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Form **990-PF**

EXTENDED TO AUGUST 15, 203
Return of Private Foundation 2016

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.lrs.gov/form990pf.

Open to Public Inspection

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			idar year 2015				000-11 1	ma no separate	, and e		govo.	<u>. </u>	Open to	Public ins	bection
			foundation	ux you.					,		A Employer identification number				
				T.T.EV	BANK						7. Employor roomanourour names.				
•		RACCOON VALLEY BANK CHARITABLE FOUNDATION							42	-1347634	[
			nd street (or PO I				address)			Room/suite		hone number	·		
	1	1202 SECOND						515-465-3521							
	_		own, state or pr		untry, and Z	IP or foreian p	ostal code			<u>L</u>		ption application is p		k here	▶ □
			RY, IA	5022								priori oppriori			
			all that apply.		Initial retur	n	In	itial return of a f	ormer public (harity	D 1 For	eign organization:	s, check he	re 🕨	▶ □
		Final return Amended return					·	Ť							
		Address change Name change						_	2 Foreign organizations meeting the 85% test, check here and attach computation				▶ □		
	H C	heck	type of organiz	ation:	X Sectio	n 501(c)(3) ex	kempt privat	te foundation			E If priv	ate foundation sta	tus was ter	minated	
] Se	ction 4947(a)(1) nonexem	pt charitabl	e trust 🔲	Other taxab	le private found	ation			section 507(b)(1			▶ □
	I Fa	ır ma	arket value of all	l assets at (end of year	J Account	ing method:	X Cash	Acci	ual	F If the	foundation is in a	60-month t	erminatio	on
	(fr	om F	Part II, col. (c),	line 16)		0	ther (specify	ner (specify)				section 507(b)(1))(B), check	here 🕨	-
			1				mn (d) mu	st be on cash	basis)				1		
G)	Pa	rt I	Analysis of R (The total of am- necessarily equ	ounts in colu	mns (b), (c), ar	nd (d) may not	(a) Re expens	evenue and ses per books		ivestment ome	(c)	Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)		
2018		1	Contributions,	gifts, gran	ts, etc., rece	eived		54,000.				N/A			
		2			n is not required t	to attach Sch B									
ഖ <i>(</i>		3	Interest on saving cash investments	gs and tempe s	orary										
		4	Dividends and	interest fro	om securitie	S					-	OKOB	1000		
NOP		5a	Gross rents									RECE	WED.		
		b	Net rental income	or (loss)			 		-		1 1052			78	
OHIVIVE C	e	6a	Net gain or (loss) Gross sales price		assets not on	line 10					3025	MAY 20	2016	181	
3	Revenue	_ D	assets on line 6a							0.	16.7		1	88	
50	Re ?	7 8	Capital gain net in Net short-term	•)				· · ·		OGDER	1 1 -5-	<u>- </u>	
ر ج		9	Income modifi		111						<u> </u>	GOULI	1,		
C,	,	10a	Grace cales less					.	 	·			 		
			Less Cost of goo	ods sold											
			Gross profit or			-									
		11	Other income												
		12	Total Add line	es 1 throug	jh 11			54,000.		0.					
		13	Compensation of	f officers, dire	ectors, trustee	es, etc		0.	ļ. <u>.</u>	0.					0.
		14	Other employe		-		-	<u></u>			ļ				
	s		Pension plans	, employee	benefits								 		
	use		Legal fees		a -			200		150	 				
	кре		Accounting fee		2.1	rmt 1	<u> </u>	300.		150.			-		0.
	e		Other professi	onai tees						-	 				
	ativ	17 18	Interest							··	 				
	stra	19	Taxes Depreciation a	nd donlatic	n.					· · · · · · · · · · · · · · · · · · ·	 		-		
	ni.	20	Occupancy	na achienc	711		 				 				
	Adr	21	Travel, confere	ences, and	meetinas							- 			
	pu	22	Printing and p												
	ga	23	Other expense				_								
	Operating and Administrative Expenses	24	Total operation		ninistrative										
	per		expenses. Ad					300.	_	150					0.
	0	25	Contributions,	gifts, gran	ts paid			58,070.			<u> </u>	··		58,0	<u>)70.</u>
		26	Total expense		ursements.	•							1		
		<u> </u>	Add lines 24 a				<u> </u>	<u>58,370.</u>	 	150.				58,0	<u>)70.</u>
		27						4 353							
			Excess of revenu					-4,370.			 		 		
		ł	Net investmen						-	0.		N/A			
		<u> </u>	Adjusted net i	ircome (if n	egative, enter	-0-)						T1 / 53	1		

Fo	m 99	0-PF (2015) CHARITABLE FOUNDATION		42-:	1347634 Page 2
	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
<u> </u>	ai į	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	103,051.	98,681.	98,681.
	2	Savings and temporary cash investments			 _
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts			 .
	4	Pledges receivable ►			
	ļ	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
	ļ	Less accumulated depreciation	}		
	12	Investments - mortgage loans			
	13	Investments - other STMT 2	5,000.	5,000.	0.
	14	Land, buildings, and equipment; basis ▶			
	ļ	Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	108,051.	103,681.	98,681.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ś	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ā	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
/A		and complete lines 24 through 26 and lines 30 and 31.			
ĕ	24	Unrestricted			
lan	25	Temporarily restricted			
<u>B</u>	26	Permanently restricted			
Pun	ļ	Foundations that do not follow SFAS 117, check here			
Ī		and complete lines 27 through 31.			
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	108,051.	103,681.	
Š	30	Total net assets or fund balances	108,051.	103,681.	
_	31	Total liabilities and net assets/fund balances	108,051.	103,681.	
_					

Part III 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 agree with end-of-year figure reported on prior year's return)	1 108,051	<u>L.</u>
2 Enter amount from Part I, line 27a	2 -4,370	<u>) .</u>
3 Other increases not included in line 2 (itemize)	3 0	<u>) .</u>
4 Add lines 1, 2, and 3	4 103,681	<u>L.</u>
5 Decreases not included in line 2 (itemize)	5 0	<u>)</u> .
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b),	ine 30 6 103,681	<u>L.</u>
	222 25	

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CHAR	ITABL	E FOUN	DATION

(a) List and descri	the kind(s) of property sold (e. ehouse; or common stock, 200 st	g., real estate,	. mcome	(b) H P - D -	ow acquired Purchase Donation		ite acquired ., day, yr.)	(d) Date sold (mo., day, yr.)
1a								
b NON	IE			<u> </u>		<u></u>		
C								
d								<u> </u>
<u>e</u>					.			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale) Gain or (loss) plus (f) minus (
a								
b								
С								·
<u>d</u>		ļ						
e		45-6-4-4-4	40/04/00					
Complete only for assets showing						(I) Gains	(Col. (h) gaın ut not less thar	minus
(i) F.M.V. as of 12/31/69 (j) Adjusted basis (k) Excess of col. (i) over col. (j), if any					Loss	es (from col. (h))	
a		ļ					<u> </u>	
<u>b</u>		<u></u>			·			
<u>c</u>								
d								
<u>e</u>								
2 Capital gain net income or (net cap	ital loss) { If gain, also enter-	er in Part I, line 0- in Part I, line	7 7	}[2			
Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c	as defined in sections 1222(5) a			٦				
If (loss), enter -0- in Part I, line 8	olullili (c).			P	3			
Part V Qualification Ur	der Section 4940(e) fo	r Reduced	Tax on Net	Inve	stment Ir	come	!	
Vas the foundation liable for the secti- f "Yes," the foundation does not qualif Enter the appropriate amount in ea	y under section 4940(e). Do not c	omplete this pa	rt.					Yes X No
(a) Base period years Calendar year (or tax year beginnin	(b) g in) Adjusted qualifying di	stributions	Net value of no	(c) onchari	able-use asse	ts	Distrib (col. (b) div	(d) ution ratio ided by col. (c))
2014		24,060.			91,84	4.		.261966
2013		45,541.			73,09			.623056
2012	4	40,290.			62,20	0.		.647749
2011		81,872.			69,34			1.180630
2010	{	<u>81,175.</u>			96,80	3.		.838559
2 Total of line 1, column (d)						_2		3.551960
3 Average distribution ratio for the 5 the foundation has been in existen		on line 2 by 5,	or by the number	of yea	rs	3		.710392
4 Enter the net value of noncharitable	e-use assets for 2015 from Part X	. line 5				4		104,278
	200 400000 101 22 10 11 01111 21171	,				5		74,078
5 Multiply line 4 by line 3								
5 Enter 1% of net investment income	2 (1% 01 Mart I, line 2/0)		,			6		0.
7 Add lines 5 and 6						7		74,078
8 Enter qualifying distributions from	Part XII, line 4					8		58,070
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, lin	e 1b, and comp	lete that part usin	ng a 1%	tax rate.			
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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

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

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)

year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

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X

Х

7

8b

10 X Form **990-PF** (2015) CHARITABLE FOUNDATION

Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► TERRY NIELSEN Telephone no. ► (515)	465	-35	21
	Located at ▶BOX 129, 1202 SECOND, PERRY, IA ZIP+4 ▶50	220)	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			$\overline{\Box}$
	and enter the amount of tax-exempt interest received or accrued during the year	N	I/A_	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	<u></u>	_X_
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	
	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):	ł	1	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	İ		
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No			
	(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.) Yes X No			
_				
0	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1	1	
		1b	 	-
	Organizations relying on a current notice regarding disaster assistance check here Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
·	before the first day of the tax year beginning in 2015?	10		x
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	10	 	
_	defined in section 4942(j)(3) or 4942(j)(5)).			
а	that the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2015?			
	If "Yes," list the years			
b	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.) N/A	2b_		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
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 2015 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,		1	
	Form 4720, to determine if the foundation had excess business holdings in 2015) N/A	<u>3b</u>		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 -	X
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 2015?	1 4b	0.00	(2245)
	FC FC	rm 99	0-PF	(2015)

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Total number of other employees paid over \$50,000

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		.517031	r ago i
3 Five highest-paid independent contractors for professional services. If none, enter "N	IONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Comp	ensation
NONE			
The Law and the state of the st			0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce	information such as the ed, etc.	Expenses	
1 PROVIDE MONETARY AWARDS TO CHARITABLE, RELIGIOUS EDUCATIONAL OR OTHER WORTHY INSTITUTIONAL NEED			
STATEMENT 4 2			0.
3			
4			
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on line	or 1 and 2	Amount	-
1 N/A	s ranu z.	Amount	
			···
2			
All other program-related investments. See instructions.			

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Total. Add lines 1 through 3

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Part X CHARITABLE FOUNDATION 42-1347634 Page 8

_	Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	100,866.
C	Fair market value of all other assets	1c	5,000.
d	Total (add lines 1a, b, and c)	1d	105,866.
е	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	105,866.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,588.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	104,278.
6	Minimum investment return. Enter 5% of line 5	6	5,214.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a	and certain	-
	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	5,214.
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,214.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	5,214.
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	5,214.
P	art XII Qualifying Distributions (see instructions)		
_			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	58,070.
b	Program-related investments - total from Part IX-B	1b	<u> </u>
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:		
a	Suitability test (prior IRS approval required)	3a	
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	<u>58,070.</u>
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	<u> </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	58,070.
	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	e section
	4940(e) reduction of tax in those years.		

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				5,214.
2 Undistributed income, if any, as of the end of 2015				5,414.
a Enter amount for 2014 only			0.	
b Total for prior years:				
b rotation prior years.		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 76,335.				
b From 2011 78, 405.				
c From 2012 36,930.				
d From 2013 41,886.				
e From 2014 19,468.	252 024			
f Total of lines 3a through e	253,024.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ►\$ 58,070.			0	
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior		•		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount		· · · · · · · · · · · · · · · · · · ·		5,214.
e Remaining amount distributed out of corpus	52,856.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	305,880.			
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 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				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 2010				
not applied on line 5 or line 7	76,335.			
9 Excess distributions carryover to 2016				
Subtract lines 7 and 8 from line 6a	229,545.			
10 Analysis of line 9:				
a Excess from 2011 78,405.				
b Excess from 2012 36,930.				
c Excess from 2013 41,886.				
d Excess from 2014 19,468.				
e Excess from 2015 52,856.				5 000 DE (00.45)

RACCOON VALLEY BANK
CHARITABLE FOUNDATION

Part XIV Private Operating F	oundations (see ins	structions and Part VI	I-A, question 9)	N/A					
1 a If the foundation has received a ruling or determination letter that it is a private operating									
foundation, and the ruling is effective fo	foundation, and the ruling is effective for 2015, enter the date of the ruling								
b Check box to indicate whether the found	b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)								
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years						
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total				
investment return from Part X for									
each year listed									
b 85% of line 2a									
c Qualifying distributions from Part XII,									
line 4 for each year listed									
d Amounts included in line 2c not		***							
used directly for active conduct of									
exempt activities									
e Qualifying distributions made directly									
for active conduct of exempt activities.									
Subtract line 2d from line 2c									
3 Complete 3a, b, or c for the									
alternative test relied upon:									
a "Assets" alternative test - enter:(1) Value of all assets									
• •									
(2) Value of assets qualifying under section 4942(1)(3)(B)(1)									
b "Endowment" alternative test - enter									
2/3 of minimum investment return									
shown in Part X, line 6 for each year listed									
c "Support" alternative test - enter:		· · · · · · · · · · · · · · · · · · ·							
(1) Total support other than gross									
investment income (interest,					•				
dividends, rents, payments on									
securities loans (section									
512(a)(5)), or royalties)	,	-			-				
(2) Support from general public and 5 or more exempt									
organizations as provided in									
section 4942(j)(3)(B)(iii)									
(3) Largest amount of support from									
an exempt organization				···					
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or m	ore in assets				
at any time during			ii tile loulidation	11au \$5,000 01 111	ore in assets				
		uctions.,							
1 Information Regarding Foundation				fd.k.a.a b.afa ib.a.ala					
a List any managers of the foundation where year (but only if they have contributed in the contributed in			tributions received by the	toundation before the cit	ise of any tax				
, , , ,	11016 than \$5,000). (Occ 3	CONON 307 (4)(2).)							
NONE	400/		/	an of the ownership of a r	vortnorobio or				
b List any managers of the foundation who ther entity) of which the foundation has			tor an equally large portion	on or the ownership of a p	varuter strip Of				
• /	Sa 1070 of grouter fintered	-							
NONE		Out the big at D			_ , ·				
2 Information Regarding Contribut				-44	unata far funda If				
Check here if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does n	ot accept unsolicited req	uesis ioi iulios. II				
									
a The name, address, and telephone num		ne person to wnom app	lications snould be addres	ssed:					
TERRY NIELSEN, (515)		E0220							
RACCOON VALLEY BANK									
b The form in which applications should				NDIE OD OE!	ino kindo				
IN WRITING, WITH A F	BRIEF EXPLAN	ATION AS TO	THE CHART	ABLE OR OTH	HER NEED.				
c Any submission deadlines:									
NONE.									
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kinds of institutions, or o	other factors:					
MUST BE TO CHARITABI		S, LITERAR	, EDUCATION	IAL OR OTHER	K WORTHY				
INSTITUTIONS OR ORGA	NIZATIONS.		 -		Form 990-PF (2015)				

CHARITABLE FOUNDATION Supplementary Information (continued)

Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year ACLU FOUNDATION NONE PUBLIC CHARITY CHARITABLE 1,000. DES MOINES, IA PUBLIC CHARITY CHARITABLE ADEL PUBLIC LIBRARY NONE ADEL, IA 75. AMERICAN CANCER SOCIETY NONE PUBLIC CHARITY CHARITABLE DES MOINES, IA 100. PUBLIC CHARITY CHARITABLE ART ON THE PRAIRIE NONE PERRY IA 1,000, CBI EDUCATION FOUNDATION NONE PUBLIC CHARITY CHARITABLE WEST DES MOINES, IA 250. SEE CONTINUATION SHEET(S) ▶ 3a Total 58,070. b Approved for future payment NONE Total

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

nter gross amounts unless otherwise indicated.	Unrelated I	ousiness income	Exclud	ed by section 512, 513, or 514	(e)
The group and an about the analysis and a maintage.	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business	Amount	sion code	Amount	function income
a			 		
b					- -
-					
	1 1		1 1		
	1 1		1 1		
e			1 1		
			╂──╌┼		
g Fees and contracts from government agencies				-	
2 Membership dues and assessments	<u> </u>		 		
3 Interest on savings and temporary cash					
investments			+ +		
4 Dividends and interest from securities					· · · - · · · · · · · · · · · · · · · ·
5 Net rental income or (loss) from real estate:		· · · · · · · · · · · · · · · · · · ·	1		
a Debt-financed property			1 1		
b Not debt-financed property					
6 Net rental income or (loss) from personal	}		1 1	,	
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
1 Other revenue:				-	
a					
b				· · · · · · · · · · · · · · · · · · ·	
c	1	-	1 1		
d			 		
2 Subtotal. Add columns (b), (d), and (e)		0.		0.	0
3 Total. Add line 12, columns (b), (d), and (e)	L		<u>·I </u>	13	
See worksheet in line 13 instructions to verify calculations.)				10	
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc the foundation's exempt purposes (other than	ome is reported in (column (e) of Part XVI-A		<u> </u>	nplishment of
		-			
					Form 990-PF (201

	II (.XAII	Exempt Organ		sters 10 a	and Iransa	ctions a	nd Relations	nips with Non	cnaritable	€	
1	Did the or	ganization directly or indi		of the followin	ng with any other	r organizatio	n described in sect	on 501(c) of		Yes	No
•		other than section 501(c			-			1011 00 1(0) 01			1
a		from the reporting found	,,,,			miliour or guin	Lanono				i
	(1) Cash				gu				1a(1)		x
	(2) Other	assets							1a(2)		X
b	Other tran										
	(1) Sales	of assets to a noncharita	ible exempt organiza	tion					1b(1)		X_
	• •	nases of assets from a no							1b(2)		X
		I of facilities, equipment,	•	•					1b(3)		X
	· ·	bursement arrangements							1b(4)		Х
	(5) Loans	s or loan guarantees							1b(5)		Х
		rmance of services or me	embership or fundrai	sing solicitatio	ins				1b(6)		Х
C	Sharing of	f facilities, equipment, ma	uling lists, other asse	ets, or paid em	ployees				10		X
d	If the ansv	ver to any of the above is	"Yes," complete the	following sche	dule. Column (b) should alw	ays show the fair r	narket value of the go	ods, other ass	ets,	
		s given by the reporting f									
	column (d) the value of the goods,	other assets, or serv	ices received.							
a)∟	ine no	(b) Amount involved	(c) Name of		exempt organia	zation	(d) Description	of transfers, transactions	s, and sharing ar	angeme	nts
				N/A							
			ļ								
											
			~						 		
							<u> </u>	.=, .			
							 				
							 				
			_						 -		
										_	
			-				-				
			_								
2a	Is the four	ndation directly or indirec	tly affiliated with, or	related to, one	or more tax-exe	empt organiz	ations described				_
	In section	501(c) of the Code (othe	r than section 501(c))(3)) or in sect	tion 527?				Yes	X	No
b	If "Yes," co	omplete the following sch						 <u>. </u>			
		(a) Name of org	ganization		(b) Type of or	ganization		(c) Description of rela	tionship		
		N/A									
		 									
											
							-		-		
	Under	penalties of perjury, I declare	that I have examined thi	s return, includin	l accompanying s	chedules and s	statements, and to the	best of my knowledge			
Sic			mplete Declaration of pr						May the IRS of return with the	e prepar	er
He	ere	* Mult	to the		,り	616	Pres	. dent	shown below X Yes		No
	Sigr	nature of officer or trustee			Date	1	Title	····	100		
		Print/Type preparer's na	ame	Preparer's s	ignature		Date	Check if F	TIN		
		\ /		1,1	21	., •	5-12-16	self- employed			
	aid		RCHINGER	Way	w Plou	myn	3 , : 6		P00225		
	eparer	Firm's name ► ROT	H & COMPA	MY, IV.	C.	•		Firm's EIN ► 42	-13610	38	
US	se Only					4.55					
		Firm's address ► 66						/ 51	E\ 044	0.0	<i>c c</i>
		DE	S MOINES,	IA 50	<u>309-391</u>	0		Phone no. (51	5) 244 Form 99 (
									I OITH COL	- • •	ردن نع)

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	-	
CENTRAL COLLEGE	NONE	PUBLIC CHARITY	CHARITABLE	
PELLA, IA				50,
DALLAS COUNTY CONSERVATION FOUNDATION	NONE	PUBLIC CHARITY	CHARITABLE	
PERRY, IA				20,125.
DALLAS COUNTY FOUNDATION	NONE	PUBLIC CHARITY	CHARITABLE	
ADEL, IA				1,000.
DALLAS COUNTY HOSPITAL FOUNDATION	NONE	PUBLIC CHARITY	CHARITABLE	
PERRY, IA				5,250,
PAITH LUTHERAN CHURCH	NONE	PUBLIC CHARITY	CHARITABLE	
ADEL, IA				500.
FIRST BAPTIST CHURCH	NONE	PUBLIC CHARITY	CHARITABLE	
PERRY_IA				500.
FIRST PRESBYTERIAN CHURCH	NONE	PUBLIC CHARITY	CHARITABLE	
DALLAS CENTER, IA				_500.
			:	
FIRST PRESBYTERIAN CHURCH	NONE	PUBLIC CHARITY	CHARITABLE	
PERRY, IA				500
FOOD BANK OF ADEL	NONE	PUBLIC CHARITY	CHARITABLE	
ADEL, IA				50,
GREATER DALLAS COUNTY DEVELOPMENT	NONE	PUBLIC CHARITY	CHARITABLE	
FOUNDATION				
WEST DES MOINES, IA				5,000,
Total from continuation sheets				55 645

Part XV Supplementary Information				
3 Grants and Contributions Paid During the		·	,	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
GREENE COUNTY FAIR ASSOCIATION	NONE	PUBLIC CHARITY	CHARITABLE	
SCRANTON, IA			_	350.
IOWA PUBLIC RADIO	NONE	PUBLIC CHARITY	CHARITABLE	
DES MOINES, IA				625.
DES ROTRES, IN				
IOWA PUBLIC TELEVISION	NONE	PUBLIC CHARITY	CHARITABLE	
-01N/amoly -1				125.
JOHNSTON, IA		-		123,
IOWA STATE FAIR BLUE RIBBON FOUNDATION	NONE	PUBLIC CHARITY	CHARITABLE	
TOURDATION				
DES MOINES, IA				750.
	NOVE	PUBLIC CHARITY	CUADITADI E	,
ISU FOUNDATION	NONE	PUBLIC CHARITY	CHARITABLE	
AMES, IA				7,500.
JUNIOR ACHIEVEMENT OF CENTRAL IOWA	NONE	PUBLIC CHARITY	CHARITABLE	
DES MOINES, IA				1,500,
LIFE 107.1/96.1	NONE	PUBLIC CHARITY	CHARITABLE	
DES MOINES, IA				200,
LIFEHOUSE COMMUNITY CHURCH	NONE	PUBLIC CHARITY	CHARITABLE	
URBANDALE, IA		<u> </u>		500,
LUTHERAN CHURCH OF HOPE	NONE	PUBLIC CHARITY	CHARITABLE	
WEST DES MOINES, IA				500,
MT OLIVET LUTHERAN CHURCH	NONE	PUBLIC CHARITY	CHARITABL	
PERRY_ IA				700,
Total from continuation sheets				<u> </u>

3 Grants and Contributions Paid During the		1		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
name and address (nome of basiness)	or substantial contributor	recipient		
REGION XII COG	NONE	PUBLIC CHARITY	CHARITABLE	
CARROLL, IA				2!
SCIENCE CENTER OF IOWA	NONE	PUBLIC CHARITY	CHARITABLE	
DES MOINES, IA				
			;LISTTOTAL 1250	
	ļ			
SUSAN G. KOMEN	NONE	PUBLIC CHARITY	CHARITABLE	
DES MOINES, IA				
T JOSEPHS CHURCH	NONE	PUBLIC CHARITY	CHARITABLE	
JEFFERSON, IA				
ST PATRICK HOME & SCHOOL	NONE	PUBLIC CHARITY	CHARITABLE	
PERRY IA				20
ST PATRICK'S CHURCH	NONE	PUBLIC CHARITY	CHARITABLE	
OFFICE TO				1 45
PERRY_ IA				1,45
ET PAUL LUTHERAN CHURCH	NONE	PUBLIC CHARITY	CHARITABLE	
or mad bornanda, enoken	101.2			
OUTON IA		<u> </u>		50
PRINITY LUTHERAN CHURCH	NONE	PUBLIC CHARITY	CHARITABLE	
COON RAPIDS, IA				50
NITED METHODIST CHURCH	NONE	PUBLIC CHARITY	CHARITABLE	
PANORA, IA				50
			,	
WHITEROCK CONSERVANCY	NONE	PUBLIC CHARITY	CHARITABLE	
COON RAPIDS IA				20
Total from continuation sheets				

Part XV Supplementary Informat				γ
3 Grants and Contributions Paid During th		<u> </u>		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Marile and address (nome of business)	or substantial contributor	recipient		
ABIDE	NONE	PUBLIC CHARITY	CHARITABLE	
OMAHA, NE				20.
CAMPUS CRUSADE FOR CHRIST	NONE	PUBLIC CHARITY	CHARITABLE	
ORLANDO, FL				500.
IOWA LEGAL AID FOUNDATION	NONE	PUBLIC CHARITY	CHARTMARIE	
	NONE	FORDIC CIMATIT	CHARTABLE	1,000.
DES MOINES, IA				1,000.
MARANATHA BAPTIST CHURCH	NONE	PUBLIC CHARITY	CHARITABLE	
GRIMES IA				500.
MCCREARY BUILDING FOUNDATION	NONE	PUBLIC CHARITY	CHARITABLE	
PERRY, IA				1,500.
NEW HOPE FOUNDATION	NONE	PUBLIC CHARITY	CHARITABLE	
CARROLL IA				100.
PACES	NONE	PUBLIC CHARITY	CHARITABLE	
PERRY, IA				20.
PERRY CHILD DEVELOPMENT CENTER	NONE	PUBLIC CHARITY	CHARITABLE	
PERRY, IA				250.
PERRY FINE ARTS	NONE	PUBLIC CHARITY	CHARITABLE	
PERRY, IA				100.
DDDDV DVDDVAUGDD 100	, , , , , , , , , , , , , , , , , , ,	DUDI TO GUESTA	CHARLES TO SECOND TO SECON	
PERRY FIREFIGHTERS ASSOCIATION	NONE	PUBLIC CHARITY	CHARITABLE	
PERRY, IA Total from continuation sheets		<u> </u>	<u></u>	250.

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient ST JOHN'S CATHOLIC CHURCH PUBLIC CHARITY CHARITABLE NONE 500. ADEL, IA Total from continuation sheets

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 .

OMB No 1545-0047

Name of the organization RACCOON VALLEY BANK **Employer identification number**

42-1347634 CHARITABLE FOUNDATION 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	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	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
General Rule	
•	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) a any one contributo	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 r, 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	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III
year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete 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 must answer "No" on	nat 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-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) (2015)

Name of organization
RACCOON VALLEY BANK
CHARITABLE FOUNDATION

Employer identification number

42-1347634

Part I	Contributors (see instructions) Use duplicate copies of Part I	ıf addıtıonal space is needed	1 1 3 4 7 0 3 4
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PERRY, IA 50220	ssss	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

Name of organization

RACCOON VALLEY BANK
CHARTMARIE FOUNDAMION

Employer identification number

42-1347634

Part II	Noncash Property (see instructions) Use duplicate copies of Part		-134/034
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of org	3201721ion		Employer identification number			
_			Employer identification number			
	ON VALLEY BANK					
CHARI'	TABLE FOUNDATION		42-1347634			
Part III	Exclusively religious, charitable, etc., conti the year from any one contributor. Complete c	ibutions to organizations described	in section 501(c)(7), (8), or (10) that total more than \$1,000 for			
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000 or	r less for the year (Enter this into once)			
	Use duplicate copies of Part III if additiona	al space is needed	· · · · · · · · · · · · · · · · · · ·			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
<u> </u>						
						
		(e) Transfer of gif	t			
	Transferee's name, address, ar	d ZIP + 4	Relationship of transferor to transferee			
}						
1						
(a) No.						
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
 						
	(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
Ī						
(a) No.						
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
<u> </u>						
		(e) Transfer of gif	't			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
(a) No.						
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
						
	(e) Transfer of gift					
1	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
F						
			O-b-dula D (F 000 000 F7 000 DF) (0045)			

FORM 990-PF	ACCOUNTING FEES		STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
ACCOUNTING	300.	150.			0.
TO FORM 990-PF, PG 1, LN 16B	300.	150.			0.
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT	2
DESCRIPTION			VALUATION METHOD	BOOK VALU	JE
STAMOS TAPESTRY		 C	OST	5,00	00.
TOTAL TO FORM 990-PF. PART II	. LINE 13			5,00	00.

	T OF OFFICERS, D FOUNDATION MANA		STATI	EMENT 3
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	-	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
TERRY NIELSEN 1202 SECOND AVENUE P O BOX 129 PERRY, IA 50220	PRESIDENT & DI	RECTOR 0.	0.	0.
SALLY HAERR 806 SOUTH MAIN FAIRFIELD, IA 52556	DIRECTOR 0.00	0.	0.	0.
ELIZABETH GARST 1313 FIG AVENUE COON RAPIDS, IA 50058	DIRECTOR 0.00	0.	0.	0.
SARAH GARST 1063 21ST STREET WEST DES MOINES, IA 50265	DIRECTOR 0.00	0.	0.	0.
H. T. HOLCOMB 118 S 9TH STREET ADEL, IA 50003	DIRECTOR 0.00	0.	0.	0.
JON PETERS 920 DIAGONAL RD. PERRY, IA 50220	DIRECTOR 0.00	0.	0.	0.
DOUG MCDERMOTT 1214 RUSHRIDGE RD JEFFERSON, IA 50129	DIRECTOR 0.00	0.	0.	0.
DAN WILHELMI 18014 180TH LANE PERRY, IA 50220	DIRECTOR 0.00	0.	0.	0.
KENDALL RATHJE 1202 SECOND AVENUE P O BOX 129 PERRY, IA 50220	SEC/TREAS 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	5, PART VIII	0.	0.	0.