

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491208001057

2016

OMB No 1545-0052

Form 990-PF Department of the Treasury

Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	caler	ndar year 2016, or tax year beginning 01-01-2	016 , aı	nd er	nding 12-31-	2016	
		indation ND HELEN ERTL FAMILY FOUNDATION	A Employer ide	entification numbe	r		
			20-3663610				
		d street (or P O box number if mail is not delivered to street address d AVENUE SE) Room/suite		B Telephone nu	mber (see instructior	ns)
					(563) 875-8579		
		ı, state or province, country, and ZIP or foreign postal code E, IA 52040			C If exemption	application is pending	g, check here
G Ch	neck al	I that apply	former public charity		D 1. Foreign or	ganızatıons, check he	ere 🗆
		Final return Amended return	1			ganizations meeting	
		Address change Name change				k here and attach co	· —
H Ch	eck ty	pe of organization $lacksquare$ Section 501(c)(3) exempt private	foundation			ındatıon status was t n 507(b)(1)(A), chec	
	Section	1 4947(a)(1) nonexempt charitable trust Other taxabl	e private foundation				
		xet value of all assets at end from Part II, col (c),	✓ Cash ☐ Accru	ıal		ition is in a 60-month n 507(b)(1)(B), chec	
		S 1,651,386	t he on cash hasis \		under section	1307(b)(1)(b), chec	K Here
			T De on cash basis)	1			Г
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b)	Net investment	(c) Adjusted net	(d) Disbursements for charitable
		equal the amounts in column (a) (see instructions))	books		income	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach	264,945	;			
		schedule)					
	2	Check ► ☐ If the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	3,020		3,020	3,020	
	4	Dividends and interest from securities	17,653	8	17,653	17,653	
	5a	Gross rents					
	b	Net rental income or (loss)	_				
KIE	6a	Net gain or (loss) from sale of assets not on line 10	3,462	:			
Revenue	b	Gross sales price for all assets on line 6a 3,46	2				
æ	7	Capital gain net income (from Part IV, line 2)			3,462		
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances Less Cost of goods sold					
	b c	Gross profit or (loss) (attach schedule)	<u></u>				
	11						
	12	Total. Add lines 1 through 11	289,080	1	24,135	20,673	
	13	Compensation of officers, directors, trustees, etc	203,000		24,133	20,073	0
	14	Other employee salaries and wages		1	0	0	0
S	15	Pension plans, employee benefits					
15e	16a	Legal fees (attach schedule)					
<u>a</u>	ь	Accounting fees (attach schedule)	1,435	;	1,435	0	0
and Administrative Expenses	С	Other professional fees (attach schedule)	10,489		10,489	0	0
tive	17	Interest					
stra	18	Taxes (attach schedule) (see instructions)					
III	19	Depreciation (attach schedule) and depletion					
Ē	20	Occupancy					
Ρ	21	Travel, conferences, and meetings					
an	22	Printing and publications					
Operating	23	Other expenses (attach schedule)					
rat	24	Total operating and administrative expenses.					
<u>8</u>		Add lines 13 through 23	11,924	 	11,924	0	
_	25	Contributions, gifts, grants paid	70,000	1			70,000
	26	Total expenses and disbursements. Add lines 24 and 25	81,924		11,924	0	70,000
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	207,156	j			
	ь	Net investment income (If negative, enter -0-)			12,211		
	С	Adjusted net income(if negative, enter -0-)				20,673	
or	Paper	work Reduction Act Notice, see instructions.	1	. (Cat No 11289>	For	m 990-PF (2016)

1,266,251

1,266,251

1,266,251

1,266,251

1,473,407

1,473,407

1,473,407 1,473,407

2

3 4

5

6

1,266,251

1,473,407

1,473,407 Form **990-PF** (2016)

207,156

1,651,386

15

16

17

18

19

20

21

22

23

24

25

28

29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

Other assets (describe > _

Other liabilities (describe -_

Unrestricted . . . Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ▶ _____

instructions Also, see page 1, item I)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here 🕨 🗹

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)-Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

orm 990-PF (2016)	<u> </u>						Page 3
Part IV Capital	Gains and L	osses for Tax on Invest	ment Income	(b)			I
List and c 2-story b	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)					(c) ate acquired io , day, yr)	(d) Date sold (mo , day, yr)
1 a CAPITAL GAINS	DIVIDENDS			D—Donatio	.		
b							
С							
d							
e							
(e) Gross sales	price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale		Gain o	h) ir (loss)) minus (g)
a	3,462						3,462
b							
c ·							
d							
e		1 (1)		12/21/60			
Complete only to	or assets snow	ring gain in column (h) and ow (j)		(k)			l) h) gain minus
(i) FMV as of 1	2/31/69	Adjusted basis as of 12/31/69	Excess	of col(I) (J),If any	co	ol (k), but not	less than -0-) or om col (h))
a							3,462
b							
c							
d							
e			<u> </u>			1	
2 Capital gain ne	t income or (n	et capital loss)	If gain, also enter in F If (loss), enter -0- in I		} 2		3,462
3 Net short-term	capital gain oi	r (loss) as defined in sections :	1222(5) and (6)				
If gain, also en in Part I, line 8	ter in Part I, lii	ne 8, column (c) (see instructi)-	} 3		0
		r Section 4940(e) for Re				e	
For optional use by do	mestic private	foundations subject to the sec	tion 4940(a) tax on ne	et investment ir	ncome)		
f section 4940(d)(2) a		·					
		ion 4942 tax on the distributal lify under section 4940(e) Do			rıod?	Y∙	es 🗹 No
	priate amount	ın each column for each year,	see instructions before	making any ei	ntries		
(a) Base period years Cale year (or tax year beginn		(b) djusted qualifying distributions	(c) Net value of noncharitab	ole-use assets	(col	(d) Distribution rati (b) divided by c	
2015		60,336	<u></u>	1,375,699			0 043858
2014		54,709		1,221,545			0 044787
2013		41,200		1,011,254			0 040741
2012		27,879		769,789			0 036216
2011		22,142		568,216	2		0 038968
	ion ratio for th	ne 5-year base period—divide i		, or by the	3		0 204570 0 040914

1,507,375 4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 61,673 **6** Enter 1% of net investment income (1% of Part I, line 27b) . . . 6 122 7 61,795 **7** Add lines 5 and 6 70,000 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions Form **990-PF** (2016)

Form 990-PF (2016)		Page 7
Part VIII Information About Officers, Directors, Truste and Contractors (continued)	es, Foundation Managers, Highly Paid I	Employees,
3 Five highest-paid independent contractors for professional se	ervices (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0
Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year Includorganizations and other beneficiaries served, conferences convened, research papers in	e relevant statistical information such as the number of	Expenses
1 PROVIDED SUPPORT TO EACH OF THE THIRTY NINE INSTITUTIONS SI		<u> </u>
\$70,000		0
2		_
<u>-</u>		
3		
4		
Part IX-B Summary of Program-Related Investments (s	see instructions)	
Describe the two largest program-related investments made by the foundation duri	·	Amount
1		
2		
40.0		
All other program-related investments See instructions		
3		
		1
Total. Add lines 1 through 3		0
		Form 990-PF (2016)

1a

1b

2

3a 3b

4

5

70,000

70.000

69.878

Form 990-PF (2016)

122

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

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

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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

1

2

3

4

5

Page 9

75.247

11.167

64,080

Form **990-PF** (2016)

b Total for prior years

XII, line 4 ▶ \$

indicated below:

From 2011. . . . **b** From 2012. c From 2013. . . **d** From 2014. e From 2015.

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e. 4 Qualifying distributions for 2016 from Part

a Applied to 2015, 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 2016 distributable amount.

e Remaining amount distributed out of corpus

6 Enter the net total of each column as

be distributed in 2017 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 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . . **b** Excess from 2013. . c Excess from 2014. . . . d Excess from 2015. . . e Excess from 2016. . .

Subtract lines 7 and 8 from line 6a

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

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 e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must

same amount must be shown in column (a))

Form 990-PF (20	016)
Part XIII	Und

0-PF (2	016)
XIII	Und

Form 990-PF (2016)						
Part XIII	Undistributed Income (see instruc	tions)				

1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016

- a Enter amount for 2015 only.
- Corpus

(a)

0

(b)

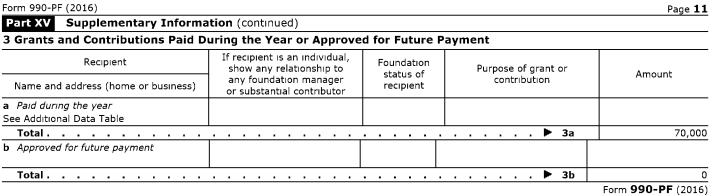
Years prior to 2015

(c)

2015

58,833

58.833



Form 990-PF (2016)					Page 12	
Part XVI-A Analysis of Income-Producing	Activities					
Enter gross amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt	
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)	
a						
b						
c d						
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments			14	3,020		
4 Dividends and interest from securities			14	17,653		
5 Net rental income or (loss) from real estate						
a Debt-financed property						
b Not debt-financed property6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory			14	3,462		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory11 Other revenue a						
b						
c						
d						
e						
12 Subtotal Add columns (b), (d), and (e)		0		24,135		
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations			1	3	24,135	
Part XVI-B Relationship of Activities to the		ment of Exem	pt Purposes			
Line No. Explain below how each activity for which the accomplishment of the foundation's explain the instructions (instructions)						

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

نا	art XVII	Exempt Organi	zations										
1		ganization directly or in Code (other than sectio								on 501		Yes	No
а	Transfers	from the reporting foun	dation to a no	oncharit	table ex	empt organizatior	of						
	(1) Cash									. 1	a(1)		No
	(2) Othe	rassets								. 1	a(2)		No
b	Other tran												
		s of assets to a nonchar	•	-							b(1)		No
		hases of assets from a r			-						b(2)		No
	` '	al of facilities, equipmer	•								b(3)		No
		ibursement arrangemen								_	b(4)		No No
		s or loan guarantees. rmance of services or m								_	b(5) b(6)		No
_	• •	f facilities, equipment, n	·		_						1c		No
	-	wer to any of the above								· _			140
_	of the goo	ods, other assets, or ser	vices given by	y the re	porting	foundation If the	foundatio	n receive	d less than fair mai	ket value			
	ın any tra	nsaction or sharing arra	ngement, sho	ow in co	olumn (c	d) the value of the	e goods, ot	her asse	ts, or services recei	ived			
(a)	Line No	(b) Amount involved	(c) Name of	noncharit	table exe	mpt organization	(d) Des	cription of	transfers, transactions	, and sharin	arrar	ngemen	ts
<u> </u>		, ,	. ,			· •	. ,		,	,			
						+							
22	Is the four	ndation directly or indire	active affiliation	l wuth o	or rolato	d to one or more	tay-oyom	nt organi	izations				
		in section 501(c) of the	•			•				🗆	Vec	☑ N	^
		complete the following s	•	tilali se	ection 3c)1(C)(3))				⊔	. 65	LY IN	U
ט	II Tes, C	omplete the following si. (a) Name of organization		1	(1	b) Type of organizat	ion	I	(c) Description	n of relations	hip		
		.,											
	T												
		er penalties of perjury, ny knowledge and belief											
Si		ch preparer has any kno		iii cct, u		piete Deciaration	or propure	ocitor	chan caxpayer, is b	asca on an		macio	
	ere L	*****				2017-05-16	**	****		May the IRS			
•••	 	Signature of officer or t				Date	—) –	tle	_	with the pre	_		
		signature of officer of the	ustee			Date	, , , , ,	ue		(see instr)?	Y	es ⊔ N	0
		Print/Type preparer's	name	Prepare	er's Sıgr	nature	Date			PTIN			
									Check if self-	Pſ	0139	910	
_		RICHARD R RUNDE	E CPA				2017-	05-16	employed ▶ □				
	iid												
	eparer		KAMP KRUEG	ER & C	O PC		•			Fırm's EIN	▶ 42-	09461	55
Us	se Only		2 DOV 500							5 LIN	- 12	33 101	
		Firm's address ► P	O BOX 699							DI.	/= ·		
		DU	JBUQUE, IA	520040	699					Phone no	(563)	556-0	J123
		i .							I I				

	Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total
	contributions received by the foundation before the close of any tax year (but only if they have contributed more
1	than \$5,000).

JOSEPH ERTL
HELEN ERTL

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

a Paid during the year				
MANCHESTER FIRE DEPARTMENT 400 E MAIN STREET MANCHESTER, IA 52057	NONE	PC	PROVIDE SUPPORT	

250

250

250

WORTHINGTON FIRE DEPARTMENT 216 1ST AVENUE WEST WORTHINGTON, IA 52078	NONE	PC	PROVIDE SUPPORT	
MAYO CLINIC 200 FIRST ST SW	NONE	PC	PROVIDE SUPPORT	

DRTHINGTON, IA 52078				
YO CLINIC 200 FIRST ST SW CHESTER, MN 55905	NONE	PC	PROVIDE SUPPORT	
DLEV CIDE DEDARTMENT	NONE	DC	DDOVIDE CURRORT	

ROCHESTER, MN 55905				
FARLEY FIRE DEPARTMENT 103 2ND AVENUE NW FARLEY, IA 52046	NONE	PC	PROVIDE SUPPORT	250

FARLEY FIRE DEPARTMENT 103 2ND AVENUE NW FARLEY, IA 52046	NONE	PC	PROVIDE SUPPORT	250
ST RAPHAEL CATHOLIC CHURCH	NONE	PC	PROVIDE SUPPORT	250

FARLET, IA 32046				1
ST RAPHAEL CATHOLIC CHURCH 231 BLUFF STREET DUBUQUE, IA 52001	NONE	PC	PROVIDE SUPPORT	25

Total				70,000
231 BLUFF STREET DUBUQUE, IA 52001				
ST RAPHAEL CATHOLIC CHURCH	NONE	PC	PROVIDE SUPPORT	

3a

Form 990PF Part XV Line 3 - Gran	Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
NEW VIENNA FIRE DEPARTMENT 7271 COLUMBUS STREET NEW VIENNA, IA 52065	NONE	PC	PROVIDE SUPPORT	250	
EARLVILLE FIRE DEPARTMENT P O BOX 385 EARLVILLE, IA 52041	NONE	PC	PROVIDE SUPPORT	250	
BI-COUNTY AMBULANCE 1603 6TH STREET SE DYERSVILLE, IA 52040	NONE	PC	PROVIDE SUPPORT	300	
DUBUQUE COUNTY RIGHT TO LIFE 2205 CARTER ROAD DUBUQUE, IA 52001	NONE	PC	PROVIDE SUPPORT	400	
OUR LADY OF BLACK HILLS CATHOLIC CHURCH 12365 STURGIS RD PIEDMONT, SD 57769	NONE	PC	PROVIDE SUPPORT	500	
Total				70,000	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SALVATION ARMY 1099 IOWA STREET NONE PC PROVIDE SUPPORT 500 DUBUQUE, IA 52001 ST JUDE CHILDREN'S RESEARCH NONE PC PROVIDE SUPPORT 500 HOSPITAL 4733 N CHEDIDAN DD

PEORIA, IL 61614				
KNIGHTS OF COLUMBUS 100 THOMAS ST SE CASCADE, IA 52033	NONE	PC	PROVIDE SUPPORT	500
INFORMED CHOICES MEDICAL CLININC 821 S GILBERT STREET IOWA CITY, IA 52240	NONE	PC	PROVIDE SUPPORT	500

PC

PROVIDE SUPPORT

500

70,000

NONE

ST JOSEPH'S CHURCH

206 W OAK STREET GARNAVILLO, IA 52049

Total .

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CATHOLIC CHARITIES OF LEE COUNTY NONE PC PROVIDE SUPPORT 500 **FLORIDA** 1000 PINEBROOK ROAD VENICE, FL 34284 PC CATHOLIC CHARITIES OF THE NONE PROVIDE SUPPORT 500

ARCHDIOCESE OF DUBUQUE 1229 MT LORETTA AVE DUBUQUE, IA 52003				
INNER VISIONS HEALTH CARE 1355 50TH ST SUITE 400 WEST DES MOINES, IA 50266	NONE	PC	PROVIDE SUPPORT	500
DYERSVILLE AREA COMMUNITY	NONE	PC	PROVIDE SUPPORT	500

DUBUQUE, IA 32003				
INNER VISIONS HEALTH CARE 1355 50TH ST SUITE 400 WEST DES MOINES, IA 50266	NONE	PC	PROVIDE SUPPORT	
DYERSVILLE AREA COMMUNITY FOUNDATION 1100 16TH AVE CT SE DYERSVILLE, IA 52040	NONE	PC	PROVIDE SUPPORT	
CLAYTON COUNTY FOUNDATION FOR THE FUTURE	NONE	PC	CLAYTON COUNTY FOUNDATION FOR THE FUTURE	

FOUNDATION 1100 16TH AVE CT SE DYERSVILLE, IA 52040				
CLAYTON COUNTY FOUNDATION FOR THE FUTURE 226 N BLUFF STREET GUTTENBERG, IA 52052	NONE	PC	CLAYTON COUNTY FOUNDATION FOR THE FUTURE	500

70,000

Total.

За

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	Amount
Necipient	show any relationship to	status of	contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
FEEDING SOUTH DAKOTA 4701 N WESTPORT AVENUE SIOUX FALLS, SD 57107	NONE	PC	PROVIDE SUPPORT	500
GUTTENBERG FIRE DEPARTMENT 210 PEARL STREET GUTTENBERG, IA 52052	NONE	PC	PROVIDE SUPPORT	500
DYERSVILLE FIRE DEPARTMENT 1503 6TH STREET SE DYERSVILLE, IA 52040	NONE	PC	PROVIDE SUPPORT	500
ST CHARLES BORROMEO SCHOOL 521 E DEWEY STREET CASSVILLE, WI 53806	NONE	PC	PROVIDE SUPPORT	600
ARCHBISHOP HENNESSY CATHOLIC SCHOOL 1623 300TH AVE DYERSVILLE, IA 52040	NONE	PC	PROVIDE SUPPORT	750
Total				70,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
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)		recipient		
a Paid during the year				
NEWMAN CATHOLIC STUDENT CENTER U OF I 104 E JEFFERSON STREET IOWA CITY, IA 52245	NONE	PC	PROVIDE SUPPORT	1,000
MERCY MEDICAL CENTER 1111 3RD ST SW DYERSVILLE, IA 52040	NONE	PC	PROVIDE SUPPORT	1,000
REGIONAL MEDICAL CENTER 709 W MAIN ST MANCHESTER, IA 52057	NONE	PC	PROVIDE SUPPORT	1,000
RURAL IOWA COMMUNITY FOOD PANTRY 602 3RD STREET SE DYERSVILLE, IA 52040	NONE	PC	PROVIDE SUPPORT	1,000
GUTTENBERG MUNICIPAL HOSPITAL 200 MAIN ST GUTTENBERG, IA 520520550	NONE	PC	PROVIDE SUPPORT	1,000

Total . 3a 70,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ST STEPHEN THE WITNESS CATHOLIC STUDENT CENTER 1019 W 23RD STREET CEDAR FALLS, IA 50613	NONE	PC	PROVIDE SUPPORT	1,000
SETON CATHOLIC SCHOOL 210 2ND AVE SE FARLEY, IA 52046	NONE	PC	PROVIDE SUPPORT	1,500
ST MARY SCHOOL 701 ROUTE 35 NORTH EAST DUBUQUE, IL 61025	NONE	PC	PROVIDE SUPPORT	1,725
AQUIN CATHOLIC ELEMENTARY SCHOOL 608 3RD AVE NW CASCADE, IA 52033	NONE	PC	PROVIDE SUPPORT	1,875
ST MARY'S CHURCH 119 WEST FAYETTE STREET MANCHESTER, IA 52057	NONE	PC	PROVIDE SUPPORT	2,500
Total				70,000

3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

PC

PROVIDE SUPPORT

2,900

11,250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

NONE

ECHS] NORTHERN LIEUTENANCY

За

P O BOX 237 HAMEL, MN 55340	NONE		TROVIDE SOLLOW!	2,300
BECKMAN CATHOLIC HIGH SCHOOL 1325 9TH ST SE	NONE	PC	PROVIDE SUPPORT	11,000

325 9TH ST SE YERSVILLE, IA 52040	NONE		TROVIDE 3611 6101	
T FRANCIS XAVIER SCHOOL	NONE	PC	FUND PRIVATE EDUCATION	

DYERSVILLE, IA 52040				
ST FRANCIS XAVIER SCHOOL 203 2ND ST SW DYERSVILLE, IA 52040	NONE	PC	FUND PRIVATE EDUCATION	

203 2ND ST SW DYERSVILLE, IA 52040				
ST FRANCIS XAVIER CHURCH	NONE	PC	PROVIDE SUPPORT	20,450

				i
T FRANCIS XAVIER CHURCH	NONE	PC	PROVIDE SUPPORT	20,45
.04 3RD STREET SW				
YERSVILLE IA 52040				i

			_	
104 3RD STREET SW DYERSVILLE, IA 52040				
SI FRANCIS XAVIER CHURCH	INONE	PC	PROVIDE SUPPORT	∠∪,•

104 3RD STREET SW DYERSVILLE, IA 52040		
Total	 	 70,000

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491208001057					
TY 2016 Accounting Fe	ees Schedule				
5					
Name: JOSEPH AND HELEN ERTL FAMILY FOUNDATION EIN: 20-3663610					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
ACCOUNTING FEES	1,435	1,435	0	0	

Υ	2016 Investments	Corporate	Stock Sche	edule	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

AMERICAN TRUST STOCK FUND

TANGER FACTORY OUTLET COMMON STOCK

Name: JOSEPH AND HELEN ERTL FAMILY FOUNDATION

20 2662610 ETNI.

Name of Stock	End of Year Book	End of Year Fair
	Value	Market Value

884,730

4,000

DLN: 93491208001057

1,038,085

28,624

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	DLN: 93491208001057			
TY 2016 Other Professional	Fees Schedu	le			
Name: JOSEPH AND HELEN ERTL FAMILY FOUNDATION EIN: 20-3663610					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

10,489

FIDUCIARY FEES

10,489

efile GRAPHIC print -	OO NOT PROCESS As Filed Data -			DLN: 93491208001057		
Schedule B (Form 990, 990-EZ,	Schedule	of Contributors		OMB No 1545-0047		
or 990-PF) Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990				2016		
Name of the organizat			Employer id	entification number		
			20-3663610			
Organization type (ch	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)() (enter number) organ	ızatıon				
	4947(a)(1) nonexempt charitabl	e trust not treated as a private foundat	tion			
	☐ 527 political organization					
Form 990-PF	√ 501(c)(3) exempt private foundate	ition				
	4947(a)(1) nonexempt charitabl	4947(a)(1) nonexempt charitable trust treated as a private foundation				
501(c)(3) taxable private foundation						
•	ration filing Form 990, 990-EZ, or 990-PF the r property) from any one contributor. Comp		-	•		
Special Rules						
under sections received from a	tion described in section 501(c)(3) filing Foi 509(a)(1) and 170(b)(1)(A)(vi), that checked ny one contributor, during the year, total coi ne 1h, or (ii) Form 990-EZ, line 1 Complete	Schedule A (Form 990 or 990-EZ), Pantributions of the greater of (1) \$5,000	art II, line 13,	16a, or 16b, and that		
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						
during the year, If this box is che purpose Do no	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 lf 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					
990-EZ, or 990-PF), bu	on that is not covered by the General Rule a t it must answer "No" on Part IV, line 2, of i Form 990PF, Part I, line 2, to certify that it d	ts Form 990, or check the box on line I	H of its			
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions 00-PF	Cat No 30613X Schedu	ile B (Form 990,	990-EZ, or 990-PF) (2016)		

Name of organization IOSEPH AND HELEN ERTL FAMILY FOUNDATION		Employer identification 20-3663610	number
Part I	Contributors (see instructions) Use duplicate copies of Part I if add	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SCALE MODELSJOSEPH L ERTL INC 502 5TH ST NW	\$ 264,060	Person Payroll
	DYERSVILLE, IA52040	<u>\$ 204,000</u>	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
		Cabadula B /F	contributions)

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page 3
Name of organization JOSEPH AND HELEN ERTL FAMILY FOUNDATION		Employer identification number	
		20-36	663610
Part II	Noncash Property		
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (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
		s	
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)

Schedule B (Form	990, 990-EZ, or 990-PF) (2016)		Page 4	
Name of organization JOSEPH AND HELEN ERTL FAMILY FOUNDATION			Employer identification number 20-3663610	
than \$1, organiz the year	000 for the year from any one contributor	r. Complete columns (a) thro of exclusively religious, chari ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	t Relationship of transferor to transferee	
(a)	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
No.from Part I	(b) Fullpose of gift	(c) ose of gift	(u) Description of now gift is field	
	(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	
	Transferee's name, address, and	(e) Transfer of gift	t 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 transfer		t Relationship of transferor to transferee		
			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)	