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Form 990-PF

Return of Private Foundation

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

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OMB No 1545-0052 en to Public Inspection

Departme fithe Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf. For calendar year 2015 or tax year beginning , and ending Name of foundation A Employer identification number HOME STATE BANK CHARITABLE FOUNDATION 42-1378344 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 115 W. STATE 515-386-2131 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 50129-1911 JEFFERSON, IA G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 91,403. (Part I, column (d) must be on cash basis.) ▶\$ Part I | Analysis of Revenue and Expenses (c) Adjusted net (d) Disbursements (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes expenses per books income income (cash basis only) 72,000 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 86 86 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain FEB 0 2016 Income modifications Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 72,086 86 12 Total. Add lines 1 through 11 0 0 0. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 325 STMT 2 163 0. Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 3 117 0 . 0. 23 Other expenses 24 Total operating and administrative 442 163 expenses. Add lines 13 through 23 0. 940. 81,940 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 81,940. 82,382 163 Add lines 24 and 25 Subtract line 26 from line 12: <10,296 8 Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-)

N/A

c Adjusted net income (if negative, enter -0-)

	Part II Balance Sheets Attached schedules and amounts in the description column should be for end of wear amounts only		Beginning of year	End of	f year	
	all		(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1					
	2	1	101,699.	91,403.	91,403.	
	3	Accounts receivable ►				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ►	-	. -		
	i	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 ▶				
sts	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
⋖	10a	Investments - U.S. and state government obligations				
	b	Investments - corporate stock				
	C	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment, basis			4	
		Less accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other				
	14	Land, buildings, and equipment basis ▶			,	
		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)	101,699.	91,403.	91,403.	
	17	Accounts payable and accrued expenses			+_	
	18	Grants payable				
S	19	Deferred revenue			· 	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
jap	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				
S		and complete lines 24 through 26 and lines 30 and 31.				
Ç	24	Unrestricted				
lan	25	Temporarily restricted				
Ba	26	Permanently restricted				
Net Assets or Fund Balance		Foundations that do not follow SFAS 117, check here		-		
Ē		and complete lines 27 through 31.				
8	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.		
Ϋ́	29	Retained earnings, accumulated income, endowment, or other funds	101,699.	91,403.		
Š	30	Total net assets or fund balances	101,699.	91,403.		
	31	Total liabilities and net assets/fund balances	101,699.	91,403.		
P	art	Analysis of Changes in Net Assets or Fund Ba	alances			
_				· · · · · · · · · · · · · · · · · · ·		
1		net assets or fund balances at beginning of year - Part II, column (a), line 3	3U		101 600	
	•	st agree with end-of-year figure reported on prior year's return)		1	101,699.	
		r amount from Part I, line 27a	•	2	<u><10,296.</u> >	
-		r increases not included in line 2 (itemize)			0.	
		lines 1, 2, and 3		4	91,403.	
		eases not included in line 2 (itemize)		5	0.	
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	. 161	91,403.	
					Form 990-PF (2015)	

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See the Part VI instructions.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

Form 990-I Part VI	F(2015) HOME STATE BANK CHARITABLE FO Excise Tax Based on Investment Income (Section 494)				1378 see i			Page 4
	pt operating foundations described in section 4940(d)(2), check here			-				
	of ruling or determination letter: (attach copy of letter if ne		s)					
	stic foundations that meet the section 4940(e) requirements in Part V, check here		· }	1		•	-	0.
	t I, line 27b							
c All ot	ner domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4	% of Part I, line 12, col. (b).		,			
2 Tax u	nder section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. (Others enter -0-)		2				0.
3 Add I	nes 1 and 2	·	1	3				0.
4 Subtr	le A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)		4				0.
5 Tax b	ased on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5				0.
6 Credi	s/Payments:					•		
a 2015	estimated tax payments and 2014 overpayment credited to 2015	6a						
b Exem	pt foreign organizations - tax withheld at source	6b						
c Tax p	aid with application for extension of time to file (Form 8868)	6c			-			
d Backı	p 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 🔲 ıf Form 2220 is att	ached		8		_		
9 Tax d	ue. If the total of lines 5 and 8 is more than line 7, enter amount owed		>	9				0.
10 Over	ayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10				
	the amount of line 10 to be: Credited to 2016 estimated tax	R	efunded 🕨	11				
Part VI	I-A Statements Regarding Activities							
1a Durin	g the tax year, did the foundation attempt to influence any national, state, or local legi	islation or did it participat	e or intervene	ın		<u>، ، _</u>	Yes	
	olitical campaign?					1a		_ <u>X</u> _
b Did it	spend more than \$100 during the year (either directly or indirectly) for political purpo	oses (see instructions for	the definition)?		1b		X
If the	answer is "Yes" to 1a or 1b, attach a detailed description of the activities a	nd copies of any mate	nals publishe	ed or		_	. 1	
	buted by the foundation in connection with the activities							
	e foundation file Form 1120-POL for this year?					1c	ļ	X
	the amount (if any) of tax on political expenditures (section 4955) imposed during th							
	in the foundation. > \$ 0 . (2) On foundation manager		0.					
	the reimbursement (if any) paid by the foundation during the year for political expens	diture tax imposed on fou	ındatıon					
	gers. ▶ \$0.							
	ne foundation engaged in any activities that have not previously been reported to the	IRS?				2		<u>X</u>
	s," attach a detailed description of the activities.							
	ne foundation made any changes, not previously reported to the IRS, in its governing		corporation, o	r				3.7
· -	s, or other similar instruments? If "Yes," attach a conformed copy of the chang	*				3		X
	e foundation have unrelated business gross income of \$1,000 or more during the ye	ary		**	/=	4a		<u>X</u> _
	s, has it filed a tax return on Form 990-T for this year?	0		IA	/A	4b		_ _
	here a liquidation, termination, dissolution, or substantial contraction during the year	7				_ 5		<u>X</u>
	s," attach the statement required by General Instruction T.	n.4h.ae					}	
	e requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	either:						
-	anguage in the governing instrument, or	and directions that conflict	t with the etete	low			[
-	state legislation that effectively amends the governing instrument so that no mandato	ny directions that comite	i willi life State	iaw		6	x	
	n in the governing instrument? ie foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," co</i>	malata Part II ani (a)	and Part VI	,		7	X	
/ DIQ (I	e foundation have at least φ0,000 in assets at any time during the year? " Tes, Co	implete Fart II, col. (c),	anu ran Av			- '		
Qa Entar	the states to which the foundation reports or with which it is registered (see instructi	one)						
IA		0113/						
	answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney General (or desi	onate)]	
	th state as required by General Instruction G? If "No," attach explanation	ornoy denotal (or desi	g/14.0)			8b	х	
	foundation claiming status as a private operating foundation within the meaning of s	ection 4942(i)(3) or 494	2(1)(5) for cale	ndar		ٽٽ		
	2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"		-(,)(,0) ,0, 00,0			9]	X_
-	ny persons become substantial contributors during the tax year? If "Yes," attach a sched		idresses	•		10		X
.0 010 0	A Posterior Deserving Contraction of the Contractio						DE	(2015)

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orm 990-PF (2015) HOME STATE BANK CHARITAB	LE FOUNDATION	ī	42-13783	44 Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir	ectly,		
any voter registration drive?		Ye	es X No "	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es X No .	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			1 1
4945(d)(4)(A)? (see instructions)		Ye	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	for		
the prevention of cruelty to children or animals?	,		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the exceptions described			
section 53.4945 or in a current notice regarding disaster assistance (see instru	•	iii riogalationo	N/A	5ь
Organizations relying on a current notice regarding disaster assistance check h				"
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined		
expenditure responsibility for the grant?			s No	
If "Yes," attach the statement required by Regulations section 53.4945		1/A	.s NU	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	Jay premiums on		es X No	
• • • • • • • • • • • • • • • • • • • •		Y6		, , ,
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal denetit contract?		-	Sb X
If "Yes" to 6b, file Form 8870.	halla Arana da O			
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No	
b If 'Yes,' did the foundation receive any proceeds or have any net income attributed Part VIII Information About Officers, Directors, Truston				7b
Part VIII Information About Officers, Directors, Trustors Paid Employees, and Contractors	es, Foundation Ma	inagers, Highly	/	
List all officers, directors, trustees, foundation managers and their				
List all officers, directors, didstees, foundation managers and their		(c) Compensation	(d) Contributions to	4.3 Evenena
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid.	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(-)	to position	`enter'-0-)'	compensation	allowances
SEE STATEMENT 4		0.	0.	<u> </u>
	· · · · · · · · · · · · · · · · · ·			
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(a) Name and address of each ampleyee paid more than \$50,000	(b) Title, and average	(-) Company	(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	'hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE				
			···	
· · · · · · · · · · · · · · · · · · ·				
······································				
Catal number of other employees paid over \$50,000		L	<u></u>	0
otal number of other employees paid over \$50,000	•	• •	Earm	990-PF (2015)
			roim	JJU-17 (2013)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	<u> </u>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 PROVIDE MONETARY AWARDS TO CHARITABLE, RELIGIOUS, LITERARY, EDUCATIONAL, OR OTHER WORTHY INSTITUTIONAL NEEDS. SEE STATEMENT 7		0.
2		
3		
4		
Part IX-B Summary of Program-Related Investments	<u> </u>	A
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1 N/A	- 	Amount
		•
2		0.
	-	
All other program-related investments. See instructions. 3		
Total. Add lines 1 through 3	-	0.

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L.	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see 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	0.
b	Average of monthly cash balances	1b 96	0. ,551.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d 96	,551.
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 96	,551.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		,448.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 95	,103.
6_	Minimum investment return. Enter 5% of line 5		,755.
P	art XI 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.)		
1	Minimum investment return from Part X, line 6	1 4	,755.
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 4	,755.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5 4	,755.
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 4	,755 .
Р	art XII Qualifying Distributions (see instructions)		
_		h	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	01	0.4.0
a	= + ······ (-), (-), (-), (-), (-), (-), (-),		<u>,940.</u>
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:		
a		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 81	<u>,940.</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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		,940.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (qualities for the section	
	4940(e) reduction of tax in those years.		

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,	<u>.</u>			
line 7				4,755.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 19,077.				
b From 2011 26,539.				
c From 2012 29,470.				
d From 2013 87,508.				
e From 2014 72,750.	,			,
f Total of lines 3a through e	235,344.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ►\$ 81,940.				
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				4,755.
e Remaining amount distributed out of corpus	77,185.			
5 Excess distributions carryover applied to 2015	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:	-			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	312,529.			
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.	<u> </u>
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must		İ		
be distributed in 2016	,			0.
7 Amounts treated as distributions out of		İ		1
corpus to satisfy requirements imposed by				1
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	19,077.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	293,452.			
10 Analysis of line 9:				
a Excess from 2011 26,539.				
b Excess from 2012 29,470.				
c Excess from 2013 87,508.				
d Excess from 2014 72,750.				
e Excess from 2015 77, 185.				

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Form 990-PF (2015) HOME ST Part XIV Private Operating F	ATE BANK CH	IARITABLE FO	UNDATION	M/A	78344 Page 10
1 a If the foundation has received a ruling of			75 question 5)	N/A	
foundation, and the ruling is effective fo		· · · · · ·			
b Check box to indicate whether the foun		-	n section	4942(j)(3) or 494	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	ing realization described i	Prior 3 years	1 10 12())(0) 01 2 19	12()/(0)
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					(4)
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				1	
3 Complete 3a, b, or c for the					· · · · · · · · · · · · · · · · · · ·
alternative test relied upon; a "Assets" alternative test - enter;					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)			,	·	
b "Endowment" alternative test - enter 2/3 of minimum investment return				1	
shown in Part X, line 6 for each year					
listed	-				
c "Support" alternative test - enter:					
 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					
Part XV Supplementary Info	rmation (Comple	to this part only	if the foundation	had \$5,000 or mo	ro in accete
at any time during t			ii tile loalidation	i nau φο,σου σι ino	Te III assets
1 Information Regarding Foundation					
a List any managers of the foundation wh	•	than 2% of the total contr	ributions received by the	foundation before the clos-	e of any tay
year (but only if they have contributed r			ibutions received by the	iodiloation before the clos-	5 OI ally lax
NONE					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation (or an equally large ports	on of the ownership of a pa	rtnership or
other entity) of which the foundation ha			4-2-13 101 80 801 11	sime simp of a pa	
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	Scholarship, etc., Pr	ograms:		
				not accept unsolicited reque	ests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations u	nder other conditions, c	omplete items 2a, b, c, and	d
a The name, address, and telephone num	ber or e-mail address of	the person to whom appli	cations should be addre	ssed:	
SEE STATEMENT 5					
b The form in which applications should t	pe submitted and informa	tion and materials they sh	nould include:		
c Any submission deadlines:					
			<u> </u>	· ··-	
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	

NONE		

▶ 3b Form 990-PF (2015)

Total

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

Enter gross amounts unless otherwise indicated.	Unrelated I	business income	Exclud	ed by section 512, 513, or 514	(-)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	Aniount	TOTICALOR INCOME
a			╁──╁		
b			\vdash		···
<u> </u>			-		
d			 -		
e					
	-		-		
g Fees and contracts from government agencies			ļļ.		
2 Membership dues and assessments					
3 Interest on savings and temporary cash			1		
investments			14	86.	
4 Dividends and interest from securities			<u> </u>		
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			lt		
7 Other investment income				_	
8 Gain or (loss) from sales of assets other					
than inventory			<u> </u>		
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.		86.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>			13	
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accon	nplishment of Ex	cempt	Purposes	
Line No. Explain below how each activity for which inc			contribu	ited importantly to the accomp	lishment of
the foundation's exempt purposes (other tha	n by providing tund	s for such purposes).			
					
		· · · · · · · · · · · · · · · · · ·			
· ·					

	(a) Name of organization	(b) Type of organization	(c) Description	n of relationship
	N/A			
			· · · · · · · · · · · · · · · · · · ·	
Sign Here	Under penalties of perjury, I declare that I have examined this return, in and belief, it is true, forrect, and complete. Declaration of preparer (oth Signature of officer or trustee			
Paid	Print/Type preparer's name Prepare WAYNE FLOERCHINGER	er's signature	Date Check self- employe	of PTIN PTIN PO 0 2 2 5 9 3 6
Prepa Use (arer Firm's name ► ROTH & COMPANY,	PVC.	Firm's EIN	▶ 42-1361038
	Firm's address ► 666 WALNUT STRE DES MOINES, IA	EET, SUITE 1450 50309-3918	Phone no.	(515) 244-0266
				Form QQD_PF (201

Part XV. Supplementary Information				
3 Grants and Contributions Paid During the You				
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	CONTRIBUTION	
FRIENDS OF JEFFERSON PUBLIC LIBRARY 200 WEST LINCOLNWAY JEFFERSON, IA 50129	NONE	PUBLIC CHARITY	CHARITABLE	500,
GOSPEL OPEN BIBLE CHURCH 302 SOUTH GRIMMELL JEFFERSON, IA 50129	NONE	PUBLIC CHARITY	CHARITABLE	786,
GRAND JUNCTION COMMUNITY CENTER 200 MAIN STREET GRAND JUNCTION, IA 50107	NONE	PUBLIC CHARITY	CHARITABLE	5,000,
GREENE COUNTY ACTION RESOURCE CENTER 112 EAST HARRISON JEFFERSON, IA 50129	NONE	PUBLIC CHARITY	CHARITABLE	1,000,
GREENE COUNTY COMMUNITY FOUNDATION 104 WEST WASHINGTON JEFFERSON, IA 50129	NONE	PUBLIC CHARITY	CHARITABLE	1,200,
GREENE COUNTY EXTENSION 104 WEST WASHINGTON JEFFERSON, IA 50129	NONE	PUBLIC CHARITY	CHARITABLE	100,
GREENE COUNTY FAIR FOUNDATION PO BOX 351 JEFFERSON, IA 50129	NONE	PUBLIC CHARITY	CHARITABLE	11,000,
GREENE COUNTY HISTORICAL CENTER 219 EAST LINCOLNWAY JEFFERSON, IA 50129	NONE	PUBLIC CHARITY	CHARITABLE	1,000,
GREENE COUNTY MEDICAL CENTER FOUNDATION 1000 WEST LINCOLNWAY JEFFERSON, IA 50129	NONE	PUBLIC CHARITY	CHARITABLE	20,500,
GREENE COUNTY SCHOOL FOUNDATION 204 WEST MADISON JEFFERSON, IA 50129 Total from continuation sheets	NONE	PUBLIC CHARITY	CHARITABLE	1,000, 73,190,

3 Grants and Contributions Paid During the \	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	Contribution	
HABITAT FOR HUMANITY	NONE	PUBLIC CHARITY	CHARITABLE	
720 STORY STREET				
BOONE IA 50036				1,00
IOWA COLLEGE FOUNDATION	L _{vov}			
3930 16TH AVENUE SW	NONE	PUBLIC CHARITY	CHARITABLE	
CEDAR RAPIDS IA 52406				1,00
OWA LEGAL AID FOUNDATION	NONE	PUBLIC CHARITY	CHARITABLE	
1111 9TH STREET	l			
DES MOINES, IA 50314		-		1,00
TOWN NAMED AND THE PROPERTY OF				
OWA NATURAL HERITAGE FOUNDATION 505 50TH AVENUE	NONE	PUBLIC CHARITY	CHARITABLE	
DES MOINES, IA 50309				20
OWA PUBLIC TELEVISION	NONE	PUBLIC CHARITY	CHARITABLE	
PO BOX 6400				
JOHNSTON, IA 50131				1,000
ISU FOUNDATION 0804 S FOURTH STREET	NONE	PUBLIC CHARITY	CHARITABLE	
AMES, IA 50010				5,10
OWA CENTRAL COMMUNITY COLLEGE - PAS	NONE	PUBLIC CHARITY	CHARITABLE	
TRITON CIRCLE				50.
ONT BODGE, IN 30301				50
EFFERSON MATTERS: MAIN STREET	NONE	PUBLIC CHARITY	OWAD THAD! E	
220 NORTH CHESTNUT	NONE	FOBBIC CHARIII	CHARITABLE	
JEFFERSON, IA 50129		-		11,20
NEW COVENANT CHRISTIAN CHURCH	NONE	PUBLIC CHARITY	CHARITABLE	
3318 5TH AVENUE SOUTH FORT DODGE IA 50501				614
				<u> </u>
NEW HOPE VILLAGE FOUNDATION	NONE	PUBLIC CHARITY	CHARTTABLE	
L211 EAST 18TH ST		JULIE CHARTII		
CARROLL IA 51401	<u> </u>	L		250

Part XV Supplementary Informat 3 Grants and Contributions Paid During ti				<u> </u>
Recipient	If recipient is an individual.			-
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
RIVER CHURCH	NONE	PUBLIC CHARITY	CHARITABLE	
823 SOUTH 3RD CLINTON, IA 52732				250
SALEM UNITED METHODIST CHURCH 305 STATE STREET	NONE	PUBLIC CHARITY	CHARITABLE	
PATON, IA 50217				200
COTTIVOT COMMEN OF TOWN				
SCIENCE CENTER OF IOWA 401 WEST MLK PARKWAY	NONE	PUBLIC CHARITY	CHARITABLE	
DES MOINES, IA 50309				300
ST JOSEPH'S CATHOLIC CHURCH	NONE	PUBLIC CHARITY	CHARTTARI.E	
503 NORTH CHESTNUT				
JEFFERSON, IA 50129				1,100
ST. BRIGID'S CATHOLIC CHURCH	NONE	PUBLIC CHARITY	CHARITABLE	
602 HAGER STREET E GRAND JUNCTION, IA 50107				1,260
U OF I FOUNDATION 402 CARVER - HAWKEYE ARENA	NONE	PUBLIC CHARITY	CHARITABLE	
IOWA CITY, IA 52242				800
WHITEROCK CONSERVANCY 1390 IOWA 141	NONE	PUBLIC CHARITY	CHARITABLE	
COON RAPIDS, IA 50058				200
AMERICAN FOUNDATION FOR SUICIDE PREVENTION	NONE	PUBLIC CHARITY	CHARITABLE	
120 WALL STREET				
NEW YORK, NY 10005				100
GENESIS DEVELOPEMENT	none	PUBLIC CHARITY	CHARITABLE	
PO BOX 438 DEFFERSON IA 50129				1,500
JEFFERSON DOES ADOPT-A-FAMILY	NONE	PUBLIC CHARITY	CHARITABLE	
PO BOX 106 JEFFERSON, IA 50129				130
Total from continuation sheets	•	<u> </u>	•	

3 Grants and Contributions Paid During the Year (Continuation) Recipient Name and address (home or business) National Ms Society National Ms Society None None None None None None None None	Amount
Name and address (home or business) Show any relationship to any foundation manager or substantial contributor NATIONAL MS SOCIETY NONE PUBLIC CHARITY CHARITBALE 8111 N. STADIUM DRIVE STE 100	Amount
NATIONAL MS SOCIETY NONE PUBLIC CHARITY CHARITBALE 8111 N. STADIUM DRIVE STE 100	
8111 N. STADIUM DRIVE STE 100	
8111 N. STADIUM DRIVE STE 100	
8111 N. STADIUM DRIVE STE 100	
The state of the s	100.
NEW ORDONANTARIO	
NEW OPPORTUNITIES NONE PUBLIC CHARITY CHARITABLE 1401 NORTH ELM	
JEFFERSON, IA 50129	250.
REIMAN GARDENS NONE PUBLIC CHARITY CHARITABLE 1407 UNIVERSITY BLVD.	
AMES_ IA 50011	110.
	-
ROTARY FOUNDATION NONE PUBLIC CHARITY CHARITABLE PO BOX 350	
JEFFERSON IA 50129	200.
	200,
SACRED HEART CHURCH NONE PUBLIC CHARITY CHARITABLE	
1111 4TH AVENUE WEST SPENCER IA 51301	500,
OT BROOK, IN STOVE	500,
FIRST UNITED METHODIST CHURCH NONE PUBLIC CHARITY CHARITABLE	
JEFFERSON, IA 50129	2 240
OBPTERSON, TA JULES	2,240.
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.lrs.gov/form990.

OMB No 1545-0047

2015

Name of the organization

Employer identification number

	HOME STATE BANK CHARITABLE FOUNDATION	42-1378344				
Organization type (chec	ck 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					
	ion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	al Rule. See instructions.				
General Rule						
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tot any one contributor. Complete Parts I and II. See instructions for determining a contrib					
Special Rules						
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, butor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the aid-EZ, line 1. Complete Parts I and II.	16a, or 16b, and that received from				
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or early to children or animals. Complete Parts I, II, and III.					
year, contribute is checked, end purpose. Do no	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it must answer "No'	on that is not covered by the General Rule and/or the Special Rules does not file Sched." on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on neet 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

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 need
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- arti			
(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	\$\$.	Person X 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 Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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 li	Noncash Property (see instructions). Use duplicate copies of Pa	art II 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. com	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. rom art 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) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			

Name of org	anization		Employer identification number
Part III	ETATE BANK CHARITABLE FO Exclusively religious, charitable, etc., contri- the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	butions to organizations described in dumns (a) through (e) and the follow charitable, etc., contributions of \$1,000 or l	42-1378344 n section 501(c)(7), (8), or (10) that total more than \$1,000 for ing line entry. For organizations ess for the year (Enter this info once) \$\\$\\$\$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(h) Dumana of sife		
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	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	1ZIP + 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
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee

TO FORM 990-PF, PG 1, LN 23 117.

0.

FORM 990-PF INTEREST ON SAVI	INGS AND TH	MPORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE	RE\	A) ENUE BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOM	3
INTEREST		86.		86.		
TOTAL TO PART I, LINE 3		86.		86.		
FORM 990-PF	ACCOUNT	'ING FEE	S		STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	NET I		(C) ADJUSTED NET INCOM		
TAX PREP	325		163	•		0.
TO FORM 990-PF, PG 1, LN 16B	325		163	•		0.
FORM 990-PF	OTHER	EXPENSE	3		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	NET II	WEST-		CHARITA	
OFFICE SUPPLIES	117	•	0	•		0.

0.

	ST OF OFFICERS, D FOUNDATION MAN		STATI	EMENT 4
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION		EXPENSE
DOUGLAS MCDERMOTT 1214 RUSHRIDGE RD JEFFERSON, IA 50129	DIRECTOR 0.00	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	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	DIRECTOR 0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	5, 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.