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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

For	calend	lar year 2015 or tax year beginning U / / U I / I 5 , a	and ending 06/3	0/10			
	me of fou				A Emplo	oyer identification number	
		AND MARY HEISTAND FAMILY				4.504.700	
		DATION	·- ·			-1604788	
		street (or P O box number if mail is not delivered to street address)	Ro	oom/suite		none number (see instructions	)
		WALKER ST			/ 1.4	2-647-2041	
	-	, state or province, country, and ZIP or foreign postal code  BINE IA 51579			C If exer	mption application is pending,	check here
				h = -1.4			
G	Эпеск а		rn of a former public cl	nanty		reign organizations, check he	
		Final return Amended				reign organizations meeting th % test, check here and attach	
		Address change Name cha				w test, check here and attach	computation
		ype of organization $\mathbf{X}$ Section 501(c)(3) exempt private	foundation			ate foundation status was term	inated under
	Section	n 4947(a)(1) nonexempt charitable trust Other taxable	le private foundation		section	n 507(b)(1)(A), check here	
I F	aır mar	ket value of all assets at J Accounting method	X Cash Acc	rual	1	foundation is in a 60-month tei	
е	nd of ye	ear (from Part II, col. (c), Uther (specify)			under	section 507(b)(1)(B), check h	ere •
	ne 16) l	▶ \$ 1,453,857 (Part I, column (d) must	be on cash basis)	,	L.,		
P	art i	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	inco		income	purposes
	4		505,000			· ·• · · · · · · · · · · · · · · · · ·	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	303,000				
9	2	Check I if the foundation is <b>not</b> required to attach Sch B		<del> </del>			
2016	3	Interest on savings and temporary cash investments	21,099	<del> </del>	21,099	21,099	
5		Dividends and interest from securities	21,099		21,033	21,099	
	5a	Gross rents					
Ze'	b	Net rental income or (loss)					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10					
€}	_b	Gross sales price for all assets on line 6a		ļ	0		
	7	Capital gain net income (from Part IV, line 2)				0	
SCANNE	8	Net short-term capital gain	<u></u>				······································
<b>Z</b>	9	Income modifications				·····	
$\dot{c}$	10a	Gross sales less returns and allowances		<b></b>			
S	b	Less Cost of goods sold	-				
	C	Gross profit or (loss) (attach schedule)  Other income (attach schedule)  STMT 1	7,595			7,595	
	11	Other income (attach schedule) STMT I  Total. Add lines 1 through 11	533,694		21,099	28,694	
_	12	Compensation of officers, directors, trustees, etc	0		21,000	20,032	
es	13		14,400	+			14,400
Kpenses	14	Other employee salaries and wages	1,287	<del> </del>			1,287
be	15	Pension plans, employee benefits  Legal fees (attach schedule) SEE STMT 2	4,182	1			4,182
		Accounting fees (attach schedule) STMT 3	1,000		256	F/FD	1,000
Operating and Administrative E	b	Other professional fees (attach schedule)			71-44	180	2,000
aţ	17	Interest		15			
str	18	Taxes (attach schedule) (see instructions) STMT 4	3,873		OCT 2	3 5016 (55)	3,873
Ξ	19	Depreciation (attach schedule) and depletion		lui			
Ξ	20	Occupancy	415		<u>ngni</u>	·N. UL	415
¥	21	Travel, conferences, and meetings			تعقول		
pu	22	Printing and publications					
ā	23	Other expenses (att sch) STMT 5	33,906				26,461
ing	24	Total operating and administrative expenses.					
rat		Add lines 13 through 23	59,063		0	o	51,618
e e	25	Contributions, gifts, grants paid	94,130				94,130
ō	26	Total expenses and disbursements. Add lines 24 and 25	153,193	***************************************	0	0	145,748
	27	Subtract line 26 from line 12					
	ŀ	Excess of revenue over expenses and disbursements	380,501				
	a	Net investment income (if negative, enter -0-)			21,099		
	b	Adjusted net income (if negative, enter -0-)				28,694	
		,	L				

For Paperwork Reduction Act Notice, see instructions.

	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
_'	COLF FI	should be for end-of-year amounts only (See instructions )		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing		11,915	8,580	8,580
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶				
		Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
	•	Less allowance for doubtful accounts		[		
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	O	disqualified persons (attach schedule) (see				
		•				
ł	_	instructions)				
i	7	Other notes and loans receivable (att schedule)	0	1		
		Less allowance for doubtful accounts ▶	U	300 600	246 100	246 100
ន	8	Inventories for sale or use		399,698	246,109	246,109
Assets	9	Prepaid expenses and deferred charges			<del></del>	<del></del>
₹	10a	Investments – U S and state government obligations (attach schedule)				<del></del>
	b	Investments – corporate stock (attach schedule)				<del> </del>
l	C	Investments – corporate bonds (attach schedule)				
-	11	Investments – land, buildings, and equipment basis				
		Less accumulated depreciation (attach sch.) ▶				
	12	Investments – mortgage loans				
-	13	Investments – other (attach schedule) SEE STATEMENT 6		699,168	1,212,821	1,199,168
1	14	Land, buildings, and equipment basis				
-		Less accumulated depreciation (attach sch )				
	15	Other assets (describe ▶	)			
	16	Total assets (to be completed by all filers – see the				
		instructions. Also, see page 1, item l)		1,110,781	1,467,510	1,453,857
╛	17	Accounts payable and accrued expenses		24,660	153	
1	18	Grants payable				
ဖွ	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
اقِ	21	Mortgages and other notes payable (attach schedule)				
اڭ	22	Other liabilities (describe SEE STATEMENT 7	)	13	748	
-		Total liabilities (add lines 17 through 22)	,	24,673	901	
$\dashv$	23		• X	21,073		
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	41			
nces				1,086,108	1,466,609	
팀	24	Unrestricted		1,000,100	1,400,003	
Net Assets or Fund Balan	25	Temporarily restricted				
힏	26	Permanently restricted				
<u>.</u>		Foundations that do not follow SFAS 117, check here		1		
딝		and complete lines 27 through 31.			[	
ß	27	Capital stock, trust principal, or current funds		<del></del>		
set	28	Paid-in or capital surplus, or land, bldg , and equipment fund		<del></del>		
B	29	Retained earnings, accumulated income, endowment, or other funds		1 225 120	1 155 500	
ᇹ	30	Total net assets or fund balances (see instructions)		1,086,108	1,466,609	
낌	31	Total liabilities and net assets/fund balances (see				
╛		instructions)		1,110,781	1,467,510	
_	Part I	Analysis of Changes in Net Assets or Fund Balance	es		, , , , , , , , , , , , , , , , , , ,	
1		net assets or fund balances at beginning of year - Part II, column (a), line	30 (mı	ist agree with		
	end-d	of-year figure reported on prior year's return)			1	1,086,108
2		amount from Part I, line 27a			2	380,501
		r increases not included in line 2 (itemize)			3	
		ines 1, 2, and 3			4	1,466,609
		eases not included in line 2 (itemize)			5	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (	(b), line 30	6	1,466,609
<u> </u>	. 5(4)					Form 990-PF (2015)

Part IV Capital Gains	s and Losses for Tax on Investm	ent Income					
	describe the kind(s) of property sold (e.g., real estate, ck warehouse, or common stock, 200 shs MLC Co)			(b) How acquired P - Purchase D - Donation	(c) Date (mo , d		(d) Date sold (mo , day, yr )
1a N/A							
<u>b</u>							
<u>C</u>							<del></del>
				-			
<u>e</u>	(f) Depreciation allowed	(a) (	Cost or	other hasin		(h) Coro	(1)
(e) Gross sales price	(or allowable)			other basis ise of sale		(h) Gain (e) plus (f)	or (loss) minus (g)
a							
b							
<u>c</u>							
<u>d</u>					_		
Complete only for accets the	wayne going a column (b) and assend by the	l	124/6				
Complete only for assets sho	owing gain in column (h) and owned by the						(h) gain minus ess than -0-) <b>or</b>
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69			of col (ı) (j), ıf any	CO	Losses (fro	. ,
a		<del>                                     </del>				·	
b							<u> </u>
С							
d							
е		<u> </u>		, <u>.</u>	<del></del>		<del></del>
2 Capital gain net income or (n	et capital loss)						
2. Not obort torm conital gain or	If (loss), enter -0- in	-	J	}	2		<del></del>
	r (loss) as defined in sections 1222(5) and ( ne 8, column (c) (see instructions) If (loss),		٦				
Part I, line 8	e o, column (c) (see instructions) in (loss),		<u> </u>		3		
	Under Section 4940(e) for Redu	ced Tax on N	Vet I	nvestment Inco			
(For optional use by domestic private	vate foundations subject to the section 494	0(a) tax on net in	rvestr	nent income )			
If section 4940(d)(2) applies, leav	ve this part blank						
	and the distributed a second	-t -f	46- 6				□ , <b>.</b> .
	section 4942 tax on the distributable amoul qualify under section 4940(e) Do not comp		the b	ase period?			Yes X No
<del></del>	t in each column for each year, see the inst	<del></del>	makın	a any entries			<del></del>
(a)		ructions before in	IIakiii				(d)
Base period years Calendar year (or tax year beginnii	ng in) Adjusted qualifying distribution	s Net	t value	(c) of noncharitable-use assets	,		bution ratio vided by col (c))
2014		,617		692,9	952		0.228900
2013		,549		548,4		<del></del>	0.117699
2012	22	,956		841,8	314		0.027270
2011				·			
2010				·····		- <del></del>	
O Total of her 4 and 1 4 ft					_		0 202060
2 Total of line 1, column (d)	the E year hope payed advide the total on	line 2 hi. E. er hi			2		0.373869
	the 5-year base period – divide the total on on has been in existence if less than 5 year		y tne		3		0.124623
number of years the foundation	on has been in existence it less than 5 year	3			_  -*	+	0.124025
4 Enter the net value of noncha	ritable-use assets for 2015 from Part X. line	e 5			4	1	951.748
4 Enter the net value of noncha	aritable-use assets for 2015 from Part X, lin	e 5			4	ļ	951,748
<ul><li>4 Enter the net value of noncha</li><li>5 Multiply line 4 by line 3</li></ul>	ırıtable-use assets for 2015 from Part X, lın	e 5			5		
	ırıtable-use assets for 2015 from Part X, lin	e 5					951,748
		e 5					
<ul><li>Multiply line 4 by line 3</li><li>Enter 1% of net investment in</li></ul>		e 5			6		118,610 211
5 Multiply line 4 by line 3		e 5			5		118,610
<ul><li>5 Multiply line 4 by line 3</li><li>6 Enter 1% of net investment in</li><li>7 Add lines 5 and 6</li></ul>	ncome (1% of Part I, line 27b)	e 5			6		211 118,821
<ul> <li>Multiply line 4 by line 3</li> <li>Enter 1% of net investment in</li> <li>Add lines 5 and 6</li> <li>Enter qualifying distributions for</li> </ul>	ncome (1% of Part I, line 27b)		that o	eart using a 1% tax ra	5 6 7 8	e	118,610 211

Form	990-PF (2015) TODD AND MARY HEISTAND FAMILY 46-160478	3				Р	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see inst	uctions	)				
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 instructi	ons)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	•	_1				211
	here ▶ X and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	ا_					
	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				0
3	Add lines 1 and 2		3	<u> </u>			211
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5		<del> </del>		211
6	Credits/Payments						
а	2015 estimated tax payments and 2014 overpayment credited to 2015	774					
b	Exempt foreign organizations – tax withheld at source						
C	Tax paid with application for extension of time to file (Form 8868)  6c		1				
d	Backup withholding erroneously withheld 6d 6d		1				
7	Total credits and payments Add lines 6a through 6d		7				<u>774</u>
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached		8	<u> </u>			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b>	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>•</b>	10	ļ			<u>563</u>
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ 563 Refund	led ▶	11	<u> </u>			
Pa	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					Yes	No
	participate or intervene in 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 distributed by the foundation in connection with the activities						
С	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 ▶ \$ (2) On foundation managers ▶ \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
_	on foundation managers  \$						7.7
2	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						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	OT					<b>.</b>
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			N/A	4a 4b		<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?			H/ A	5		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  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						
6	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 Pa	nt XV		7	X	
8а	Enter the states to which the foundation reports or with which it is registered (see instructions)	,			<u> </u>		
ou.	NE						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General						
~	(or designate) of each state as required by General Instruction G? If "No," attach explanation				8b	x	
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	х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						· · · · ·
		TMT	8		10	x	
					om 90		(2015)

orm	1990-PF (2015) TODD AND MARY HEISTAND FAMILY		<u>.604788</u>			Pa	age <b>6</b>
Pa	art VII-B Statements Regarding Activities for Which Form 4	1720 May Be R	equired (cont	inued)			
5a	During the year did the foundation pay or incur any amount to						
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	945(e))?	□ \( \bullet \)	′es X No			
	(2) Influence the outcome of any specific public election (see section 4955), or to	o carry on,	<del></del>				
	directly or indirectly, any voter registration drive?			res X No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			res X No			
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in					
	section 4945(d)(4)(A)? (see instructions)			res X 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?			res X No			
h	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under	er the excentions d					
b	Regulations section 53 4945 or in a current notice regarding disaster assistance			N/A	5b	ŀ	
	•				30		
	Organizations relying on a current notice regarding disaster assistance check he					[	
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro	m the tax	N/A 🗍	, <sub>–</sub> ,,			
	because it maintained expenditure responsibility for the grant?		N/A []	′es ∐ 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 pa	y premiums	<u> </u>	. 🕶			
	on a personal benefit contract?			res X No			
þ	Did the foundation, during the year, pay premiums, directly or indirectly, on a per	sonal benefit contr	act?		6b		X
	If "Yes" to 6b, file Form 8870		_				
	At any time during the tax year, was the foundation a party to a prohibited tax sh			es X No			
b	If "Yes," did the foundation receive any proceeds or have any net income attribut			N/A	7b		
P	art VIII Information About Officers, Directors, Trustees, Fo	undation Mana	agers, Highly	Paid Employe	ees,		
	and Contractors						
1_1	List all officers, directors, trustees, foundation managers and their compens	ation (see instruc	tions).		, ,		
		(b) Title, and average	(c) Compensation	(d) Contributions to			
	(a) Name and address	hours per week	(If not paid,	employee benefit plans and deferred		ense aco allowan	
		devoted to position	enter -0-)	compensation		_	
SI	EE STATEMENT 9						
		l					
2	Compensation of five highest-paid employees (other than those included o	on line 1 – see ins	tructions). If non	e, enter			
_	"NONE."		•	•			
		(h) Title and average		(d) Contributions to			
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		ense acc	
	,-,,	devoted to position	` .	plans and deferred compensation	otner	allowan	ices
N	ONE			· · · · · · · · · · · · · · · · · · ·			
14(	JNE						
		<u> </u>	<del></del>				
		<u> </u>			<del>                                     </del>		
			1		<del>                                     </del>		
					1		
	1	.l	L	l	<u> </u>	<del></del>	
ota	al number of other employees paid over \$50,000	<del></del> -			<u>P</u>		0
				F	orm <b>99</b>	U-ピト	(2015)

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Pa	rt VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly P	aid En		
	and Contractors (continued)		<u> </u>	
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."		<del></del>	
	(a) Name and address of each person paid more than \$50,000 (b) Type of serv	ICO	(c) Compens	ation
NC	NE			
_				
			-	
Total	number of others receiving over \$50,000 for professional services		<b></b>	
Pa	rt IX-A Summary of Direct Charitable Activities			
	he foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of		Expenses	,
	nizations and other beneficiaries served, conferences convened, research papers produced, etc			
1	EDUCATE AREA YOUTH IN THE TRADE OF HOME BUILDING			
	CONSTRUCTION AS STATED IN THE ORGANIZATION'S MISSION STATEMENT.		E 2	1 = 7
2 -	CONTRIBUTING TO LOCAL CHARITIES THAT WILL ENCOURAGE	-+		,157
_	OPPORTUNITIES FOR YOUNG PEOPLE.			
			94	,130
3	10 ACRE FRUIT TREE ORCHARD. THIS ORCHARD IS OPEN TO THE			•
	PUBLIC AND ENCOURAGES HEALTHLY EATING AS STATED IN THE			
_	ORGANIZATION'S MISSION STATEMENT.		5	,906
4				
-	4.00 B. 1.4.11			
	rt IX-B Summary of Program-Related Investments (see instructions)  cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	<del></del>	<u> </u>	
1		-+	Amount	
•				
2			· · · · · · · · · · · · · · · · · · ·	
<b>A</b> II .	ther are supplied in unable sets. See instructions			
3	ther program-related investments. See instructions			
•				
Tota	. Add lines 1 through 3	<b>•</b>		

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

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145,537

Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a

Analysis of line 9 a Excess from 2011 Excess from 2012 Excess from 2013 Excess from 2014 Excess from 2015

Pa	rt XIV Private Operating Fou	ındations (see in	structions and Par	t VII-A, question 9	)	
1a	If the foundation has received a ruling or	determination letter th	at it is a private operat	ting		
	foundation, and the ruling is effective for	2015, enter the date o	f the ruling	<b>•</b>		N/A
b	Check box to indicate whether the found	ation is a private opera	iting foundation descri	bed in section X 49	942(j)(3) or 494	2(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	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	28,694	29,595	9,131	25,793	93,213
b	85% of line 2a	24,390	25,156	7,761	21,924	79,231
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	145,748	158,843	69,567	22,956	397,114
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c	145,748	158,843	69,567	22,956	397,114
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test – enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed	31,725	23,099	18,281	20,988	94,093
С	"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			1		<del></del>
	(4) Gross investment income		this new embris	the foundation b	ad \$5 000 or more	in cooote et
P	art XV Supplementary Inform			the foundation in	au \$5,000 or more	३ ॥। वऽऽराऽ वा
	any time during the y		tions.)		•	<del></del>
1	Information Regarding Foundation Ma List any managers of the foundation who		re than 2% of the total	contributions received	by the foundation	
а	before the close of any tax year (but only					
	N/A	in they have contribut	ca more than \$6,000)	(000 000 007 (0)(2)	, ,	
	List any managers of the foundation who	own 10% or more of	the stock of a corporat	tion (or an equally large	portion of the	
	ownership of a partnership or other entity				, F	
	N/A	,,	<b>5</b>			
2	Information Regarding Contribution, (	Grant, Gift, Loan, Sch	nolarship, etc., Progr	ams:		
				ble organizations and o	loes not accept	
	unsolicited requests for funds. If the four					
	other conditions, complete items 2a, b, c	c, and d				
а	The name, address, and telephone num		of the person to whom	applications should be	addressed	
	CARRIE MURDOCK 712-6	647-2041				
	514 WALKER ST WOODB		9			
b	The form in which applications should be			ey should include		
	WRITTEN LETTER					
С	Any submission deadlines					
	NONE		<del></del>			
d	Any restrictions or limitations on awards	, such as by geograph	ical areas, charitable f	ields, kinds of institutio	ns, or other	
	factors					
	SEE STATEMENT 10	<u></u>		<del> </del>		Form <b>990-PF</b> (2015)
DAA						rom 330°F F (2015)

DAA

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SEE STATEMENT 11 94,130 ▶ 3a 94,130 **Total b** Approved for future payment N/A ▶ 3b Total

E	Part XVI-A	Analysis of Income-Producing Acti	ivities		· · · · · · · · · · · · · · · · · · ·		
En	ter gross amo	unts unless otherwise indicated	(a)	ed business income	Exclude (c) Exclusion	d by section 512, 513, or 514 (d)	(e) Related or exempt function income
1	Program ser	vice revenue	Business code	Amount	code	Amount	(See instructions)
	a						
							····
				-	ļ		-
					<del> </del>		<del></del>
					<del> </del>		<u> </u>
	f	d as also also from a supermost organization					
2	_	d contracts from government agencies	<b> </b>		<del> </del>		<del></del>
2	•	dues and assessments			<del> </del> -		· · · · · · · · · · · · · · · · · · ·
4	Interest on savings and temporary cash Dividends and interest from securities	•					21,099
5		come or (loss) from real estate					
•		anced property	***************************************				
		t-financed property					
6	Net rental in	come or (loss) from personal property					
7	Other invest	ment income					
8	Gain or (loss	s) from sales of assets other than inventory			<u> </u>		
9	Net income	or (loss) from special events		 	ļ <u>.</u>		
10	Gross profit	or (loss) from sales of inventory					<del></del>
11	Other revenu				ļ <u>-</u>		
		AL INCOME			-		2,974
		PROCEEDS OF HOUSING SALE			<del>                                     </del>		4,621
					<del>                                     </del>		
12	e	d columns (b), (d), and (e)		0		0	28,694
		ne 12, columns (b), (d), and (e)	<u> </u>		1	13	28,694
		in line 13 instructions to verify calculations )					
	art XVI-B	Relationship of Activities to the Ac	complishm	ent of Exempt P	urpose	s	<u> </u>
	Line No.	Explain below how each activity for which income					
	▼	accomplishment of the foundation's exempt purpo					ons)
	11A	DIVIDENDS AND OTHER REVE	NUE IS	USED TO FUN	D TH	E	
	-	OPERATIONS OF THE 10 ACR					<u> </u>
_		IS OPEN TO THE PUBLIC AN				ATING AS	····
		STATED IN THE ORGANIZATI					
		THE DIVIDEND AND OTHER R					·····
_		FUND PARTNERSHIP PROGRAM FUNDAMENTALS OF THE BUIL					<u> </u>
		IN THE ORGANIZATION'S MI			IKAD	E WO SINIED	<u> </u>
		IN THE ORGANIZATION S MI	BBION B	IAIEMENI.			<del></del>
		-					-
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				7.5			
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						<del></del>	
			<del></del>				<del></del>
_				···			
							000 DE

Part XVII	Information Regardates Exempt Organiza		sfers To and	l Transactio	ons and Relationships W	ith Noncharitabl	e	
1 Did the oi			n any of the folk	owing with any	other organization described		Y	es No
					ection 527, relating to political		<del> </del>	
organizat		# than section t	our(c)(o) organi	zations/ or in se	schoil 327, relating to political			
•	from the reporting found	lation to a nanci	haritable evern	t organization o	AF			
(1) Cash		ation to a nonci	namable exemp	t organization c	···		1a(1)	x
							1a(2)	$\frac{x}{x}$
(2) Other							10(2)	
b Other trai							45/4	x
• •	s of assets to a noncharit			_			1b(1)	X
()	nases of assets from a no		. •	on			1b(2)	$\frac{\mathbf{x}}{\mathbf{x}}$
` ,	al of facilities, equipment,		5				1b(3)	$\frac{\mathbf{x}}{\mathbf{x}}$
• •	bursement arrangements	<b>;</b>					1b(4)	$\frac{\mathbf{x}}{\mathbf{x}}$
• •	s or loan guarantees			-4			1b(5)	$\frac{\mathbf{x}}{\mathbf{x}}$
	rmance of services or mo						1b(6)	$\frac{x}{x}$
	of facilities, equipment, m				and the about about a bout the	form on outros	1c	<u></u>
					mn (b) should always show the			
					the foundation received less th			
					f the goods, other assets, or ser	transactions, and sharing arr		
(a) Line no	(b) Amount involved	(c) Name of	noncharitable exemp	t organization	(d) Description of transfers,	transactions, and snaring arr	angements	
N/A	<del></del>	<del> </del>				<u>.</u>		
	<del>.   </del>	<del> </del>		<del></del>	+			<del></del>
								<del></del>
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				<del></del>				
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		ļ						
		<u> </u>			1		———	
describe	undation directly or indirect d in section 501(c) of the complete the following so (a) Name of organization	Code (other tha		e)(3)) or in section	on 527?	ription of relationship	Yes	X No
N/A	1-1		(-7-7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	<del></del>							
Under	penalties of perjury, I declare the	at I have examined	this return, including	accompanying sch	nedules and statements, and to the best	of my knowledge and belief,	it is true	
соггес	ct, and complete Declaration of	preparer (other than	ı taxpayer) is based	on all information of	f which preparer has any knowledge	May the IRS discu	uss this retur	n
Sign		_			1	with the preparer		
Here	$\Omega_{\Lambda}$	2		,	10/19/11	(see instructions)?	Ye	s No
Liefe	' My	/ h.	M	1 '	19 /10 N TRE	ASURER/DIRE	CTOR	
	Signature of officer or trustee		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date				<del></del>
				Preparer's signati	ure	Date		
Prin	nt/Type preparer's name			i reparer a signati	<del></del>	Dare		neck if
Paid	AD R. GROSS, CP	Δ		BRAD R	GROSS, CPA	10/19		employed
reparer	an o a		ANY, PLI				1913	68
Jse Only ——	C13	IOWA AVE				4.77	5125	
Firm			51529-10	146				-5158
	ם אַנוּאַטע	TE, IA	J + J 4 3 - 1 (	J <del>I</del> U				-5156 -PF <sub>(2015)</sub>
						τ.	OHN COO.	• (ZUID)

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

Department of the Treasury Internal Revenue Service

Name of the organization

TODD AND MARY HEISTAND FAMILY

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**Employer identification number** 

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

2015

FOUNDATION		46-1604788
Organization type (chec	k one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
4947(a)(1) nonexempt charitable trust not treated as a private foundation		ition
	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 <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a \$	Special Rule See
General Rule		
X For an organizati	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution	s totaling \$5 000
	ey or property) from any one contributor. Complete Parts I and II. See instructions	<del>-</del>
Special Rules		
regulations unde 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % sometimes so so so sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or so so so that received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Com	990-EZ), Part II, line the greater of <b>(1)</b>
For an organizati	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receing the year, total contributions of more than \$1,000 exclusively for religious, charitational purposes, or for the prevention of cruelty to children or animals. Complete F	ived from any one able, scientific,
For an organizati contributor, durin contributions total during the year for General Rule ap	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receing the year, contributions exclusively for religious, charitable, etc., purposes, but noticed more than \$1,000. If this box is checked, enter here the total contributions that or an exclusively religious, charitable, etc., purpose. Do not complete any of the purplies to this organization because it received nonexclusively religious, charitable,	ived from any one to such at were received earts unless the etc , contributions
Caution. An organization 990-EZ, or 990-PF), but i	r more during the year  that is not covered by the General Rule and/or the Special Rules does not file So  t must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H  2, to certify that it does not meet the filing requirements of Schedule B (Form 990)	of its Form 990-EZ or on its

Name of organization
TODD AND MARY HEISTAND FAMILY

Employer identification number 46-1604788

Part I	rt I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed				
(a) No.	(b) Name, address, ad	nd ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	TODD R. HEISTAND 514 WALKER AVENUE WOODBINE	IA 51579	\$ 200,000	Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, a	nd ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	MARY J. HEISTAND 514 WALKER AVENUE WOODBINE	IA 51579	s 200,000	Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, a	nd 7IP + 4	(c) Total contributions	(d) Type of contribution	
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, a	nd ZIP + 4	(c) Total contributions	(d) Type of contribution	
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, a	nd ZIP + 4	(c) Total contributions	(d) Type of contribution	
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, a	nd ZIP + 4	(c) Total contributions	(d) Type of contribution	
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)	

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## HEISTANDFDT TODD AND MARY HEISTAND FAMILY Federal Statements

FYE: 6/30/2016

## Statement 1 - Form 990-PF, Part I, Line 11 - Other Income

stment Adjusted Net Income	\$ 2,974	0 \$ 7,595	
Net Investmen Income	ψ	ۍ ا	
Revenue per Books	2,9744,621	7,595	
R Description	RENTAL INCOME NET PROCEEDS OF HOUSING SALE	TOTAL	

### Statement 2 - Form 990-PF, Part I, Line 16a - Legal Fees

Charitable	Purpose	\$ 4,182	\$ 4,182
Adjusted	Net	₩.	٠ 0
Net	Investment	w.	٠ 0
	Total	4,182	4,182
		w.	w 
	Description	INDIRECT LEGAL FEES	TOTAL

## Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	,	Total	Net Investment	Adjusted		Charitable Purpose
ACCOUNTING FEES TOTAL	w w	1,000	\$ \$	v v	Λ· ΛΛ·	1,000

### Statement 4 - Form 990-PF, Part I, Line 18 - Taxes

Charitable Purpose	\$ 3,873	\$ 3,873
Adjusted Net	v.	\$
Net Investment	w	\$
Total	\$ 3,873	\$ 3,873
Description	REAL ESTATE TAXES	TOTAL

## HEISTANDFDT TODD AND MARY HEISTAND FAMILY Federal Statements

FYE: 6/30/2016

Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses

Adjusted Charitable Net Purpose	w	-	1,894		648	350	2.417	905	18.000	0 000	2.000	7447	0 \$ 26,461
Adju N	S	-											w.
Net Investment	ŧΩ												w
Total			1,894	111	648	7,795	2,417	206	18,000	88	2,000	447	33,906
'	Υ	-											' ጭ"
Description		EXPENSES	SUPPLIES	BANK SERVICE CHARGE	ADVERTISING	DUES, FEES & SUBSCRIPTIONS	INSURANCE	MISCELLANEOUS	CONSULTING	REPAIRS & MAINTENANCE	PROFESSIONAL FEES	COMPUTER & SOFTWARE EXPENSE	TOTAL

nvestments
- Other
e 13
ĹĬ
Part II
990-PF,
- Form
Statement 6

68 \$ 712,821 500,000	\$ 699,168
∙∿"	\$ 699,168

HEISTANDFDT TODD AND MARY HEISTAND FAMILY

**Federal Statements** 

46-1604788

FYE: 6/30/2016

### Statement 7 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	inning Year	End of Year	
STATE WITHHOLDING PAYROLL LIABILITIES STATE UNEMPLOYMENT	\$ 13	\$	96 616 36
TOTAL	\$ 13	\$	748

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HEISTANDFDT TODD AN 46-1604788 FYE: 6/30/2016	HEISTANDFDT TODD AND MARY HEISTAND FAMILY 46-1604788 FYE: 6/30/2016	Statemen	Ş	10/1	10/19/2016 1:21 PM
	Statement 8 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors	II-A, Line 10 -	Substantial Contributor	<b>့</b>	
Name					
	Address		City, State, Zip	ıte, Zip	
TODD R HEISTAND MARY J HEISTAND	514 WALKER STREET	WOODBINE	INE IA 51579		
State	19 - Form	4 .	ir.	es, Etc.	
Name and Address	id Title	Average Hours	Compensation	Benefits	Expenses
TODD R. HEISTAND 514 WALKER AVENUE WOODBINE IA 51579	PRESIDENT/DI	1.00	0	0	0
CARRIE J. MURDOCK 1400 QUAY AVENUE WOODBINE IA 51579	SECRETARY/DI	1.00	0	0	0
BRAD R. GROSS 312 HIGHWAY 37 EARLING IA 51530	TREASURER/DI	1.00	0	0	0
MARY J. HEISTAND 514 WALKER AVENUE WOODBINE IA 51579	DIRECTOR	1.00	0	0	0
MINDY K. CROOK 702 WALKER AVENUE WOODBINE IA 51579	DIRECTOR	1.00	0	0	0
KASSEY A. BARTELS 43 9TH STREET WOODBINE IA 51579	DIRECTOR	1.00	0	0	0
MATTHEW T. HEISTAND 3400 180TH STREET	DIRECTOR	1.00	0	0	0
					8-9

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## HEISTANDFDT TODD AND MARY HEISTAND FAMILY 46-1604788 FYE: 6/30/2016

Statement 9 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Etc. (continued)
--

Expenses		
Benefits		0
Compensation		0
Average Hours		1.00
Title		DIRECTOR
Name and Address	WOODBINE IA 51579	MICHAEL D. MATEJKA 10250 REGENCY CIRCLE, SUITE 525 OMAHA NE 68114-9625

0

HEISTANDFDT TODD AND MARY HEISTAND FAMILY
46-1604788 Federal Statements

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FYE: 6/30/2016

Form 990-PF	, Part XV,	Line 2b	- Application	Format an	d Required	<b>Contents</b>

Description

WRITTEN LETTER

### Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

NONE

### Statement 10 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

NONE EXCEPT THE REQUESTING ORGANIZATION BE A TAX EXEMPT ENTITY.

### HEISTANDFDT TODD AND MARY HEISTAND FAMILY

### Federal Statements

FYE: 6/30/2016

46-1604788

# Statement 11 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the

1,000 1,000 1,000 1,000 1,000 1,500 1,000 300 200 500 26,800 25,000 10,000 13,830 10,000 Amount SPONSOR MISSIONTRIP TO HAITI ORPHANS NORTH OMAHA INTERGENERATIONAL FUND OPERATIONAL NEEDS OF MUSEUM OPERATIONAL NEEDS OF MUSEUM Purpose OPERATIONAL EXPENSES COMMUNITY BETTERMENT COMMUNITY BETTERMENT COMMUNITY BETTERMENT OPERATING EXPENSES OPERATING EXPENSES COMMUNITY SERVICES OPERATING COSTS OPERATING COSTS OPERATING COSTS MEMORIAL 290 KING OF PRUSSIA RD PC 120 S 24TH ST STE 100 2929 FONTENELLE BLVD 闰 Status 2101 S. 42ND STREET 500 S. 20TH STREET N 6TH ST & AVENUE 6001 DODGE STREET 2200 DODGE STREET 3902 DAVENPORT ST 2828 N 23RD ST E Address SIENA FRANCIS HOUSE HOMELESS SHELTE 1702 NICHOLAS ST 2240 LANDON CT 517 WALKER ST 501 WEARE ST PC PO BOX 719 Relationship NEBRASKA URBAN INDIAN HEALTH COAL WOODBINE EDUCATION ASSOCIATION HOLY NAME HOUSING CORPORATION - OMAHA 51501 PORT HADLOCK WA 98339 HEARTLAND FAMILY SERVICES LUTHERAN FAMILY SERVICES OMAHA CHILDREN'S MUSEUM COUNCIL BLUFFS IA WOODBINE IA 51579 WOODBINE IA 51579 CHILDREN'S SQUARE USA RESTORATION EXCHANGE Address Name RADNOR PA 19087 EXPERIENCE MISSION, OMAHA NE 68102 **OMAHA NE 68104 OMAHA NE 68110** OMAHA NE 68102 OMAHA NE 68102 **OMAHA NE 68102** OMAHA NE 68131 OMAHA NE 68105 **OMAHA NE 68182** OMAHA NE 68102 JOSLYN ART MUSEUM OPEN DOOR MISSION CITY OF WOODBINE OMAHA BY DESIGN

10/19/2016 1:21 PM 94,130 Amount Ξ Statement 11 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued) Purpose HEISTANDFDT TODD AND MARY HEISTAND FAMILY

Federal Statements Status Address Relationship Name Address FYE: 6/30/2016 TOTAL