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 separate instructions is at www.irs.gov/form990pf.

1512

roi cale	iluar, year 20 ib or tax year beginning		, and ending		
Name o	of foundation			A Employer identification	n number
Mar	ion County Bank Charita	ble Foundation	on	47-249260	6
Number	and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
_800	Main Street			641-628-2	191
City or	town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is	pending, check here
_Pel	la, IA 50219				
G Chec	k all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	ns, check here
	Final return	Amended return			
	Address change	Name change		Foreign organizations mechack here and attach of	computation
H_Chec	k type of organization: X Section 501(c)(3) ex	empt private foundation	. 11.	E If private foundation st	atus was terminated
<u> </u>	ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion b4	under section 507(b)(1)(A), check here 🕨 📖
I Fair m	narket value of all assets at end of year J Accounti	ng method: X Cash	Accrual	F If the foundation is in a	a 60-month termination
	Part II, col (c), line 16)	her (specify)		under section 507(b)(1)(B), check here 🕨 🔲
\$_	88,743. (Part I, colu	mn (d) must be on cash b	pasis)		
Part	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
1	, g, g, c.o.,o.	53,897.		N/A	
- 2	Check If the foundation is not required to attach Sch. B				<u> </u>
3	Interest on savings and temporary cash investments				
4	Dividends and interest from securities			<u> </u>	
5	a Gross rents				
	Net rental income or (loss)				
9 6	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
Revenue	assets on line 6a		0.		
2 2 8	Capital gain net income (from Part IV, line 2) Net short-term capital gain			<u> </u>	
9				 	
10:	Income modifications [[VF]]				
	and allowances Less Cost of goods sold				
	Grogspront of Tolks) 1 8 2017				
11	- IMI				
12	Total Add lines 18through 11	53,897.	0 .		
13	Compensation of officers, directors, trustees, etc	0.	0.		0.
14	Other employee salaries and wages			<u></u>	
15	Pension plans, employee benefits				
to [Legal fees			 	
eus	b Accounting fees		···		
<u> </u>	Other professional fees				
9 17	Interest				
Operating and Administrative 12 55 5 57 57 57 57 57 57 57 57 57 57 57 5	Taxes				
19	Depreciation and depletion				
E 20	Occupancy				
₹ 21	Travel, conferences, and meetings				
22	Printing and publications				
ල 23	Other expenses				
듄 24	Total operating and administrative				
per	expenses Add lines 13 through 23	0.	0.		0.
O 25	1	12,347.			12,347.
26			·		
	Add lines 24 and 25	12,347.	0.	,	12,347.
27					
;	Excess of revenue over expenses and disbursements	41,550.			
1	Net investment income (if negative, enter -0-)		0.		
	Adjusted net income (if negative, enter -0-)			N/A	
523501 11-24-15	LHA For Paperwork Reduction Act Notice, see i	instructions			Form 990-PF (2015)



<u>For</u>	rm 99	90-PF(2015) Marion County Bank Char			2492606 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
_			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	45 100	00 742	00.742
	1	Savings and temporary cash investments	47,193.	88,743.	88,743.
	3	Accounts receivable ►			
		Less, allowance for doubtful accounts			
	4	Pledges receivable >			
	1	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	-	Less: allowance for doubtful accounts ▶			
ets	1	Inventories for sale or use			
Assets	ı	Prepaid expenses and deferred charges			
٩	1	Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
_	<u> </u>	ınstructions. Also, see page 1, item I)	47,193.	88,743.	88,743.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jap	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
G		and complete lines 24 through 26 and lines 30 and 31			
Š	24	Unrestricted			
Fund Balances	25	Temporarily restricted			
Ä	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here		ì	
卢		and complete lines 27 through 31			
ts (27	Capital stock, trust principal, or current funds	0.	0.	
sse	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	47,193.	88,743.	
ž	30	Total net assets or fund balances	47,193.	88,743.	
			47 102	00 743	
_	31	Total liabilities and net assets/fund balances	47,193.	88,743.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	47,193.
2	•	r amount from Part I, line 27a		2	41,550.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	88,743.
5	Decr	eases not included in line 2 (itemize)		5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (h). line 30	6	88,743.

Form 990-PF (2015) Mar.	ion County Bar	ık Charit	able Fou	<u>indation</u>	47	7-2492	2606 Page 3
(a) List and descr	and Losses for Tax of tibe the kind(s) of property sole rehouse; or common stock, 20	d (e g., real estate,	t Income	(b) How acquired P - Purchase D - Donation	(c) Date a	cquired y, yr.)	(d) Date sold (mo., day, yr.)
1a							
b NO	NE				}		
<u>c</u> d					<u> </u>		
<u>e</u>							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			ın or (loss) (f) mınus (ç))
<u>a</u>							
b c							
<u>d</u>							
e			10/01/00				
Complete only for assets showin					(I) Gains (Co col. (k), but no		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		col. (j), if any		Losses (from col. (h)) ′
a b							
С							
<u>d</u>							
e	<i>C</i>						
2 Capital gain net income or (net ca	pital loss) { if gain, also	enter in Part I, line ter -0- in Part I, line	7 :7	} 2			
3 Net short-term capital gain or (los	`						
If gain, also enter in Part I, line 8,	column (c).)			
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Section 4940(e)	for Reduced	Tax on Net	t Investment li	ncome		
(For optional use by domestic private	foundations subject to the sec	ction 4940(a) tax on	net investment ii	ncome.)			
if section 4940(d)(2) applies, leave th	nis part blank.						
Was the foundation liable for the sect	•	ale amount of any v	aar in tha hace no	riod?			Yes X No
If "Yes," the foundation does not qual			•				103 (22) 110
1 Enter the appropriate amount in 6				entries			
(a) Base period years	(b) Adjusted qualifyii		Net value of no	(c) oncharitable-use assi	ets /	Distribi	(d) ution ratio
Calendar year (or tax year beginnii 2014	ng in) Adjusted quality ii	0.	Not value of the	5,81		cor (p) aivi	ded by col. (c)) • 0 0 0 0 0
2013							
2012							
<u>2011</u> 2010							
			L				
2 Total of line 1, column (d)					2		.000000
3 Average distribution ratio for the		total on line 2 by 5,	or by the numbe	r of years			00000
the foundation has been in exister	nce if less than 5 years				3		.000000
4 Enter the net value of noncharitab	le-use assets for 2015 from Pa	art X, line 5			4		46,164.
5 Multiply line 4 by line 3					5		0.
6 Enter 1% of net investment incom	ne (1% of Part I line 27h)				6		0.
	10 (170 011 are 1, 1110 27 b)						
7 Add lines 5 and 6					7		0.
8 Enter qualifying distributions from If line 8 is equal to or greater than	•	/ line 1h and com	nlete that nart use	an a 1% tay rate	8		12,347.
See the Part VI instructions.	7, OHOUR OIL DOX III I GIT V	.,					

orm Par	990-PF (2015) Marion County Bank Charitable Foundation 47-24 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se		Page 4	4
			70101	-
	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)		0.	
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%			-
	of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		_0.	
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0.	
	Add lines 1 and 2		0.	
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0.	
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		<u> </u>	-
	Credits/Payments:			
	2015 estimated tax payments and 2014 overpayment credited to 2015 6a			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld 6d		_	
	Total credits and payments. Add lines 6a through 6d		0.	-
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			-
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		0.	-
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			-
	Enter the amount of line 10 to be: Credited to 2016 estimated tax			_
<u>Pa</u>	rt 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	<u> </u>	Yes No	_
	any political campaign?	1a	X	_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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		ļ	
	distributed by the foundation in connection with the activities			
C	Did the foundation file Form 1120-POL for this year?	1c	X	_
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$ 0.	-	*	-
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	X	
	If "Yes," attach a detailed description of the activities			•
	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	х	
49	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X	•
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A			-
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	Х	-
	If "Yes," attach the statement required by General Instruction T			-
	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	
	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		X	-
'	Did the realisation have at least ψο, σου in assets at any time during the year. It is tes, complete Fart II, cor (c), and Fart Δν	-		+
۵.	Enter the states to which the foundation reports or with which it is registered (see instructions)			
σa		-		
	IA If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	-		
D		oh	x	
	of each state as required by General Instruction G? If "No," attach explanation	8b	<u>^</u>	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar		v	A
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	10		. –
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses	Form 990 -		-
		LOUIN 220.	(ZUI5)	1

	1990-PF (2015) Marion County Bank Charitable Foundation 47-2492	000		Page 5
	art VII-A Statements Regarding Activities (continued)	1	V	NI -
4.4	At a control down the control of the foundation of control of the		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1		7.7
40	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?	40		v
40	If "Yes," attach statement (see instructions)	12	X	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13_		
44	Website address ► N/A The books are in care of ► Steve Kraayenbrink Telephone no. ► 641-62	9-2	101	
14			<u> </u>	
15		1413		\Box
10	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	N	/A	
10		14	Yes	No
10	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,	16	163	X
	Securities, or other financial account in a foreign country?	10	l	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
P:	foreign country ► art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1		
			Yes	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	163	140
16	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 X No			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No			
	for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No			
	termination of government service, if terminating within 90 days.) If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
1		1b		
		10	<u> </u>	
	Organizations relying on a current notice regarding disaster assistance check here Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
,		1c		x
0	before the first day of the tax year beginning in 2015? There on follows to distribute process (control 4043) (does not control to years the foundation was a private operating foundation.	16_		
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)): 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? Lax year 2015, did the foundation have any undistributed income (lines od and de, Part XIII) for tax year(s) beginning Yes X No		ļ	
	If "Yes," list the years \(\bigs\),			
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	}		
	statement - see instructions.) N/A	2b	ļ	}
	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		
2	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	ļ		
Ų.	during the year?	-	1	
	• •			
	olf "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) N/A	3ь])
A.	1. Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	74	-	
•	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		х

orm 990-PF (2015) Marion County Bank Chari			<u>47-24926</u>	06 Page <u>6</u>
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es 🗓 No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir			
any voter registration drive?		Ye	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			
4945(d)(4)(A)? (see instructions)		Ye	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	for		
the prevention of cruelty to children or animals?	·	Ye	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described			
section 53.4945 or in a current notice regarding disaster assistance (see instru		. 0	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined		
expenditure responsibility for the grant?			es 🔲 No	
If "Yes," attach the statement required by Regulations section 53 494		.,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	pay promiums on		es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	arsonal hanafit contract?			6b X
If "Yes" to 6b, file Form 8870	ici sonai beneni contract.		<u></u>	22
7a At any time during the tax year, was the foundation a party to a prohibited tax s	haltar transaction?		es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			. –	7b
Part VIII Information About Officers, Directors, Trust		nagore Highly		
Paid Employees, and Contractors	ees, i oundation wie	inagers, riigin	y	
List all officers, directors, trustees, foundation managers and their	compensation.		· · · · · · · · · · · · · · · · · · ·	
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
	to position	enter-0-)	compensation	allowalices
See Statement 1		0.	0.	0
see Statement 1		· · ·	0.	0.
			_	
·				
			L	
Compensation of five highest-paid employees (other than those inc	 · 	enter "NONE."	(d) Contributions to	4-3 Evnance
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	devoted to position		compensation	allowances
NONE			i	
otal number of other employees paid over \$50,000			<u> </u>	0
			Form	990-PF (2015)
				, /

Form 990-PF (2015) Marion County Bank Charitable Foundation Part VIII Information About Officers, Directors, Trustees, Foundation Manage Paid Employees, and Contractors (continued)		92606 Page 7
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
` (a) Name and address of each person paid more than \$50,000 (b)) Type of service	(c) Compensation
NONE		
		İ
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information su number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ich as the	Expenses
		
1 <u>N/A</u>		
^		
2		
3		· · · · · · · · · · · · · · · · · · ·
·		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<u> </u>	0.
		Form 990-PF (2015)

	m 990-PF (2015) Marion County Bank Charitable Foundation	47-2	492606 Page 8
Р	art X Minimum Investment Return (All domestic foundations must complete this part Foreign fou	ndations, see	instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	46,867.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	46,867.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	46,8 <u>67</u> .
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	703.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	46,164.
6	Minimum investment return Enter 5% of line 5	6	2,308.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations at foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	2,308.
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)	1 1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,308.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,308.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,308.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	12,347.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	12,347.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	12,347.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation	auglifies for the	section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

1. Destructables arount for 2015 from Part XI, line 7 2. Undestructed recurrent, resp., and office and a 2016 2. Enters amount for 2016 only 5 Total for prior years. 3. Excess distributions carryover, if any, to 2015: 4 From 2010 5 From 2011 6 From 2011 7 Total of lines 3 through e 4. Qualifying distributions for 2015 from Part XII, line 4 × 5 12, 347 . 4 Applied to 2014, but not more than fine 2a 6 Applied to 2014, but not more than fine 2a 6 Applied to 2014, but not more than fine 2a 6 Applied to 2014 for thoround on of a Copus 6 (Electron required - see instructions) 7 Testaled and schirtuded income of prop or years (Electron required - see instructions) 9 O. 1 Testaled and schirtuded income of a copus 9 (Electron required - see instructions) 10 Copus (Electron required - see instructions) 11 Copus (Electron required - see instructions) 12 Copus (Electron required - see instructions) 13 Copus (Electron required - see instructions) 14 Copus (Electron required - see instructions) 15 Copus (Electron required - see instructions) 16 Clark the entitopial of each column as individual dust of copus 17 Electron required - see instructions 18 Clark the entitopial of each column as individual dust of copus 19 (Electron required - see instructions) 19 Clark the entitopial of each column as individual dust of copus 19 (Electron required - see instructions) 10 Clark the entitopial of each column as individual dust of copus 19 (Electron required - see instructions) 10 Clark the entitopial of each column as individual dust of copus 10 Clark the entitopial of each column as individual dust of copus 10 Clark the entitopial of each column as individual dust of copus 10 Clark the entitopial of each column as individual dust of copus 10 Clark the entitopial dust has been previously assissed 10 Clark the entitopial dust has been previously assissed 10 Clark the entitopial dust has been pr		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
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2. Undestributed recome (Jan., as at the used of 2015 a. Einter amount of 2014 only b. Total of prory years: 3. Excess distributions carryover, if any, to 2015; a From 2010	· 1				2.308.
a Enter amount for 2014 only b Total for prory opars: 3	2 Undistributed income, if any, as of the end of 2015				
Excess distributions carryower, if any, to 2015:	1			80.	
3 Excess distributions carryover, I ainy, to 2015: a From 2019 b From 2011 c From 2019 d From 2014 1 Total of lines 3s through e 4 Qualifying distributions for 2015 from Part XII, line 4; In S. 12, 347, a Applied to 2014, but not more than line 2a b Applied to undistributed income of pror years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2015 distributible amount Remaining amount distributed out of corpus 6 Freese distributions corrower applied to 2015 7 O. 2 Effect the amount of princy years' indistributed income. Subtract line as indistributed income for 2014, Subtract line as indistributed income for 2014, Subtract line as from line 20. This amount must be distributed in 2016 7 O. 4 Corpus Absolution for principle and a distribution out of corpus to salishy requirements imposed by section 170(b) (1)(f) or 4942(x)(3) (Election may be required - see instructions) 8 Excess fishingulations carryover from 201 on chapping on line 5 or line 7 9 Excess distributions carryover from 201 on chapping on line 5 or line 7 9 Excess from 2011 8 Excess from 2011 8 Excess from 2014 8 Excess from 2014	b Total for prior years:				
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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 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 9 , 959. 0 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014					0
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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 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 9 , 959. 0 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014					
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8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 9 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014		0.		İ	
not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 9 , 959. 0 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014	· · · · · · · · · · · · · · · · · · ·				
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 9,959. 0 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014	-	n l			
Subtract lines 7 and 8 from line 6a 9,959. O Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014	real control of the c	0.			
0 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014		9 959			
a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014					
b Excess from 2012 c Excess from 2013 d Excess from 2014					
c Excess from 2013 d Excess from 2014					
d Excess from 2014					
	e Excess from 2015 9,959.				

Form 990-PF (2015) Marion	County Bank	<u>Charitable</u>	<u>Foundation</u>		<u>492606 Page 10</u>
Part XIV Private Operating F			I-A, question 9)	<u>N/A</u>	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo	r 2015, enter the date of t	he ruling	▶		
b Check box to indicate whether the found		g foundation described		4942(j)(3) or	4942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a			,		
c Qualifying distributions from Part XII,					
line 4 for each year listed					<u> </u>
d Amounts included in line 2c not					
used directly for active conduct of	ŀ			ĺ	
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon; a "Assets" alternative test - enter;					
(1) Value of all assets			Í		
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:		/			
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization	·				
(4) Gross investment income			 		
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5 000 or n	nore in assets
at any time during t			ii tiio iodiidation	παα φο,σσο στ π	1010 111 400010
1 Information Regarding Foundatio					
a List any managers of the foundation who	•	han 2% of the total cont	ributions received by the	foundation before the c	loca of any tay
year (but only if they have contributed m	nore than \$5,000). (See se	ection 507(d)(2).)	ributions received by the	iodildation before the c	lose of any tax
None	, , ,	. , , , ,			
b List any managers of the foundation who	o own 10% or more of the	etack of a corporation	(or an aqually large portio	n of the ownership of a	partnership or
other entity) of which the foundation has			(or an equally large portio	ii oi iile owileisiilp oi a	partitiership of
None	•				
2 Information Regarding Contributi	on Cront Cift Loon	Coholorobin etc. D.			
Check here X if the foundation o				at account unaclimited re-	quests for funds. If
the foundation makes gifts, grants, etc. ((see instructions) to indivi	duals or organizations i	inder other conditions co	molete items 2a h. c. a	daesis ioi iailas. II
a The name, address, and telephone numb					
a The name, address, and telephone numb	Jer or e-mail address or tr	ie person to whom appi	cations should be addres	seu.	
t. The form in which conficetions should be	a published and referense	an and materials their al			
b The form in which applications should b	e submitted and informati	ion and materials they sl	ionia iucinae:		
- Any outprocess donders					
c Any submission deadlines:					
d Any restrictions or limitations on awards	e cuch ac hy gaggraphica	Largae charitable fields	kinds of institutions as a	ther factors:	
u miy restrictions of illilitations on awards	, such as by goographica	i ai oas, ciiai ilabie fielus,	villa oi illottationo, Of O	mer iaciors.	

Page 11

Form **990-PF** (2015)

lucing Activitie	-			
Unrelated b	usiness income		by section 512, 513, or 514	(e)
(a) Business	(b) Amount	sion	(d) Amount	Related or exempt
Code		code		
-		_		
l t		_		
				·····
 				
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-			-	=
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			13	
)		<u> </u>		
s to the Accom	plishment of	Exempt P	urposes	
name is consisted in a	olumn (a) of Part VI	// A contributor	t importantly to the accom	nlichment of
			importantly to the accomp	Susument of
an by providing rando	, ioi saon parposso,	·		
				
				
			· · · · · · · · · · · · · · · · · · ·	
	Business code The stouth of the Accommoder is reported in come in come is reported in come is reported in	code Amount code Amount sto the Accomplishment of part XI	Business Code Amount Code C	Code Code

Marion County Bank Charitable Foundation 47-2492606

3 Grants and Contributions Paid During the	Year (Continuation)			
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	Contribution	
				;
WELL RESOURCE CENTER	NONE	PC	General Operations	
419 E OSKALOOSA ST		}	r.	1
PELLA, IA 50219				1(
COMPASSION INTERNATIONAL	None	PC	General Operations	
12990 VOYAGER PKWY				
COLORADO SPRINGS, CO 80921				<u>9</u> .
PELLA OPERA HOUSE	NONE	PF	CHARITABLE	
PO BOX 326	HONE	PF	CHARITABLE	
PELLA, IA 50219				10.0
	+			
		L		

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Name of the organization

Employer identification number

<u>N</u>	Marion County Bank Charitable Foundation	47-2492606				
Organization type (check	cone)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule See instructions				
General Rule						
_	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin ny one contributor. Complete Parts I and II. See instructions for determining a contributor					
Special Rules						
sections 509(a)(⁻ any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor I) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a itor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amous II.	, or 16b, and that received from				
year, total contri	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					
year, contributio is checked, ente purpose Do not	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.					
but it must answer "No" of certify that it does not me	that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Feet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	Form 990-PF, Part I, line 2, to				
LHA For Paperwork Re	duction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2015)				

Name of organization

Employer identification number

Marion County Bank Charitable Foundation

47-2492606

Part I			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARION COUNTY BANK 800 MAIN STREET PELLA, IA 50219	\$\$53,897.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash (Complete Part II for noncash contributions)

Employer identification number

Marion County Bank Charitable Foundation

47-2492606

Part II	Noncash Property (see instructions) Use duplicate copies of F	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
		\$	
(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
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 4 Name of organization Employer identification number Marion County Bank Charitable Foundation 47-2492606

Part IH 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 into once) 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, 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

Form 990-PF	Part VIII - List of Officers, Directors Trustees and Foundation Managers			Statement 1	
Name and Address		Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
STEVE KRAAYENBRINI 1338 EAST 7TH PELLA, IA 50219	Κ	DIRECTOR 1.00	0.	0.	0.
RON ZANTINGH 1100 BRUCE LANE PELLA, IA 50219		DIRECTOR 1.00	0.	0.	0.
PETE VERHEY 100 KIRKWOOD PELLA, IA 50219		DIRECTOR 1.00	0.	0.	0.
M BRUCE HEEREMA 1111 SUNSET PELLA, IA 50219		DIRECTOR 1.00	0.	0.	0.
RALPH DE HAAN 1 DEER RUN DRIVE PELLA, IA 50219		DIRECTOR 1.00	0.	0.	0.
Totals included or	n 990-PF, Page 6,	Part VIII	0.	0.	0.