX 6400 1,000. JOHNSTON, IA 50131 NONE PUBLIC CHARITY CHARITABLE ISU FOUNDATION 0804 S FOURTH STREET 2,690. AMES, IA 50010 PUBLIC CHARITY CHARITABLE JEFFERSON DOES ADOPT-A-FAMILY NONE PO BOX 106 160. JEFFERSON, IA 50129 JEFFERSON MATTERS: MAIN STREET NONE PUBLIC CHARITY CHARITABLE 220 NORTH CHESTNUT 10,000. JEFFERSON, IA 50129 Total from continuation sheets

Part XV **Supplementary Information** 3. Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) or substantial contributor recipient EARLY LEARNING CENTER NONE PUBLIC CHARITY CHARITABLE 204 WEST MADISON JEFFERSON, IA 50129 2,000. JEFFERSON ROTARY FOUNDATION NONE PUBLIC CHARITY CHARITABLE PO BOX 350 37<u>0.</u> JEFFERSON, IA 50129 ' GRAND JUNCTION COMMUNITY CENTER NONE PUBLIC CHARITY CHARITABLE 200 MAIN STREET 5,000. GRAND JUNCTION, IA 50107 PUBLIC CHARITY CHARITABLE GREENE COUNTY ACTION RESOURCE CENTER NONE 112 EAST HARRISON JEFFERSON, IA 50129 2,000. GREENE COUNTY EXTENSION NONE PUBLIC CHARITY CHARITABLE 104 WEST WASHINGTON 100. JEFFERSON, IA 50129 MDA NONE PUBLIC CHARITY CHARITABLE 1314 18TH STREET SUITE 175 1,270. W DES MOINES, IA 50266 NONE PUBLIC CHARITY CHARITABLE NCCC 3318 5TH AVENUE SOUTH 600. FORT DODGE, IA 50501 NEW HOPE VILLAGE FOUNDATION NONE PUBLIC CHARITY CHARITABLE 1211 EAST 18TH ST 250. CARROLL, IA 51401 NONE PUBLIC CHARITY CHARITABLE GREENE COUNTY FFA 101 RAM DRIVE 620. JEFFERSON, IA 50129 NONE PUBLIC CHARITY CHARITABLE GREENE COUNTY HISTORICAL CENTER 219 EAST LINCOLNWAY JEFFERSON, IA 50129 2,000. Total from continuation sheets

Supplementary Information Part XV 3 · Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient RIVER CHURCH NONE PUBLIC CHARITY CHARITABLE 823 SOUTH 3RD 200. CLINTON, IA 52732 SALEM UNITED METHODIST CHURCH NONE PUBLIC CHARITY CHARITABLE 305 STATE STREET 100. PATON, IA 50217 PUBLIC CHARITY CHARITABLE SALVATION ARMY NONE 115 EAST LINCOLNWAY 50. JEFFERSON, IA 50129 SCIENCE CENTER OF IOWA NONE PUBLIC CHARITY CHARITABLE 401 WEST MLK PARKWAY 300. DES MOINES, IA 50309 PUBLIC CHARITY CHARITABLE GREENE COUNTY SCHOOL FOUNDATION NONE 204 WEST MADISON 1,000. JEFFERSON, IA 50129 PUBLIC CHARITY CHARITABLE JEFFERSON-SCRANTON WRESTLING BOOSTERS NONE 101 RAM DRIVE JEFFERSON, IA 50129 300. PUBLIC CHARITY CHARITABLE NONE ST JOSEPH'S CATHOLIC CHURCH 503 NORTH CHESTNUT JEFFERSON, IA 50129 1,100. NONE PUBLIC CHARITY CHARITABLE ST. BRIGID'S CATHOLIC CHURCH 602 HAGER STREET E 460. GRAND JUNCTION, IA 50107 JEFFERSON FIRE DEPARTMENT NONE PUBLIC CHARITY CHARITABLE 204 S CHESNUT STREET 500. JEFFERSON, IA 50129 PUBLIC CHARITY CHARITABLE NONE U OF I FOUNDATION 402 CARVER - HAWKEYE ARENA 1,200. IOWA CITY, IA 52242 Total from continuation sheets

Part XV **Supplementary Information** 3 · Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Foundation Amount status of Name and address (home or business) recipient WHITEROCK CONSERVANCY NONE PUBLIC CHARITY CHARITABLE 1390 IOWA 141 COON RAPIDS, IA 50058 1,500. Total from continuation sheets

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1	
SOURCE	REVE	(A) REVENUE NET I PER BOOKS I		(C) ADJUSTED NET INCOME	
INTEREST		113.			
TOTAL TO PART I, LINE 3		113.	113.		
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOM		(D) CHARITABLE ME PURPOSES	
TAX PREP	300.	150	<u> </u>	0.	
TO FORM 990-PF, PG 1, LN 16B	300.	150	0.	0.	
FORM 990-PF	TAX	ES		STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	NET INVEST	(C) - ADJUSTEI E NET INCOM	CHARITABLE	
EXCISE TAX	1.		0.	0.	
TO FORM 990-PF, PG 1, LN 18	1.		0.	0.	

		OF OFFICERS, DIRECTORS FOUNDATION MANAGERS		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
DOUGLAS MCDERMOTT 1214 RUSHRIDGE RD JEFFERSON, IA 50129	DIRECTOR 0.00	0.	0.	0.
MARY GARST 1700 130TH STREET COON RAPIDS, IA 50058	TREASURER AND 0.00	D DIRECTOR 0.	0.	0.
SCOTT SIEVERS 210 SOUTH WILSON JEFFERSON, IA 50129	DIRECTOR 0.00	0.	0.	0.
WAYNE SEAMAN 1827 NORTH WEST STREET CARROLL, IA 51401	DIRECTOR 0.00	0.	0.	0.
SUSAN TRONCHETTI 2366 140TH ST PATON, IA 50217	DIRECTOR 0.00	0.	0.	0.
ELIZABETH GARST 1313 FIG AVENUE COON RAPIDS, IA 50058	SECRETARY AND 0.00	D DIRECTOR 0.	0.	0.
JENNIFER GARST 708 BROOKRIDGE AVE AMES, IA 50010	DIRECTOR 0.00	0.	0.	0.
SID JONES 1203 RUSHRIDGE RD JEFFERSON, IA 50129	PRESIDENT AND 0.00	D DIRECTOR 0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAG	E 6, PART VIII	0.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

5

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

SID JONES 115 WEST STATE STREET JEFFERSON, IA 50129

TELEPHONE NUMBER

515-386-2131

FORM AND CONTENT OF APPLICATIONS

IN WRITING, WITH A BRIEF EXPLANATION OF THE INTENDED USE OF REQUESTED CONTRIBUTION.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

MUST BE TO CHARITABLE, RELIGIOUS, LITERARY, EDUCATIONAL OR OTHER WORTHY INSTITUTIONS OR ORGANIZATIONS.