



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-PF

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

Name of foundation NEW HOPE FOUNDATION		A Employer identification number 42-1395902	
Number and street (or P O box number if mail is not delivered to street address) 2610 PARK AVENUE		B Telephone number (see instructions) (563) 288-3580	
City or town, state or province, country, and ZIP or foreign postal code MUSCATINE, IA 52761		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$</b> 14,680,199		J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule) . . . . .	362,553			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	5,424	5,424		
	4 Dividends and interest from securities . . . . .	258,621	258,621		
	5a Gross rents . . . . .	52,200	52,200		
	b Net rental income or (loss) <u>52,200</u>				
	6a Net gain or (loss) from sale of assets not on line 10	521,867			
	b Gross sales price for all assets on line 6a <u>2,040,669</u>				
	7 Capital gain net income (from Part IV, line 2) . . .		521,867		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	1,200,665	838,112		
	13 Compensation of officers, directors, trustees, etc . . . . .	147,744	5,171		142,573
	14 Other employee salaries and wages . . . . .	150,069	1,384		148,685
	15 Pension plans, employee benefits . . . . .	50,985	1,457		49,528
	16a Legal fees (attach schedule). . . . .				
	b Accounting fees (attach schedule). . . . .	2,123	637		1,486
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	16,697			8,257
	19 Depreciation (attach schedule) and depletion . . . . .	12,131	1,213		
	20 Occupancy . . . . .	74,791			74,791
	21 Travel, conferences, and meetings. . . . .	11,211			11,211
	22 Printing and publications . . . . .	1,176			1,176
	23 Other expenses (attach schedule). . . . .	23,516	1,754		21,762
	24 <b>Total operating and administrative expenses.</b>				
	Add lines 13 through 23 . . . . .	490,443	11,616		459,469
	25 Contributions, gifts, grants paid . . . . .	425,700			425,700
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	916,143	11,616		885,169
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	284,522			
	b <b>Net investment income</b> (if negative, enter -0-)		826,496		
	c <b>Adjusted net income</b> (if negative, enter -0-) . . .				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .	1,238,043	1,338,997	1,338,997
	2	Savings and temporary cash investments . . . . .			
	3	Accounts receivable ▶ 999			
		Less allowance for doubtful accounts ▶	18,000	999	999
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ 12,938			
		Less allowance for doubtful accounts ▶	31,666	12,938	12,938
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .	18,687	14,637	14,637
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .	13,315,545	12,401,649	12,401,649
	c	Investments—corporate bonds (attach schedule) . . . . .	50,000	50,000	50,000
	11	Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶				
12	Investments—mortgage loans. . . . .				
13	Investments—other (attach schedule) . . . . .				
14	Land, buildings, and equipment basis ▶ 989,225				
	Less accumulated depreciation (attach schedule) ▶ 133,259	868,097	855,966	855,966	
15	Other assets (describe ▶)	5,013	5,013	5,013	
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	15,545,051	14,680,199	14,680,199	
Liabilities	17	Accounts payable and accrued expenses . . . . .	4,025	1,535	
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule). . . . .			
	22	Other liabilities (describe ▶)			
	23	Total liabilities(add lines 17 through 22) . . . . .	4,025	1,535	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .	15,534,961	14,671,009	
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .	6,065	7,655	
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances(see instructions) . . . . .	15,541,026	14,678,664	
	31	Total liabilities and net assets/fund balances(see instructions) . . . . .	15,545,051	14,680,199	

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 15,541,026
2	Enter amount from Part I, line 27a . . . . .	2 284,522
3	Other increases not included in line 2 (itemize) ▶	3 15,648
4	Add lines 1, 2, and 3 . . . . .	4 15,841,196
5	Decreases not included in line 2 (itemize) ▶	5 1,162,532
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6 14,678,664

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr )	Date sold (d) (mo , day, yr )
1 a	PUBLIC TRADED SECURITIES	P	2012-09-10	2015-08-27
b	CAPITAL GAIN DIVIDENDS	P		
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a 1,834,955		1,518,802	316,153
b 205,714			205,714
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			316,153
b			205,714
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	521,867
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . . }		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )  
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	925,847	14,506,154	0 063824
2013	1,189,478	15,307,808	0 077704
2012	1,169,615	15,475,174	0 075580
2011	1,196,469	16,916,029	0 070730
2010	1,229,307	16,658,237	0 073796

2	Total of line 1, column (d). . . . .	2	0 361634
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 072327
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. . . . .	4	14,039,600
5	Multiply line 4 by line 3. . . . .	5	1,015,442
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	8,265
7	Add lines 5 and 6. . . . .	7	1,023,707
8	Enter qualifying distributions from Part XII, line 4. . . . .	8	885,169

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 See  
the Part VI instructions

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a

Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1  
Date of ruling or determination letter \_\_\_\_\_  
(attach copy of letter if necessary—see instructions)

b

Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b . . . . .

c

All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)

2

Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

3

Add lines 1 and 2. . . . .

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

5

**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0- . . . . .

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

14,000

b

Exempt foreign organizations—tax withheld at source . . . . .

6b

c

Tax paid with application for extension of time to file (Form 8868). . . . .

6c

d

Backup withholding erroneously withheld . . . . .

6d

7

Total credits and payments. Add lines 6a through 6d. . . . .

8

Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.

9

**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** . . . . .

10

**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid**. . . . .

11

Enter the amount of line 10 to be **Credited to 2015 estimated tax** ☐ **Refunded** ☐

1	16,530
2	
3	16,530
4	
5	16,530
6a	14,000
6b	
6c	
6d	
7	14,000
8	
9	2,530
10	
11	

Part VII-A

Statements Regarding Activities

1a

During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .

1a

No

b

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .  
*If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*

1b

No

c

Did the foundation file **Form 1120-POL** for this year? . . . . .

1c

No

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 ☐ \$ \_\_\_\_\_

e

Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ☐ \$ \_\_\_\_\_

2

Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .  
*If "Yes," attach a detailed description of the activities.*

2

No

3

Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes* . . . . .

3

No

4a

Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .

4a

No

b

If "Yes," has it filed a tax return on **Form 990-T** for this year? . . . . .

4b

5

Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .  
*If "Yes," attach the statement required by General Instruction T.*

5

No

6

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  
• By language in the governing instrument, or  
• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .

6

Yes

7

Did the foundation have at least \$5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.* . . . . .

7

Yes

8a

Enter the states to which the foundation reports or with which it is registered (see instructions)  
☐ IA \_\_\_\_\_

8b

Yes

9

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?  
*If "Yes," complete Part XIV* . . . . .

9

No

10

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

10

No

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12	Yes	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Yes	
14	The books are in care of RENATA R LAMAR Telephone no (563) 288-3579 Located at PO BOX 209 MUSCATINE IA ZIP+4 52761			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year.	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country	16	Yes	No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	No	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	No	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	No	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	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	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	No	
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here.	1b		
c	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?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At 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 20 , 20 , 20 , 20			
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).	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 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		Yes	No
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, Form 4720, to determine if the foundation had excess business holdings in 2015).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a

During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

☐ Yes ☒ No

Organizations relying on a current notice regarding disaster assistance check here.

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes ☒ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

5b

6b

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
VICTOR MENDOZA 112 SUNSET DRIVE MUSCATINE,IA 52761	MAINTENANCE 40 00	56,819	7,134	

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

Form 990-PF (2015)

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

**Total** number of others receiving over \$50,000 for professional services. . . . . ▶

## Expenses

**Part IX-B Summary of Program-Related Investments** (see instructions)

**Total.** Add lines 1 through 3 . . . . .



**Part X**

**Minimum Investment Return**  
(All domestic foundations must complete this part. Foreign foundations,see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	12,797,491
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	1,455,910
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	14,253,401
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	14,253,401
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	213,801
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	14,039,600
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	701,980

**Part XI**

**Distributable Amount**  
(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	701,980
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	16,530
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	16,530
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	685,450
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	685,450
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	685,450

**Part XII**

**Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	885,169
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	885,169
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	885,169

**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

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				685,450
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2015				
a From 2010.	396,395			
b From 2011.	350,665			
c From 2012.	411,545			
d From 2013.	439,750			
e From 2014.	208,909			
f Total of lines 3a through e.	1,807,264			
4 Qualifying distributions for 2015 from Part XII, line 4	\$ 885,169			
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2015 distributable amount.				685,450
e Remaining amount distributed out of corpus	199,719			
5 Excess distributions carryover applied to 2015 (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	2,006,983			
b Prior years' undistributed income Subtract line 4b from line 2b.				
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.				
d Subtract line 6c from line 6b Taxable amount—see instructions.				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions.				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).	396,395			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	1,610,588			
10 Analysis of line 9				
a Excess from 2011.	350,665			
b Excess from 2012.	411,545			
c Excess from 2013.	439,750			
d Excess from 2014.	208,909			
e Excess from 2015.	199,719			

## Part XIV

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . ▶

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed. . . . .

85% of line 2a . . . . .

Qualifying distributions from Part XII,  
line 4 for each year listed . . . . .

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

Assets" alternative test—enter

(1) Value of all assets . . . . .

(2) Value of assets qualifying  
under section 4942(j)(3)(B)(i)

• "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .

```

t: "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 Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

## 1 Information Regarding Foundation Managers:

■ List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

• List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

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

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

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

**c** Any submission deadlines

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

### 3 Grants and Contributions Paid During the Year or Approved for Future Payment

Form **990-PF** (2015)

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2015)



Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ANDREA S WELLS	PRESIDENT 40 00	147,744	4,000	0
2610 PARK AVENUE MUSCATINE,IA 52761				
DAVID M STANLEY DECD 82615	CHAIRMAN 10 00	0	0	0
2610 PARK AVENUE MUSCATINE,IA 52761				
JEAN LEU STANLEY DECD 8415	HON CHAIR 5 00	0	0	0
2610 PARK AVENUE MUSCATINE,IA 52761				
CHRISTOPHER S INGSTAD	TREASURER 5 00	0	0	0
2610 PARK AVENUE MUSCATINE,IA 52761				
CHARLENE KNUTSEN	DIRECTOR 1 00	0	0	0
2610 PARK AVENUE MUSCATINE,IA 52761				
HARRY L KNUTSEN	DIRECTOR 1 00	0	0	0
2610 PARK AVENUE MUSCATINE,IA 52761				
ROBERT H SOLT	CHAIRMAN 5 00	0	0	0
2610 PARK AVENUE MUSCATINE,IA 52761				
DANA D SOLT	VICE CHAIR 1 00	0	0	0
2610 PARK AVENUE MUSCATINE,IA 52761				
DANIEL G STEELE	VICE PRES 1 00	0	0	0
2610 PARK AVENUE MUSCATINE,IA 52761				
LINDA A STEELE	DIRECTOR 1 00	0	0	0
2610 PARK AVENUE MUSCATINE,IA 52761				
C DIANE NORTON	DIRECTOR 1 00	0	0	0
2610 PARK AVENUE MUSCATINE,IA 52761				
THOMAS K NORTON	DIRECTOR 1 00	0	0	0
2610 PARK AVENUE MUSCATINE,IA 52761				

**TY 2015 Accounting Fees Schedule**

**Name:** NEW HOPE FOUNDATION

**EIN:** 42-1395902

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	2,123	637		1,486



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2015 Depreciation Schedule

Name: NEW HOPE FOUNDATION

EIN: 42-1395902

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FULLY DEPRECIATIED ASSETS		91,864	91,864						
REAL ESTATE	2010-01-01	175,000	15,703	STRAIGHT LINE	39 0000	4,487	1,213		
FURNITURE & FIXTURE	2011-01-01	4,836	3,385	STRAIGHT LINE	5 0000	967			
REAL ESTATE	2011-01-01	8,408	1,962	STRAIGHT LINE	15 0000	561			
FURNITURE & EQUIPMENT	2012-01-01	8,000	5,600	STRAIGHT LINE	5 0000	1,600			
FURNITURE & EQUIPMENT	2013-01-01	12,035	4,298	STRAIGHT LINE	7 0000	1,719			
REAL ESTATE	2013-01-01	9,111	351	STRAIGHT LINE	39 0000	234			
REAL ESTATE	2014-01-01	99,970	1,282	STRAIGHT LINE	39 0000	2,563			

TY 2015 Investments Corporate Bonds Schedule

**Name:** NEW HOPE FOUNDATION

**EIN:** 42-1395902

Name of Bond	End of Year Book Value	End of Year Fair Market Value
PREFENSE CONV NOTE	50,000	50,000

**TY 2015 Investments Corporate Stock Schedule****Name:** NEW HOPE FOUNDATION**EIN:** 42-1395902

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
PREFENSE	55,000	55,000
HON INDUSTRIES	90,150	90,150
WORLD BOTTLING CAP	125,000	125,000
ADVANCED ANALYTICAL TECHNOLOGY	133,336	133,336
NEXTLEVEL VENTURES FUND	236,300	236,300
CENTRAL BANCSHARES INC	244,800	244,800
PUBLICALLY TRADED SECURITIES	11,517,063	11,517,063

**TY 2015 Land, Etc.  
Schedule****Name:** NEW HOPE FOUNDATION**EIN:** 42-1395902

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
MACHINERY & EQUIPMENT	116,736	106,115	10,621	10,621
BUILDINGS	292,489	27,144	265,345	265,345
LAND	580,000		580,000	580,000

TY 2015 Other Assets Schedule

**Name:** NEW HOPE FOUNDATION

**EIN:** 42-1395902

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ART	5,013	5,013	5,013

**TY 2015 Other Decreases Schedule**

**Name:** NEW HOPE FOUNDATION

**EIN:** 42-1395902

Description	Amount
UNREALIZED GAIN/LOSS ON INVESTMENT	1,162,532

**TY 2015 Other Expenses Schedule****Name:** NEW HOPE FOUNDATION**EIN:** 42-1395902

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
BANK CHARGES	590	295		295
CONTRIBUTIONS TO REVIVE	5,000			5,000
DATA PROCESSING	367			367
INSURANCE - OTHER	6,515	652		5,863
ORGANIZATIONAL DUES	204	20		184
OTHER EXPENSE	4,686	468		4,217
POSTAGE,PAPER,COPIES,SUPPLIES	1,768	162		1,606
TELEPHONE	4,386	157		4,230

TY 2015 Other Increases Schedule

**Name:** NEW HOPE FOUNDATION

**EIN:** 42-1395902

Description	Amount
BOOK TAX DIFFERENCE K-1 REPORTING	15,648



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2015 Other

Notes/Loans Receivable

Long Schedule

Name: NEW HOPE FOUNDATION

EIN: 42-1395902

Borrower's Name	Relationship to Insider	Original Amount of Loan	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
DVS ANALYTICS		31,666	12,938				0 %				

# TY 2015 Taxes Schedule

**Name:** NEW HOPE FOUNDATION

**EIN:** 42-1395902

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TOTAL TAXES	16,697			8,257

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	<div>OMB No 1545-0047</div> <div>2015</div>
---	--	---

<div>Name of the organization</div> <div>NEW HOPE FOUNDATION</div>	<div>Employer identification number</div> <div>42-1395902</div>
--	---

Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)( ) (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>
--	---

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ 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, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ 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. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** 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 Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> NEW HOPE FOUNDATION	<b>Employer identification number</b> 42-1395902
--	---

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
—	See Additional Data Table   	  \$  	<b>Person</b> <b>Payroll</b> <b>Noncash</b>  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	   	  \$  	<b>Person</b> <b>Payroll</b> <b>Noncash</b>  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	   	  \$  	<b>Person</b> <b>Payroll</b> <b>Noncash</b>  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	   	  \$  	<b>Person</b> <b>Payroll</b> <b>Noncash</b>  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	   	  \$  	<b>Person</b> <b>Payroll</b> <b>Noncash</b>  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	   	  \$  	<b>Person</b> <b>Payroll</b> <b>Noncash</b>  (Complete Part II for noncash contribution )

<b>Name of organization</b> NEW HOPE FOUNDATION	<b>Employer identification number</b>  42-1395902
--	---

Part II

Noncash Property (see Instructions) Use duplicate copies of Part 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
_____	See Additional Data Table	\$ _____	_____
(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
_____		\$ _____	_____

<b>Name of organization</b> NEW HOPE FOUNDATION	<b>Employer identification number</b> 42-1395902
--	---

Part III

*Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

(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 ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		

Additional Data

Software ID:  
Software Version:  
EIN: 42-1395902  
Name: NEW HOPE FOUNDATION

Form 990 Schedule B, 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	DAVID M STANLEY ESTATE PO BOX 209 MUSCATINE, IA 52761	\$ 75,984	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )
7	DAVID M STANLEY ESTATE PO BOX 209 MUSCATINE, IA 52761	\$ 10,946	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )
13	DAVID M STANLEY ESTATE PO BOX 209 MUSCATINE, IA 52761	\$ 15,486	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )
2	DAVID M STANLEY ESTATE PO BOX 209 MUSCATINE, IA 52761	\$ 13,575	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )
8	DAVID M STANLEY ESTATE PO BOX 209 MUSCATINE, IA 52761	\$ 18,590	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )
3	DAVID M STANLEY ESTATE PO BOX 209 MUSCATINE, IA 52761	\$ 27,324	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/>  (Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9			<b>Person</b> <input type="checkbox"/>
	DAVID M STANLEY ESTATE		<b>Payroll</b> <input checked="" type="checkbox"/>
	PO BOX 209	\$ 29,861	<b>Noncash</b>
	MUSCATINE, IA 52761		(Complete Part II for noncash contribution )
4			<b>Person</b> <input type="checkbox"/>
	DAVID M STANLEY ESTATE		<b>Payroll</b> <input checked="" type="checkbox"/>
	PO BOX 209	\$ 11,297	<b>Noncash</b>
	MUSCATINE, IA 52761		(Complete Part II for noncash contribution )
10			<b>Person</b> <input type="checkbox"/>
	DAVID M STANLEY ESTATE		<b>Payroll</b> <input checked="" type="checkbox"/>
	PO BOX 209	\$ 36,381	<b>Noncash</b>
	MUSCATINE, IA 52761		(Complete Part II for noncash contribution )
5			<b>Person</b> <input type="checkbox"/>
	DAVID M STANLEY ESTATE		<b>Payroll</b> <input checked="" type="checkbox"/>
	PO BOX 209	\$ 21,597	<b>Noncash</b>
	MUSCATINE, IA 52761		(Complete Part II for noncash contribution )
11			<b>Person</b> <input type="checkbox"/>
	DAVID M STANLEY ESTATE		<b>Payroll</b> <input checked="" type="checkbox"/>
	PO BOX 209	\$ 18,599	<b>Noncash</b>
	MUSCATINE, IA 52761		(Complete Part II for noncash contribution )
6			<b>Person</b> <input type="checkbox"/>
	DAVID M STANLEY ESTATE		<b>Payroll</b> <input checked="" type="checkbox"/>
	PO BOX 209	\$ 5,184	<b>Noncash</b>
	MUSCATINE, IA 52761		(Complete Part II for noncash contribution )



(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>12</div>	<div>DAVID M STANLEY ESTATE</div> <div>PO BOX 209</div> <div>MUSCATINE, IA 52761</div>	<div>\$ 21,444</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input checked="" type="checkbox"/></div> <div>Noncash</div> <div>(Complete Part II for noncash contribution )</div>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part 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
<u>3</u>	AMERICAN CENTURY UTILITIES	<u>\$ 27,324</u>	<u>2015-12-28</u>
<u>9</u>	SCHWAB INTERNATIONAL INDEX	<u>\$ 29,861</u>	<u>2015-12-28</u>
<u>4</u>	METROPOLITAN WEST TOTAL RETURN B	<u>\$ 11,297</u>	<u>2015-12-28</u>
<u>10</u>	SCHWAB S & P 500 INDEX	<u>\$ 36,381</u>	<u>2015-12-28</u>
<u>5</u>	PERMANENT PORTFOLIO	<u>\$ 21,597</u>	<u>2015-12-28</u>
<u>11</u>	SCHWAB SMALL CAP INDEX	<u>\$ 18,599</u>	<u>2015-12-28</u>
<u>6</u>	PIMCO INCOME CLASS D	<u>\$ 5,184</u>	<u>2015-12-28</u>
<u>12</u>	VANGUARD MID CAP INDEX	<u>\$ 21,444</u>	<u>2015-12-28</u>
<u>7</u>	PIMCO TOTAL RETURN CLASS D	<u>\$ 10,946</u>	<u>2015-12-28</u>
<u>13</u>	VANGUARD REIT INDEX	<u>\$ 15,486</u>	<u>2015-12-28</u>

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	SCHWAB FUNDAMENTAL EMERGING MARK	\$ 18,590	2015-12-28