

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



Form **990-P**F

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.
 year beginning 02/26/15 and ending 06/30/15

Open to Public Inspection

	e of four	ar year 2014 or tax year beginning U2/26/15 , and atton	ind ending 06/30		er identification number	
		n paramana cuantmani e mpiico	n	47-	2304877	
_==		E. REINHART CHARITABLE TRUST street (or P O box number if mail is not delivered to street address)			one number (see instructions)
		ARBLE COURT SE			-424-3877	
		state or province, country, and ZIP or foreign postal code		C If exem	ption application is pending,	check here
MZ	IOZ	N CITY IA 50401		C il exem	puon application is pending,	Sieckliese , [
G CI	neck a	ill that apply: X Initial return Initial retur	n of a former public cha	rity D 1 For	eign organizations, check hei	e ▶ [_]
		Final return Amended	return		eign organizations meeting th	[1
		X Address change Name cha	nge	85%	test, check here and attach	computation
H C	neck ty	ype of organization X Section 501(c)(3) exempt private	foundation		e foundation status was term	inated under
			e private foundation	section	507(b)(1)(A), check here	▶ 📙
I Fa	r marl	ket value of all assets at J Accounting method	X Cash Accru	- 1	undation is in a 60-month ter	. 1 1
en	d of ye	ear (from Part II, col. (c), Other (specify)		under s	ection 507(b)(1)(B), check he	ere L
line	e 16) 🕨	\$ 1,646,959 (Part i, column (d) must	be on cash basis)			(4) D
Pa	rt <u>l</u>	Analysis of Revenue and Expenses (The total of	(a) Revenue and expenses per	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	books	income	ıncome	purposes (cash basis only)
$\overline{}$	1	Contributions, gifts, grants, etc., received (attach schedule)	1,641,393	*	* 4	
		Check ► If the foundation is not required to attach Sch B				
	SIGN.	Interest on savings and temporary cash investments	23	23		-
	æ 4	Dividends and interest from securities	2,594	1,571		, i
l	⊷5a	Gross rents				
	> b	Net rental income or (loss)	,		<u> </u>	
	∑ 6a	Net gain or (loss) from sale of assets not on line 10				
Ş (Gross sales price for all assets on line 6a	MED			•
Re.	الم الم	Capital gain net income (from Part IV, line, 2)	100	0	· · · · · · · · · · · · · · · · · · ·	. ×
	≨ 8	Net short-term capital gain	101		0	
Ś	Ç 9	Income modifications NOV 0	2015 (0)	(1
è	∮ 0a	Gross sales less returns and allowances	1 1	£		
	þ	Less: Cost of goods sold OGDE OGDE	N.U!			
	С	Gross profit or (1055) (attach schedule)				, ,
	11	Other income (attach schedule)	1,644,010	1,594	0	
	12	Total. Àdd lines 1 through 11	0			
es	13	Compensation of officers, directors, trustees, etc				
kpenses	14	Other employee salaries and wages Pension plans, employee benefits				
be	15 16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule) STMT 1	2,383			
Ve Ve	c	Other professional fees (attach schedule) STMT 2	850			
ati	17	Interest				
str	18	Taxes (attach schedule) (see instructions) STMT 3	2	2		
<u>=</u>	19	Depreciation (attach schedule) and depletion				
ㅂ	20	Occupancy				
¥	21	Travel, conferences, and meetings				
JE S	22	Printing and publications -				
Operating and Administrative Ex	23	Other expenses (att sch) STMT 4	3	3		
iţi	24	Total operating and administrative expenses.		_	_	_
era		Add lines 13 through 23	3,238	5	<u>_</u>	0
Ğ	25	Contributions, gifts, grants paid	0		. 0	
	26	Total expenses and disbursements. Add lines 24 and 25	3,238	5	<u> </u>	
	27	Subtract line 26 from line 12	1 640 770			
	a	Excess of revenue over expenses and disbursements	1,640,772	1,589		
	Ь	Net investment income (if negative, enter -0-)		1,565	0	
	С	Adjusted net income (if negative, enter -0-)	<u> </u>		<u></u>	000 DE

1,640,772

5

6

5 Decreases not included in line 2 (itemize) ▶

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)

Form	990-PF (2014) BETH E. REINHART CHARITABLE TRUST 47-230487					P	age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see inst	ructions	5)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1	\neg		ł			
	Date of ruling or determination letter (attach copy of letter if necessary—see instruction	ons)		_			1
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	•	1	<u> </u>			<u> 32</u>
	here ▶ ☐ and enter 1% of Part I, line 27b	ļ					ı
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	ك					
	Part I, line 12, col (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	ļ			0
3	Add lines 1 and 2		3	<u> </u>			32
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	Ļ			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5	↓			32
6	Credits/Payments						
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a		╣.				ı
b	Exempt foreign organizations – tax withheld at source		」 "`.	1	4		ڊ ،
С	Tax paid with application for extension of time to file (Form 8868) 6c		4				1
d	Backup withholding erroneously withheld 6d 6d						i
7	Total credits and payments Add lines 6a through 6d		7				
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached		8	<u> </u>			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	>	9	 	-		32
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 ▶ Refun	ded ▶	11	<u> </u>			
	rt VII-A Statements Regarding Activities				- 1		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it					Yes	No
	participate or intervene in any political campaign?				1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see						7.7
	Instructions for the definition)?				1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				,		· 1
	published or distributed by the foundation in connection with the activities.						».i
С	Did the foundation file Form 1120-POL for this year?				1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						,
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				· *		, , ,
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						-
_	on foundation managers \$				2		X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?						-
_	If "Yes," attach a detailed description of the activities.	of					٠., ١
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	Oi			3		x
4-	Incorporation, or bylaws, or other similar instruments / if Yes, attach a conformed copy of the changes				4a		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			N/A	4b		
b	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?			,	5		х
5	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						
U	By language in the governing instrument, or					*	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that						
	conflict with the state law remain in the governing instrument?				6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (o	c), and P	art XV	,	7	X	
8а	Enter the states to which the foundation reports or with which it is registered (see instructions)	,					
Ju	IA]
ь	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	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 calendar 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	STMT	8 '		10	X	
					00	M-DI	(2014)

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

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2014?

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 2014)

4b X Form 990-PF (2014)

X

3b

4a

N/A

	990-PF (2014) BETH E. RE.			3048//				age 6
		ding Activities for Which F	orm 4/20 May Be R	equired (cont	inued)			т—-
5a				┌ .	. E		1	
	(1) Carry on propaganda, or otherwis			Y	'es 🗓 No		}	l
	(2) Influence the outcome of any spec		55), or to carry on,		. .			
	directly or indirectly, any voter reg		0		es X No es X No]	ļ
	(3) Provide a grant to an individual fo				es X No			
	(4) Provide a grant to an organization section 4945(d)(4)(A)? (see instru	•	ization described in		es X No	٠		ì
	No. of the contract of the con	·	ranz or educational		es 🔼 No			
	(5) Provide for any purpose other that purposes, or for the prevention of		rary, or educational		es X No	,		:
ь	If any answer is "Yes" to 5a(1)–(5), did	•	ify under the exceptions d		es 🖭 NO	i	·	
•	Regulations section 53 4945 or in a co				N/A	5b		
	Organizations relying on a current not	- · · · · · · · · · · · · · · · · · · ·				30	 	
С	If the answer is "Yes" to question 5a(4					-		:
·	because it maintained expenditure res	•	Mon nom are tax	N/A 🗍 y	es No		· .	;
	If "Yes," attach the statement required		(d)	,	cs 110		[,	:
6a	Did the foundation, during the year, re	, ,	• •					
	on a personal benefit contract?	serve any range, among a managa), to pay promise	□ Y	es 🗓 No	\$!
b	Did the foundation, during the year, pa	av premiums, directly or indirectly, o	n a personal benefit contr			6b		X
-	If "Yes" to 6b, file Form 8870	, p, <u>-</u> ,,				1		
7a	At any time during the tax year, was the	ne foundation a party to a prohibited	tax shelter transaction?		es 🗓 No	; ·		,
	If "Yes," did the foundation receive an	' ' '			N/A	7b		
		Officers, Directors, Trustee			Paid Employe	ees,		
	and Contractors							
1 L	ist all officers, directors, trustees, fo	undation managers and their cor	mpensation (see instruc	tions).				
	(a) Name ar	nd address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		pense a er allowa	
SA	NDRA BENSON	MASON CITY	TRUSTEE			-		
	MARBLE COURT SE	IA 50401	3.00	ا _ه	0	1		0
	ARLENE STRAIN	MASON CITY	TRUSTEE					<u>_</u>
	22 N MONROE AVE	IA 50401	3.00	٥	0			0
						}		
				- '			•	
						<u> </u>		
2	Compensation of five highest-paid "NONE."	employees (other than those incl	uded on line 1 – see inst	tructions). If non	e, enter			
	(a) Name and address of each employ	ee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		pense a er allowa	
NO	NE				· ` · · · · · · · · · · · · · · · · · ·			
—						 		
			 -			 		
						 		
	•							
				<u> </u>				
						1		
	number of other employees paid over	450 000				-	$\overline{}$	

Form 990-PF (2014)

Form 990-PF (2014) BETH E. REINHART CHARITABLE TRUS	T 47-2304877	Page 7
Part VIII	Information About Officers, Directors, Trustees, Four and Contractors (continued)	ndation Managers, Highly Paid E	mployees,
3 Five hig	hest-paid independent contractors for professional services (see inst	ructions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			
		1	
·			_
	<u> </u>		
			_
	·		
Total number of	of others receiving over \$50,000 for professional services		_ ▶
Part IX-A	Summary of Direct Charitable Activities		
	n's four largest direct chantable activities during the tax year. Include relevant statistical information di other beneficianes served, conferences convened, research papers produced, etc.	n such as the number of	Expenses
1 N/A			
2			
3			
· ·			
_		<u> </u>	
4			
Dow IV D'	Common of Dogger Deleted Investments (against	· · otional	<u> </u>
Part IX-B	Summary of Program-Related Investments (see institutions and 2 largest program-related investments made by the foundation during the tax year on lines 1 and 2	ructions)	A
1 N/A	largest program-related investments made by the roundation during the tax year of lines 1 and 2		Amount
,			
2			
All other program	-related investments. See instructions		1
3			
			I

Form 990-PF (2014)

Total. Add lines 1 through 3

2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 purposes Amounts set aside for specific charitable projects that satisfy the 3 Suitability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule) 3b 0 4 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income 0 5 Enter 1% of Part I, line 27b (see instructions) Adjusted qualifying distributions. Subtract line 5 from line 4

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

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

Form 990-PF (2014)

P:	art XIII Undistributed Income (see i	nstructions)				. ·
	•		(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Part XI,	Ĺ	Corpus	Years prior to 2013	2013	2014
	line 7					10,220
2	Undistributed income, if any, as of the end of 20°	4				-
а	Enter amount for 2013 only	_				
b	Total for prior years: 20 , 20 , 20			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
3	Excess distributions carryover, if any, to 2014					
а	From 2009		!	,		
b	From 2010					
С	From 2011		,			
d	From 2012		!		ĺ	
е	From 2013					
f	Total of lines 3a through e			·		
4	Qualifying distributions for 2014 from Part XII,					
	line 4· ▶ \$					•
а	Applied to 2013, but not more than line 2a					
b	Applied to undistributed income of prior years	1				
	(Election required – see instructions)			<u></u>	<u> </u>	
С	Treated as distributions out of corpus (Election					
	required – see instructions)					
ď	Applied to 2014 distributable amount				·	
	Remaining amount distributed out of corpus					
5	Excess distributions carryover applied to 2014			3	, ,	
	(If an amount appears in column (d), the same	Г	1 4			
	amount must be shown in column (a).)			, in the second second	*	`
6	Enter the net total of each column as		*	, ^ %		,
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5			*		*
	Prior years' undistributed income Subtract	Γ				
	line 4b from line 2b		,			
С	Enter the amount of prior years' undistributed	,	4			. 5
_	income for which a notice of deficiency has	i	\$			
	been issued, or on which the section 4942(a)	ļ			· ·	΄ ` `
	tax has been previously assessed	}		}	<u> </u>	
d	Subtract line 6c from line 6b. Taxable	Γ				
-	amount - see instructions	ļ		}	}	•
e	Undistributed income for 2013 Subtract line					
-	4a from line 2a Taxable amount – see	İ				
	instructions	Į.			}	
f	Undistributed income for 2014 Subtract lines	Γ				
	4d and 5 from line 1. This amount must be			Ì		
	distributed in 2015	[10,220
7	Amounts treated as distributions out of corpus	Ţ.				
	to satisfy requirements imposed by section	1		ł	ĺ	
	170(b)(1)(F) or 4942(g)(3) (Election may be					
	required—see instructions)					
8	Excess distributions carryover from 2009 not					
-	applied on line 5 or line 7 (see instructions)					
9	Excess distributions carryover to 2015.	ŗ				
-	Subtract lines 7 and 8 from line 6a	1				
10	Analysis of line 9			1		
a	Excess from 2010	}			1	
b	Excess from 2011					
C	Excess from 2012					
d	Excess from 2013					
	Excess from 2014					
<u> </u>	LAGGSS HOTH ZOTT				<u> </u>	<u> </u>

Page 11

47-2304877

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year N/A ▶ 3a Total **b** Approved for future payment N/A Total ▶ 3b

	rail Avi-A	Alialysis of income-Producing A	CUVILIES				
		ounts unless otherwise indicated.		business income (b) Amount	Excluded by (c) Exclusion code	(d) Amount	(e) Related or exempt function income
1	Program se	rvice revenue					(See instructions)
			_				
			_		 		
			- 				
					+-+		
					- 		
		nd contracts from government agencies			+		
2	_				 -		
	-	o dues and assessments savings and temporary cash investments	 		 -		23
4		nd interest from securities			++		2,594
-		ncome or (loss) from real estate	ļ — · · · · ·	-	++		2,334
,		anced property			 		
		ot-financed property			1		
6		ncome or (loss) from personal property			1		
		tment income	-				
		s) from sales of assets other than inventory	-		1		
		or (loss) from special events			1		
		or (loss) from sales of inventory			1		
	•	ue a					
							· · -
	e						
12	Subtotal Ad	dd columns (b), (d), and (e)	*.		0	0	2,617
13	Total. Add I	ine 12, columns (b), (d), and (e)				13	2,617
		in line 13 instructions to verify calculations)					
<u>F</u>	Part XVI-B						
	Line No.	Explain below how each activity for which incom					
—-	4	accomplishment of the foundation's exempt pur INCLUDES MUNI BOND INTE					ons)
—-	4	INCLUDES MONT BOND INTE	WEST EVET	ODED BI II	NC SEC		
_						-	
_				_			
_							
_							
_							

Pal	T XVII	Exempt Organize	. •	nsters to and	ıransactıc	ons and Relation	isnips with Noi	пспалітаріе		
	Did the ora	anization directly or inc		un any of the follo	owing with any	other organization de	escribed		Yes	No
		001(c) of the Code (other	-						199	
	organizatioi	• •		, ee , (e),(e) e ga			-			
	•	rom the reporting found	lation to a non-	charitable exemp	ot organization o	ıf				
	(1) Cash	om are reporting round		onaniable enemp				1a(1)	:	X
	(1) Odon (2) Other a	ssets						1a(2)		x
	Other trans							14(2)	<u> </u>	 -
_		of assets to a noncharit	ahle evemnt o	raanization				1b(1)		X
		ses of assets from a no		_	on.			1b(2)		X
	• •	of facilities, equipment)(I			1b(3)		x
	• •	• •		:15				1b(3)	 	x
		ursement arrangements or loan guarantees	,					1b(5)		X
	•	nance of services or m	omborobia or f	i indraiging callait	ationa					X
	•	facilities, equipment, m	·	-				1b(6) 1c		X
	_	• •	•	•		ma (h) chauld alway	s show the four mark		نـــــا	
		er to any of the above i	-	=						
		goods, other assets, o	_	•	-					
) Line no	transaction or sharing (b) Amount involved		of nonchantable exemp			on of transfers, transactions		nte	
		(b) Amount involved	(c) Name o	or nonchantable exemp	organization	(a) Description	in of dansiers, dansactions	, and sharing arrangeme	ins	
N/A	<u>'</u> -		 			 				
			 							
			 							
			<u> </u>		-		-			
			├─ ──							
		 	 					···		—-
			├ ───		-	 				
			 							
		 	 							
		 	 		·					
			 _			 	 _			
_			 			 		· 		
			 							
		 	 			 		·		
		ļ								
		<u> </u>	<u> </u>			<u></u>				
		dation directly or indired n section 501(c) of the	-				ns	Y	es X	No
b	f "Yes," co	mplete the following so	hedule.							
	(a) Name of organization		(b) Type of o	rganization		(c) Description of rela	ationship		
N	/A									
						L				
						<u></u>				
	Under pe	nalties of perjury, I declare the ind complete Declaration of	at I have examine	ed this return, including	g accompanying sch	nedules and statements, ar	nd to the best of my knowledge	edge and belief, it is true	Э,	
	Correct, a	ind complete Declaration of	reparer (other the	an (axpayer) is based	on all illionnation of	Willow proparer has any ki	iowieuge	May the IRS discuss this re	etum	
Sign		0	ρ					with the preparer shown be (see instructions)?		٦ ,, [
Here		Χ	\mathcal{L}_{α}	Men T	TFF	10-29-15	Ľ	(see instructions).	Yes	No
	 	Said	the Ne	ice i	,	0.29-13	TRUSTEE			
	Sign	ature of officer or trustee			Date		Title			
	Print/Ty	ype preparer's name			Preparer's signati	ıre		Date	Check	
					/	2		}	self-em	
aid	ERIC	J. GOGERTY			Luc /	logerty		10/29/15		
repa	rer Euro's /		DOLPH:	IN CPA, I	P.C.	0	PTIN	P00231	240)
Jse O	nly		EAST ST		TE 619		Firm's E	22 222		
			OCITY,	-			Phone	C41 42		
						-		F QC		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2014

BETH E. REINHART CHARITABLE TRUST

Employer identification number

47-2304877

Organization type (check one).				
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	overed by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule See			
General Rule				
_	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.			
Special Rules				
regulations under secti 13, 16a, or 16b, and th	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line last received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II			
contributor, during the	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.			
contributor, during the contributions totaled m during the year for an e	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such fore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions are during the year.			
990-EZ, or 990-PF), but it mus	is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, st answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)			

Name of organization

BETH E. REINHART CHARITABLE TRUST

Employer identification number 47-2304877

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	ESTATE OF BETH REINHART 55 MARBLE COURT SE MASON CITY IA 50401	\$ 1,641,393	Person X Payroll Noncash X (Complete Part II for noncash contributions)		
(a)	(b)	(c) Total contributions	(d)		
No.	Name, address, and ZIP + 4	\$	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		
NO.	Name, address, and ZIF +4	\$	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)	(b)	(c) Total contributions	(d) Type of contribution		
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions)		

mber

Name of organization	Employer identification num
BETH E. REINHART CHARITABLE TRUST	47-2304877

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	MARKETABLE SECURITIES		
		\$ 773,487	06/06/15
(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
	-	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received