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Form 990-PF

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.

Department of the Treasury Internal Revenue Service

SCANNE JUN 0 \$ 2016

EC 27 2916

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf Open to Public Inspection

OMB No 1545-0052

F	or ca	lendar year 2015 or tax year beginning		, 2015	, and ending]	, 20
7	Name	of foundation	A Employer identifi	cation number			
	BLA	NCHE CAREY MARTIN CHARITABLE	<u> </u>			42-	6273617
	Numb	er and street (or P O box number if mail is not delivered	I to street address)		Room/suite	B Telephone numbe	er (see instructions)
		MAIN AVENUE, PO BOX 8			<u>.l</u>	64	<u>1-357-7121</u>
•	City or	town, state or province, country, and ZIP or foreign pos	stal code				
						C If exemption application pending, check here	tion is
		AR LAKE, IA 50428				_	
G	Che	ck all that apply: Initial return	⊢ ⊢	n of a former	public charity	D i Foreign organizati	
		Final return	Amended			2 Foreign organizati 85% test, check h	
_	CL -	Address change	Name char			computation .	▶ 🗀
П	_	ck type of organization: X Section 501				E If private foundation	status was terminated
÷		section 4947(a)(1) nonexempt charitable trust	Other taxable			under section 507(b))(1)(A), check here . >
'		1 C	unting method. X	Cash Ac	crual	I	a 60-month termination
		·	ther (specify) column (d) must be on	cach back l		- under section 507(b))(1)(B), check here . ►
ı.		Analysis of Revenue and Expenses (The		Casii Dasis /	· · ·		(d) Disbursements
	art	total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) Net inv		(c) Adjusted net income	for charitable purposes (cash basis only)
_	1	Contributions, gifts, grants, etc , received (attach schedule) .					
	2	Check If the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments.		4.	4 .		
	4	Dividends and interest from securities \dots	9,07	3.	9,073.		
	5a	Gross rents					
	b	Net rental income or (loss)					
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 48,079.	11,74	7.			
ě	7	Capital gain net income (from Part IV, line 2) .			11,747.		
œ	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
		Less Cost of goods sold .					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)		4	20 024		
_	12	Total Add lines 1 through 11	20,82		20,824.		2 240
S	13	Compensation of officers, directors, trustees, etc	4,68	/ 	2,340. NONE	NONE	2,340
enses	14	Other employee salaries and wages			NONE	NONE NONE	
per	15	Pension plans, employee benefits		 	NONE	NONE	
EX	16a	Legal fees (attach schedule)	<u> </u>			<u></u>	
Ve	b c	Other professional fees (attach-schedule)					
ati	17	Interest	VED 1				
istr	18	Taxes (attach schedule) (see instructions).	一つ り 62:	2.	24.		
i	19	Depreciation (attach schedule) and depletion of WIAI					
Ę	20	Occupancy	2016 3				
A	21	Travel, conferences, and meetings	, <u> </u>		NONE	NONE	
ant	16a b c 17 18 19 20 21	Printing and publicationsCGDEI			NONE	NONE	
βL	23	Other expenses (attach schedule) STMT. 2.	1	7	17.		
atiı	24	Total operating and administrative expenses.					
er		Add lines 13 through 23	5,31	9.	2,381.	NONE	2,340
9	23 24 25	Contributions, gifts, grants paid	20,500				20,500
	26	Total expenses and disbursements Add lines 24 and 25	25,819	9.	2,381.	NONE	22,840
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	-4,999				4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		Net investment income (if negative, enter -0-)			18,443.		
	С	Adjusted net income (if negative, enter -0-).		1	ı		

JSA For Paperwork Reduction Act Notice, see instructions DRQ752 D99H 05/09/2016 09:27:34

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P	art II	Attached schedules and amounts in the description column should be for end-of-year		Beginning of year			End of year		
_		- Dalatioc Officets	amounts only (See instructions)	(a) Book Value	(b) Book Value	·	(c) Fair Market Value		
	1	Cash - non-interest-beari	ng						
	2	Savings and temporary	cash investments	15,105.	3,	<u>457.</u>	3,457		
	3	Accounts receivable ▶			**				
			otful accounts >						
	4	Pledges receivable ▶							
		Less allowance for doub	otful accounts						
	5						, , , , , , , , , , , , , , , , , , , ,		
	6	Receivables due from	officers, directors, trustees, and other						
		disqualified persons (atta	ach schedule) (see instructions)						
	7		eceivable (attach schedule)	362.20 74 2	, , , , , ,				
			otful accounts NONE						
ts	8		se						
Assets	9		eferred charges						
As	10a	•	government obligations (attach schedule)						
	Į.		stock (attach schedule)						
	c	•	bonds (attach schedule)						
	11	Investments - land, building) a	ž			
		and equipment basis Less accumulated deprecia		#. TS 10.14 / AN 1.15					
	4.2	(attach schedule)	I a a a a a a a a a a a a a a a a a a a	-	<u></u>		· · · · · · · · · · · · · · · · · · ·		
			loans	337,450.	344	091	386,996		
		Land, buildings, and		337,72	J33/	<u> </u>	300,330		
		equipment basis Less accumulated deprecia	tion		<u> *** </u>	<u></u>	 		
	1	(attach schedule) Other assets (describe							
			completed by all filers - see the						
			age 1, item I)		247 (C 4 O	200 452		
_				352,555.	347,	548.	390,453		
			ccrued expenses						
S									
Liabilities	19								
Ξ			rs, trustees, and other disqualified persons						
<u>ia</u>	21		tes payable (attach schedule)						
_	22	Other liabilities (describe)				, " 		
	22	T-A-1 N-L-MAI /- dal 1 .	. 47.4		_		, , ,		
_			s 17 through 22)			NONE	,		
S			ow SFAS 117, check here . >				,		
Balances			4 through 26 and lines 30 and 31.				, , , ,		
lan	24						,		
Ва	25	•							
٦	26	Permanently restricted .							
필			not follow SFAS 117, ► X				·		
5	27 28 29 30	check here and comp	olete lines 27 through 31.	250 555					
S	27	Capital stock, trust princi	ipal, or current funds	352,555.	347,5	<u>548.</u>			
set	28	Paid-in or capital surplus, or	land, bldg, and equipment fund						
As	29	-	ated income, endowment, or other funds						
ti	30		balances (see instructions)	352,555.	347,5	<u>548.</u>			
Ž		Total liabilities and							
				352,555.	347,	548.			
	art III		ges in Net Assets or Fund Bala		······································				
1			alances at beginning of year - Part						
			on prior year's return)			1	352,555.		
2 Enter amount from Part I, line 27a						2	-4,995.		
3	Othe	er increases not includ	ed in line 2 (itemize) ►	. <u> </u>		3			
				· · · · · · · · · · · · · · · · · · ·	· [4	347,560.		
5	Decr	eases not included in	line 2 (itemize) ▶ROUNDING			5	12.		
_6	Tota	I net assets or fund ba	6	347,548.					

Pa		d describe the kind(s) of property so		(b) How	(c) Date	(d) Date sold
	2-story b	P Purchase D - Donatio	acquired	(mo , day, yr)		
1a	PUBLICLY TRADED					
<u>b</u>				1		
_ <u>c</u>				 		
e					 	
	(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	
		(or allowable)	plus expense of sale		(e) plus (f) mini	
<u>a</u>	48,079.		36,332.	 		11,747.
<u>ь</u> с						
d						
е						
	Complete only for assets s	showing gain in column (h) and owi	ned by the foundation on 12/31/69		Gains (Col (h) g	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less Losses (from co	
_a				ļ		11,747.
<u>_b</u>		·		-		
_ c				ļ		_
_ <u>d</u> e						
			If gain, also enter in Part I, line 7			
2	Capital gain net income of	or (net capital loss)	If (loss), enter -0- in Part I, line 7	2		11,747.
3	· · ·	in or (loss) as defined in section		1		
	_		instructions). If (loss), enter -0- in			
D ₀		Inder Section 4940(a) for B	educed Tax on Net Investment I	ncome		
Wa		·	stributable amount of any year in the b	oase perio	od?	Yes X No
	·		ear; see the instructions before makir	g anv en	tries	
	(a) Base period years	(b)	(c)	1	(d) Distribution ra	
Ca	lendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		(col (b) divided by	col (c))
	2014	26,434				0.062987
	2013 2012	23,546 23,017		 		0.058349
	2012	22,726		<u> </u>		0.058334
	2010	18,850				0.049670
				2		0.288017
3	_		ride the total on line 2 by 5, or by the less than 5 years	3		0.057603
4	Enter the net value of no	ncharitable-use assets for 2015	from Part X, line 5	4		409,933.
5	Multiply line 4 by line 3			5		23,613.
6	Enter 1% of net investme	ent income (1% of Part I, line 27	b)	6		184.
7						23,797.
8			ox in Part VI, line 1b, and complete	8 that part	using a 1% ta	22,840. x rate See the

	42-02/3017			age 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	ınstru	ction	<u>s)</u>
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)		_	
D	Domestic foundations that meet the section 4940(e) requirements in Part V, check			69.
	here And enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		3	69.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			IONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		3	69.
6	Credits/Payments			
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 380 .			
b	Exempt foreign organizations - tax withheld at source 6b NONE			
c	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		3	80.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			<u>11.</u>
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ 11 . Refunded ▶ 11			
	t VII-A Statements Regarding Activities	т		1
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u> </u>	Yes	No
_	participate or intervene in any political campaign?	1a		X
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	١		77
	Instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	•		
_	published or distributed by the foundation in connection with the activities			Х
	Did the foundation file Form 1120-POL for this year?	1c		Λ
u	(1) On the foundation \$ (2) On foundation managers \$ \$			
۵	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
٠	foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	_4a		X
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?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
_	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
h				
U	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	- 50		-
,	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	ļ	Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10	ļ	Х

Par	t 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		Yes	No
	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 ► Clear Lake Bank & Trust Co. Telephone no ► (641) 357	-712	1	
	Located at ► 322 MAIN AVE., CLEAR LAKE, IA ZIP+4 ► 50428			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	\mathbf{I}
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	F #	, ,	
	the foreign country >	y ** ; .		1 1864
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	Jt		
-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	5.22	Yes	No
1a	During the year did the foundation (either directly or indirectly)		*X.	7 1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	70 to 12		Š
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			* -:
	disqualified person?	2000	4	
	(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?		Ki Ki	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		22	
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		3/10/37	1
	foundation agreed to make a grant to or to employ the official for a period after			8 − 5 1/4
	termination of government service, if terminating within 90 days)			, ,,,,
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		X.,	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here	25 × 1	π,	
	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		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	(3.21°, 3.8	¥: *4	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	1914. 122	%` ∦ ·	(0) P
2	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and		°}. ' g →	7y
	6e, Part XIII) for tax year(s) beginning before 2015?	E	,	, i
			. 1	1.2
h	If "Yes," list the years ►,,,		*	2.3 %
	(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		X
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		,	
·		- - -		2.0
22	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			\$" . I
Ja		ŀ		
L			"	\$%,
D	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or	Ľ.		
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	[.	F	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	ľ		
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	3b		
_	foundation had excess business holdings in 2015)	· · · · · ·	-	Х
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		^
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4b	*	X
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	99	Λ DE	

Par	t VII-B Statements Regarding Activitie	s for Which Form	4720 May Be Req	uired (continued)		•
5a	During the year did the foundation pay or incur any a	mount to				
	(1) Carry on propaganda, or otherwise attempt to inf	luence legislation (section	n 4945(e))?	. Yes X No	,	.
	(2) Influence the outcome of any specific public	election (see section	4955), or to carry or	n,		
	directly or indirectly, any voter registration drive?			. Yes X No	,	
	(3) Provide a grant to an individual for travel, study, of			——————————————————————————————————————	,	
	(4) Provide a grant to an organization other than	, ,				
	section 4945(d)(4)(A)? (see instructions)				,	
	(5) Provide for any purpose other than religious				}	
	purposes, or for the prevention of cruelty to child			_	,	
b	If any answer is "Yes" to 5a(1)-(5), did any of				,	
	Regulations section 53 4945 or in a current notice re			•	- 1	X
	Organizations relying on a current notice regarding d					
С	If the answer is "Yes" to question 5a(4), does					
•	because it maintained expenditure responsibility for t		•		,	
	If "Yes," attach the statement required by Regulations			•		
6a	Did the foundation, during the year, receive any		rectly to nay premin	ms		
-	on a personal benefit contract?	•			,	
b	Did the foundation, during the year, pay premiums, d				6ь	X
	If "Yes" to 6b, file Form 8870	,,,			'	1 1
7a	At any time during the tax year, was the foundation a	party to a prohibited tax	shelter transaction?	Yes X No	,	<u> </u>
	If "Yes," did the foundation receive any proceeds or h					
	Information About Officers, Direct					1
1	and Contractors List all officers, directors, trustees, foundation			:		
		(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Evenan	se account,
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation		owances
		,	•	,		
SEE	STATEMENT 3	_	4,680.			
-		_				
		_				
		_				
2	Compensation of five highest-paid employer "NONE."	es (other than thos	se included on lin	e 1 - see instruction	ons). If n	one, enter
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		se account, owances
NON	E		NONE	NONE	N	ONE
Total	number of other employees paid over \$50,000		<u> </u>			ONE
						0-PF (2015)

3 Five highest-paid independent contractors for professional services (se	e instructions). If none, enter "NONI	E."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
OMB		NONE
ONE		NONE
		····
otal number of others receiving over \$50,000 for professional services	>	NONE
art IX-A Summary of Direct Charitable Activities		·
List the foundation's four largest direct charitable activities during the tax year. Include relevant s organizations and other beneficiaries served, conferences convened, research papers produced, etc.	statistical information such as the number of	Expenses
1 NONE		
2		
3		
4		
art IX-B Summary of Program-Related Investments (see instruction	ns)	
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1NONE		
2		
All other program-related investments See instructions		
3 NONE		

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn found	dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	200,770.
b	Average of monthly cash balances	1b	4,406.
С	Fair market value of all other assets (see instructions)	1c	211,000.
d	Total (add lines 1a, b, and c)	1d	416,176.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	416,176.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	6,243.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	409,933.
6	Minimum investment return. Enter 5% of line 5	6	20,497.
Part		dations	
1	Minimum investment return from Part X, line 6	1	20,497.
2 a	Tax on investment income for 2015 from Part VI, line 5 2a 369.		
b	Income tax for 2015. (This does not include the tax from Part VI.) . 2b	1]	
С	Add lines 2a and 2b	2c	369.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	20,128.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	20,128.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	20,128.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	22,840.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	22,840.
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 (see instructions)	5	N/A
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	22,840.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculating	

Form 990-PF (2015)

2 Undertrobuted accome, at any, as of the end of 2015 a Enter amount for 2014 only, b Totals for previous 20 13, 20 20 3 Excess distributions carryover, if any, to 2015 a From 2010 118. b From 2011 3,505. c From 2012 3,588. d From 2013 3,687. e From 2013 3,687. e From 2014 6,206. f Total of lines 3a through e	Pa	t XIII Undistributed Income (see instr	ructions)			
Inter 7						• •
2 Undestributed accume, if any, as of the end of 2015 a Enter amount for 2014 only, b Total for procysors 20_13_20	•					20,128.
b Total for prioryears 20 13 , 20 , 20	2					<u> </u>
B Total for provieers 20 13 , 20	_	•			NONE	
3 Excess distributions carryover, if any, to 2015 a From 2010		• • • • • • • • • • • • • • • • • • • •		NONE		
b From 2011						
b From 2011	а	From 2010				
d From 2013	b	From 2011				
d From 2013	С	From 2012 3,588.				
From 2014	d	From 2013				
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 22,840. a Applied to 2014, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions)	е	From 2014 6,206.				
line 4 ▶ \$ 22,840. 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 e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2015. If an amount appears in cultumn (ch) the same indicated below a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b Le Enter the amount of prior years' undistributed income for which a notice of deficiency has been instead, or an 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 2015 Subtract line 4d and 5 from line 12 Taxable amount - see instructions 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(1)(F) or 4942(a)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions) 9 Excess distributions carryover from 2016 out applied on line 5 or line 7 (see instructions) 10 Analysis of line 9 a Excess from 2011 3,505. b Excess from 2011 3,505. b Excess from 2011 3,505.	f	Total of lines 3a through e	17,104.			
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. e Remaining amount distributed out of corpus. Excess distributions carryover applied to 2015. (If an amount appears in column (a), the same amount must be shown in column (a). Enter the net total of each column as indicated below a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b. Enter the amount of priore years' undistributed income for other than a speen insured in priore years' undistributed income for other than a speen insured in priore years' undistributed income for 2014 Subtract line 4a from line 2a. I Subtract line 6c from line 6b Taxable amount - see instructions. Undistributed income for 2014 Subtract line 4a from line 2a. Taxable amount - see instructions. Undistributed income for 2015 Subtract line 4d and 5 from line 1 This amount must be distributed in 2016. 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). Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). 8 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a. 19,698.	4	1				
(Election required - see instructions)	а	Applied to 2014, but not more than line 2a			NONE	····
(Election required - see instructions)	ь	Applied to undistributed income of prior years				ş.
required -see instructions) d Applied to 2015 distributable amount	_	• • • • • • • • • • • • • • • • • • • •		NONE		
d Applied to 2015 distributable amount. e Remaining amount distributed out of corpus. 5 Excess distributions carryover applied to 2015. (If an amount appears in column (d), the same amount must be shown in column (a), 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 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 494(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount see instructions. d Subtract line 6c from line 6b Taxable amount see instructions. f Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount see instructions. f Undistributed income for 2015 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2016. 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). 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	c	Treated as distributions out of corpus (Election				
e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2015. (If an amount appears in column (al), the same amount must be shown in column (al) in same amount must be shown in column (al) in Sindicated below a Corpus Add lines 3f, 4c, and 4e Subtract line 5 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 c Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount - see instructions f Undistributed income for 2015 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2016 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) 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2011 3,505. b Excess from 2012 3,588.		required - see instructions)	NONB			
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 b Prior years' undistributed income Subtract line 4b from line 2b	d	Applied to 2015 distributable amount				20,128.
(If an amount appears in column (a), the same amount must be shown in column (a)) Enter the net total of each column as indicated below a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b	е	Remaining amount distributed out of corpus				
amount must be shown in column (a) Enter the net total of each column as indicated below a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b	5		NONR			NONE
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b	6	amount must be shown in column (a)) Enter the net total of each column as) 		
b Prior years' undistributed income Subtract line 4b from line 2b			10 016	,		
Inne 4b from line 2b		·	19,810.			
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	b	, ,		NONE		
income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	С			NONE		
d Subtract line 6c from line 6b Taxable amount - see instructions		income for which a notice of deficiency has been issued, or on which the section 4942(a)		NONE		
amount - see instructions	Ч	·		None		
4a from line 2a Taxable amount - see instructions	_			NONE		
4d and 5 from line 1 This amount must be distributed in 2016	е	4a from line 2a Taxable amount - see			NONE	
4d and 5 from line 1 This amount must be distributed in 2016		Undertributed income for 2015. Subtract lines				
to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	•	4d and 5 from line 1. This amount must be				NONE
to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	7	Amounts treated as distributions out of corpus				_
required - see instructions)		to satisfy requirements imposed by section				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)		170(b)(1)(F) or 4942(g)(3) (Election may be				
applied on line 5 or line 7 (see instructions)		required - see instructions)	NONE	•		
Subtract lines 7 and 8 from line 6a	8	•	118.			
10 Analysis of line 9 a Excess from 2011 3,505. b Excess from 2012 3,588.	9	Excess distributions carryover to 2016.				
a Excess from 2011 3,505. b Excess from 2012 3,588.		Subtract lines 7 and 8 from line 6a	19,698.			
b Excess from 2012 3,588.	10					
	а					
	b					
		Excess from 2013 3, 687.				
d Excess from 2014 6, 206.						
e Excess from 2015 2,712	<u>e</u>	Excess from 2015 $Z_1/1Z$.		ļ.		Form 990-PF (2015)

Par	t XIV Private Ope	erating Foundations	(see instructions	and Part VII-A, quest	tion 9)		NOT P	APPLICABL
1 a	If the foundation has	received a ruling or d	etermination letter th	at it is a private ope	rating			
	foundation, and the ruling	j is effective for 2015, en	ter the date of the ruling]	▶[
b	Check box to indicate v	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 ad-	Tax year		Prior 3 years	-		le) Total
	justed net income from Part for the minimum investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 20	012		
_	85% of line 2a							
	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							
3	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c							
а	"Assets" alternative test - enter (1) Value of all assets (2) Value of assets qualifying							<u>.</u>
b	under section 4942(j)(3)(6)(i) "Endowment" alternative test- enter 2/3 of minimum invest- ment return shown in Part X,							
c	line 6 for each year listed "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)							
	(3) Largest amount of support from an exempt organization							
	(4) Gross investment income.							
Par		tary Information (C		only if the founda	ation had \$	5,000 or	more i	n assets at
4	Information Regarding	uring the year - see						
	List any managers of before the close of any	the foundation who I	nave contributed mo				ed by th	e foundation
	NONE							
b	List any managers of ownership of a partner					an equally	large po	ortion of the
	NONE	,		J				
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarsh	nip, etc., Programs:				
	Check here ▶ ☐ If t unsolicited requests for other conditions, comp	or funds If the found	ation makes gifts, gi	to preselected charants, etc. (see instru	ritable organ ctions) to inc	izations a lividuals or	nd does organiz	not accept ations under
а	The name, address, an	d telephone number o	r e-mail address of th	e person to whom ap	plications sho	uld be add	ressed:	
	SEE STATEMENT 4	1					 .	
b	The form in which appl SEE ATTACHED ST			on and materials they	should includ	1e:		
	Any submission deadli	nes						
C	SEE ATTACHED ST		NE 2					
	Any restrictions or li factors:	mitations on awards,	such as by geog	aphical areas, charit	table fields,	kınds of ı	nstitutioi	ns, or other
JSA	SEE ATTACHED ST	TATEMENT FOR LI	NE 2		····-			100 PE (2015)

Part XV Supplementary Information (continued)

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
SEE STATEMENT 9				20,500
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Total	<u> </u>	<u></u>	▶ 3a	20,500
Approved for future payment				
	1	1		1

JSA 5E1491 1 000

Part XVI				Evaluded by	, contrar E12 E12 or E14	(e)
Enter gross	amounts unless otherwise indicated	(a)	ted business income (b)	(c)	/ section 512, 513, or 514 (d)	Related or exempt function income
1 Program	service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
						
						2.00
	and contracts from government agencies					
2 Member	ship dues and assessments					
3 Interest o	n savings and temporary cash investments -			14	4.	
4 Dividend	ds and interest from securities			14	9,073.	
	al income or (loss) from real estate	ļ				
	-financed property	1		<u> </u>		
	debt-financed property · · · · · ·					· · · · · · · · · · · · · · · · · · ·
	I income or (loss) from personal property.					
	vestment income			18	11,747.	
	oss) from sales of assets other than inventory me or (loss) from special events • • • •	<u> </u>		1 -	21,131,	
	ofit or (loss) from sales of inventory.					
•	venue a					
_						
c						
d						
е						
	Add columns (b), (d), and (e)				20,824.	
13 Total. Ad	dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calci				13	20,824.
Part XVI-			rcomplishment of I	Evernt Pur	20505	·
Line No.	Explain below how each activit			***		ited importantly to the
▼	accomplishment of the foundation					•
					· ·	
						· · · · · · · · · · · · · · · · · · ·
						
					·····	-
						
			-		· ·	
			NOT APPLICABI	LE_		
					. <u> </u>	
						
						
						

Form 990	PF (20					42-6273617		age 13
Part X	VII	Information F Exempt Orga		ansfers To and Trai	nsactions a	nd Relationships With Non	charitab	ie ———
in	section	•			_	any other organization described section 527, relating to political	Yes	No
	-		g foundation to	a noncharitable exempt	organization (of:		
							1 1	<u> </u>
							1a(2)	<u> </u>
		ransactions:	ocharitable ever	mnt organization			1ь(1)	X
							1b(2)	$\frac{1}{X}$
	•							X
							1 1	X
								X
								X
						Column (b) should always show		
						n If the foundation received less		
						e of the goods, other assets, or s		
(a) Line i	no	(b) Amount involved	(c) Name of	noncharitable exempt organizat	on (d) D	escription of transfers, transactions, and sha	ring arrangen	nents
	-							
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<u> </u>								
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						ore tax-exempt organizations	Yes [X No
		complete the follo			· · · · · · · · · · · · · · · · · · ·			
		(a) Name of organization	on	(b) Type of organiz	ation	(c) Description of relation	ship	
		-						
Sign				ined this return, including accomp taxpayer) is based on all information	of which preparer ha	- 150 ID	ge and belief, S discuss thi	
Here		Jaulaste	tistuy	05/09/2016	<u> </u>	with the pr	eparer show	n below
		ature of officer of trustee LICAN LAK(Br	A Told	Co-Trustee	Title	(see instruction	ns)? X Yes	No.
		Print/Type preparer's na		Reparer's signature.		Date Check If	PTIN	
Paid		JOSEPH B HUI		11/2 0-11	What		P001358	350
Prepar	1.	Firm's name ► EF	RNST & YOU				6565596	
Use O	nly [REET, STE 200				_
		GF	RANDVIEW HI	EIGHTS, OH	43212		32-7290 rm 990-Pl	
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STATEMENT 1

TAXES	# # # # # #
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	NET	INVESTMENT	INCOME					. 7.	. 24.	
REVENUE	AND	EXPENSES	PER BOOKS] ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	218	380	17.	7	622.	
			DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FEDERAL TAX PAYMENT - PRIOR YE	FEDERAL ESTIMATES - INCOME	FOREIGN TAXES ON QUALIFIED FOR	FOREIGN TAXES ON NONQUALIFIED	TOTALS	

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	NET	INVESTMENT	INCOME	1 1 1 1
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			DESCRIPTION	; ; ; ; ;

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17.

OTHER NON-ALLOCABLE EXPENSE -

N

STATEMENT

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES OFFICER NAME: CLEAR LAKE BANK & TRUST ADDRESS: P.O. Box 8 Clear Lake, IA 50428 TITLE: Trustee AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 3 COMPENSATION 4,180. COMPENSATION EXPLANATION: TRUSTEE FEE OFFICER NAME: Paul S. MacGregor ADDRESS: 680 State St. Mason City, IA 50401 TITLE: Trustee AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1 COMPENSATION 250. COMPENSATION EXPLANATION: CO-TRUSTEE FEE OFFICER NAME: Barb MacGregor ADDRESS: 680 State St. Mason City, IA 50401 TITLE: Trustee AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1 COMPENSATION 250. COMPENSATION EXPLANATION: CO-TRUSTEE FEE TOTAL COMPENSATION: 4,680.

> STATEMENT 3

===========

RECIPIENT NAME:
Paul S. MacGregor

ADDRESS:
680 State St
Mason City, IA 50401

RECIPIENT'S PHONE NUMBER: 614-357-7121

FORM, INFORMATION AND MATERIALS:
No Particular Form is Required

SUBMISSION DEADLINES:
Student Loans: On or before 7/1; Cont: On or before 11/1

RESTRICTIONS OR LIMITATIONS ON AWARDS:

None

BLANCHE CAREY MARTIN	CHARITABLE				42-627	3617
FORM 990PF, PART XV,	LINE 3a -	CONTRIBUTIONS,	GIFTS,	GRANTS	PAID	•
=======================================		=======================================	=======	=====	====	
RECIPIENT NAME:						
CARE						
ADDRESS:						
151 ELLIS ST						
ATLANTA, GA 30303						
RELATIONSHIP:						
NONE						
PURPOSE OF GRANT:						
GENERAL DONATION -	SUPPORT					
FOUNDATION STATUS OF	RECIPIENT:					
PC						
AMOUNT OF GRANT PAID						500.
RECIPIENT NAME:						
FRIENDS OF 457 (TRA	AIN)					
ADDRESS:						
10 1ST NW						
MASON CITY, IA 5040)1					
RELATIONSHIP:						
NONE						
PURPOSE OF GRANT:	GTTD D O D III					
GENERAL DONATION -						
FOUNDATION STATUS OF	RECIPIENT:					
PC						100
AMOUNT OF GRANT PAID	• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • •	• • • • • •	• • • •	100.
RECIPIENT NAME:						
SAVE THE CHILDREN						
ADDRESS:						
54 WILTON RD						
WEST PORT, CT 06880)					
RELATIONSHIP:						
NONE						
PURPOSE OF GRANT:						
GENERAL DONATION -	SUPPORT					
FOUNDATION STATUS OF						
PC						
AMOUNT OF GRANT PAID						1,000.
						•

BLANCHE CAREY MARTIN CHARITABLE FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAI	
RECIPIENT NAME: ORPHANED & INJURED WILDLIFE ADDRESS: 3012 CENTER LAKE DR SPIRIT LAKE, IA 51360 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL DONATION - SUPPORT FOUNDATION STATUS OF RECIPIENT:	
PC AMOUNT OF GRANT PAID	1,000.
RECIPIENT NAME: FRANCIS LAUER YOUTH SERVICES ADDRESS: 50 S EISENHOWER AVE MASON CITY, IA 50401 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL DONATION - SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID	1,000.
RECIPIENT NAME: IOWA NATURAL HERITAGE FOUNDATION ADDRESS: 505 FIFTH AVE., SUITE 444 DES MOINES, IA 50309 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL DONATION - SUPPORT FOUNDATION STATUS OF RECIPIENT: PC	
AMOUNT OF GRANT PAID	4,000.

AMOUNT OF GRANT PAID

2,200.

BLANCHE CAREY MARTIN CHARITABLE 42-6273617 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: LIME CREEK NATURE CENTER ADDRESS: 3501 LIME CREEK RD MASON CITY, IA 50401 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL DONATION - SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 500. RECIPIENT NAME: COMMUNITY KITCHEN OF NORTH IOWA INC ADDRESS: 606 N MONROE AVE MASON CITY, IA 50401 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL DONATION - SUPPORT FOUNDATION STATUS OF RECIPIENT: PC 2,000. AMOUNT OF GRANT PAID RECIPIENT NAME: HAWKEYE HARVEST FOOD BANK ADDRESS: 22 N GEORGIA AVE MASON CITY, IA 50401 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL DONATION - SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 2,500.

STATEMENT

TOTAL GRANTS PAID:

20,500.