

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



## Form **990-PF** Department of the Treasury

Internal Revenue Service

## EXTENDED TO NOVEMBER 15 **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. OMB No 1545-0052

For calendar year 2016 or tax year beginning , and ending A Employer identification number Name of foundation GARY GERLACH AND KAREN A CONNER 36-4320866 CHARITABLE FOUNDATION, INC. Number and street (or P O box number if mail is not delivered to street address) **B** Telephone number 480-437-1132 9120 DOUBLE DIAMOND PKWY, STE 4239 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 89521-4842 RENO, NV Initial return of a former public charity D 1. Foreign organizations, check here G Check all that apply: Initial return Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation **H** Check type of organization: E If private foundation status was terminated Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: X Cash Accrual F If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) 587,896. (Part I, column (d) must be on cash basis.) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books ıncome income (cash basis only) N/A Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 2,643. 2,643. STATEMENT 10,092 10,279 STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 28,116 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 355,464. 28,116 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 278. 278 STATEMENT 11 Other income 129 316 Total. Add lines 1 through 11 0. Compensation of officers, directors, trustees, etc. Other employee salaries and wages 15 Pension plans, employee benefits Expenses 150 0 150. 16a Legal fees STMT 4 **b** Accounting fees STMT 5 c Other professional fees 3,479 3,479 0. 17 Interest RSTMTIVE 18 Taxes 510 395. 0. 70 19 Depreciation and depletion 000 20 Occupancy 21 Travel, conferences, and meetings 0 22 Printing and publications Operating 23 Other expenses 62 0 0. 24 Total operating and administrative expenses Add lines 13 through 23 4,201 3,874 150. 25 Contributions, gifts, grants paid 48,316 48,316. 26 Total expenses and disbursements. Add lines 24 and 25 52,517 3.874 48,466. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements -11,201 37,255 b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A 623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions

For	m 99	0-PF (2016) CHARITABLE FOUNDATION,	INC.		<u> 1320866 Page 2</u>
	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
	ait	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	2,739.	4,096.	<u>4,096.</u>
		Savings and temporary cash investments	8,312.		
	3	Accounts receivable ►	_		
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
	ļ	Less: allowance for doubtful accounts ▶	ļ		
	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 ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			····
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			<u> </u>
	13	Investments - other STMT 8	513,923.	513,778.	583,800.
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation	<u> </u>		
		Other assets (describe			·····
	16	Total assets (to be completed by all filers - see the		545 054	E05 006
_		instructions. Also, see page 1, item 1)	524,974.	517,874.	587,896.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue	-		
Ħ	20				
Liabilities	21	Mortgages and other notes payable		4 101	
	22	Other liabilities (describe STATEMENT 9)	0.	4,101.	
	l			4 101	
_	23_	Total liabilities (add lines 17 through 22)	0.	4,101.	
		Foundations that follow SFAS 117, check here			
S	24	and complete lines 24 through 26 and lines 30 and 31.			
Š	24	Unrestricted Temporarily restricted			
3ala	25	Permanently restricted			
Fund Balances	26	Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
ŏ	27	Capital stock, trust principal, or current funds	0.	0.	
sets	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	524,974.	513,773.	
et	30	Total net assets or fund balances	524,974.	513,773.	
~				,	
	31	Total liabilities and net assets/fund balances	524,974.	517,874.	
	art	<del></del>			
1		net assets or fund balances at beginning of year - Part II, column (a), lin	e 30		
_		st agree with end-of-year figure reported on prior year's return)		1	524,974.
		r amount from Part I, line 27a		2	-11,201.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	513,773.
		eases not included in line 2 (itemize)	column (h) lina 20	5	512 772
6	ividi	net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	Solutini (D), inie SU	6	513,773. Form <b>990-PF</b> (2016)
					(2010)

		RITABLE FOUNDAT			٠		36	<u> -432</u>	<u>0866</u>	Page 3
F	Part IV Capital Gains	and Losses for Tax on I	nvestmen	t Income	·					
	(a) List and desc 2-story brick wa	ribe the kind(s) of property sold (e.q arehouse; or common stock, 200 sh	g., real estate, is. MLC Co.)	:	( <b>b)</b> Ho P - F D - I	w acquired   Purchase Donation	(c) Date ad (mo., da	cquired y, yr.)	( <b>d)</b> Date (mo., da	e sold ıy, yr.)
1a	WELLS FARGO -	SECURITIES				P	01/01	/16	12/33	1/16
b	WELLS FARGO -	SECURITIES				P	01/01	/16	12/3	L/16
	WELLS FARGO -	SECURITIES				P	01/01	./16	12/3	1/16
	CAPITAL GAINS	DIVIDENDS					-			
e	<u> </u>		<del> </del>	-	<u> </u>					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				n or (loss (f) minus (		
a	83,704.			83,53	1.					173.
_ b			<u> </u>	134,11						<u>,456.</u>
				109,69	8.				<u> 17</u>	<u>,442.</u>
_d	45.									45.
e			<u> </u>							
_	Complete only for assets showing	ng gain in column (h) and owned by	1			(	I) Gains (Co il. (k), but no	ıl. (h) gaın at lece thai	minus	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			Losses (1	from col. (	h))	
_a	<u> </u>						<u>.</u>			173.
_b		***************************************								,456.
									<u> 17</u>	<u>,442.</u>
_ <u>d</u>	<u> </u>									45.
e	<u> </u>		1							
2	Capital gain net income or (net ca	If gain, also ente apital loss) {   If (loss), enter -0			}	2			28	,116.
3	Net short-term capital gain or (los	ss) as defined in sections 1222(5) a								
•	If gain, also enter in Part I, line 8,		(-/-		]					
_	If (loss), enter -0- in Part I, line 8	• •			<u> </u>	3		N/A		
F	Part V Qualification U	Inder Section 4940(e) fo	r Reduced	I Tax on Net	Inve	stment In	come			
(Fo	or optional use by domestic private	e foundations subject to the section	4940(a) tax on	ı net investment in	come.)					
If a	section 4940(d)(2) applies, leave t	hie nart hlank								
11 3	56611011 4340(U)(Z) applies, leave ti	iio part vialik.								
		tion 4942 tax on the distributable ar	, ,	•	iod?				Yes	X No
_		lify under section 4940(e). Do not c								
1		each column for each year; see the	instructions be	fore making any er					/d\	
	(a) Base period years	(b) Adjusted qualifying dis	etrihiitione	Net value of nor	(C)	hla-uca accate	,   ,	Distrib	(d) ution ratio ided by col.	(-\\
_	Calendar year (or tax year beginnii	ing iii/		iver value of flor				or (p) ain		
	2015		28,477.			617,450				16120
_	2014		6,621.			643,712		<del></del>		25821 27106
_	2013		23,046.	7		621,085				37106
	2012		17,633. $32,250.$	***.		586,678		<del></del>		30056
	2011		2,250.			590,246	<del>}                                    </del>		. 0:	<u> 4638</u>
	Total of line 1, column (d)						2		.19	3741
3		5-year base period - divide the total	on line 2 by 5,	or by the number	of years	3				
	the foundation has been in exister	nce if less than 5 years					3	·	.03	<u> 88748</u>
4	Enter the net value of noncharitab	le-use assets for 2016 from Part X,	line 5				4		583	802.
_	Multiply line 4 by line 3								22	C 0 1
Ð	Multiply line 4 by line 5						5		44,	621.
6	Enter 1% of net investment incom	e (1% of Part I, line 27b)					6			<u>373.</u>
7	Add lines 5 and 6						7		22.	994.
		D- IVII I							<u> </u>	
	Enter qualifying distributions from						8	<del></del>	48,	466.
	If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	1b, and comp	lete that part using	) a 1% t	ax rate.				
	521 11-23-16	· · · · · · · · · · · · · · · · · · ·							orm 990-F	E (0040)

GARY GERLACH AND KAREN A CONNER

CHARITABLE FOUNDATION, INC.

S6-4320866 Page 4

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.

Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)

b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%

of Part I, line 27b

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

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

1	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part 1, line 12, coi. (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		3	<u> 73</u>
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		3	373
6	Credits/Payments:				
	a 2016 estimated tax payments and 2015 overpayment credited to 2016				
	b Exempt foreign organizations - tax withheld at source 6b				
	c Tax paid with application for extension of time to file (Form 8868)	Į			
	d Backup withholding erroneously withheld 6d 6d				
7		7			0
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	CDD CD3 MD3/CD3M 1.0 b	9		3	373
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
	la contrata de la contrata del contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata de la contrata del contrata de la contrata del contrata del contrata de la contrata de la contrata del contrata del contrata de la contrata del contrata	11			
11 D:	art VII-A Statements Regarding Activities				
_	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın	T	Yes	No
1		111	10	1.00	X
	any political campaign?	n	1a	<del> </del>	X
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)		1b		<del>  ^</del>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ea or			
	distributed by the foundation in connection with the activities.				١,,
	c Did the foundation file Form 1120-POL for this year?		10	ļ	X
1	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. $\blacktriangleright$ \$ 0. (2) On foundation managers. $\blacktriangleright$ \$ 0.				
(	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$0 .				
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 of incorporation, or	r			1
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4:	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
ı	b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law			
	remain in the governing instrument?		6	]	Х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	Х	
88	a Enter the states to which the foundation reports or with which it is registered (see instructions) ► NONE				
,	of 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		0.5	v	1
n			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 calen	ioar	_		
10	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV  Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		9		X
<u>10</u>	Dru any persons become Substantial continuous during the tax year? If "Yes," attach a schedule listing their names and addresses		10	1	X

Form **990-PF** (2016)

Pa	art VII-A, Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13		13	<u> </u>	<u> </u>
	Website address ► N/A	7 1	1 2 2	
14	The books are in care of ► GARY GERLACH  Located at ► 9120 DOUBLE DIAMOND PKWY, RENO, NV  Telephone no. ► 480-43			12
16	Located at ▶ 9120 DOUBLE DIAMOND PKWY, RENO, NV  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	7741	# 0	
19	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	ш
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	securities, or other financial account in a foreign country?	16		X_
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		-	
	foreign country	1	ĺ	
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):	1 1	ļ	
	(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?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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			
	(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			
h	o If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
•	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A	1b	ı	
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2016?	1c		<u>X</u>
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)):			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2016?		ľ	
	If "Yes," list the years,,,			
D				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.)  N/A	0.		
c	of the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	2b		
			Ì	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?		Ì	
b	If "Yes," did it have excess business holdings in 2016 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		į	
	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 2016)	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	<u> </u>	X
	Fol	m <b>990</b>	-PF (	2016)

For	m <b>990</b>	-PF	(2016)

n

NONE

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

Part VIII Information About Officers, Directors, Trustees, Foun Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, er	nter "NONE."	
(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		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stanumber of organizations and other beneficiaries served, conferences convened, research papers p	atistical information such as the produced, etc.	Expenses
1 N/A		
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		0.

36-4320866 Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e 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	589,274. 3,418.
b	Average of monthly cash balances	1b	3,418.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	592,692.
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	592,692.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	8,890.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	583,802.
6	Minimum investment return Enter 5% of line 5	6	29,190.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	ıd certaın	
	foreign organizations check here 🕨 🔛 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	29,190.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	373.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	28,817.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	28,817.
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	28,817.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	48,466.
	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:		
a	Suitability test (prior IRS approval required)	3a	
	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	48,466.
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	373.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	48,093.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies for th	e section
	4040(a) reduction of the in those years	•	

Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	<b>(d)</b> 2016
1 Distributable amount for 2016 from Part XI, line 7				28,817.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
<b>b</b> Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:		0.		<u> </u>
<b>a</b> From 2011				
<b>b</b> From 2012				
<b>c</b> From 2013				
d From 2014				
e From 2015 27, 209.	İ			
f Total of lines 3a through e	27,209.			
4 Qualifying distributions for 2016 from	27,2031			
Part XII, line 4: ▶\$ 48,466.				
			0.	
a Applied to 2015, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	4.5 0.50			
(Election required - see instructions) **	46,858.			
d Applied to 2016 distributable amount				1,608.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	27,209.			27,209.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	46,858.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable		-	···	
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line			-	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				<u>U•</u>
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
			-	
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017	46 050			
Subtract lines 7 and 8 from line 6a	46,858.			
O Analysis of line 9:				
a Excess from 2012				
<b>b</b> Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016 46,858.				
23581 11-23-16	** SEE ST	ATEMENT 12		Form <b>990-PF</b> (2016)

623581 11-23-16

Page 10

Part XIV Private Operating F	oundations (see ins	structions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2016, enter the date of t	he ruling	<b>&gt;</b>		
<b>b</b> Check box to indicate whether the found	iation is a private operatin	ng foundation described i	n section	4942(j)(3) or	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,				=-	
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
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					
(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 i	if the foundation	had \$5,000 or mo	ra in assats
at any time during t			ii the loundation	nau φυ,σσο στ πια	ne ili assets
<del></del>		<del>uotionoi,</del>			
1 Information Regarding Foundation		than 00/ of the total contr	white and recovered by the	foundation before the class	a of any tax
a List any managers of the foundation whyear (but only if they have contributed m			ibutions received by the	loundation before the clos	se of any lax
NONE	, , , , , , , , , , , , , , , , , , ,				
	o own 100/ or more of th	a atack of a corneration /	or an aqually large portio	n of the ownership of a ne	ortographin or
<ul> <li>b List any managers of the foundation who other entity) of which the foundation has</li> </ul>			or an equany large portio	if of the ownership of a pa	armership or
•	74 1070 or groater interes	•			
NONE		Oshalasahis ata Ba			
2 Information Regarding Contributi Check here ► X if the foundation o					and a facility of
the foundation makes gifts, grants, etc. (	NIY MAKES CONTRIBUTIONS T	o preselected charitable t	organizations and does no	ot accept unsolicited requ	ests for funds. If
					u.
a The name, address, and telephone number	Der Dr e-mail address of tr	ne person to whom applic	alions snould be address	sea:	
<b>b</b> The form in which applications should b	e submitted and informat	ion and materials they sh	ould include:		
Any cultimination deadliness					
c Any submission deadlines:					
d Any restrictions or limitations on awards	, such as by geographica	l areas, charitable fields, l	kınds of institutions, or ot	her factors:	<u> </u>
	<del></del>				

GARY GERLACH AND KAREN A CONNER 36-4320866 CHARITABLE FOUNDATION, INC. Page 11 Form 990-PF (2016) Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year DESERT FOOTHILLS PRESBYTERIAN CHURCH NONE N/A OPERATIONS 34605 N SCOTTSDALE RD 11,116. SCOTTSDALE, AZ 85262 OPERATIONS EMMANUEL LUTHERAN CHURCH NONE N/A 212 N. MAIN ST. 625. ST. ANSGAR, IA 50472 OPERATIONS NORMAN BORLAUG HERITAGE FOUNDATION NONE N/A 19518 200TH ST 500. CRESCO, IA 52136 OSAGE CHRISTIAN ALLIANCE CHURCH NONE N/A OPERATIONS 726 STATE STREET 50. OSAGE, IA 50461 PRIEM FAMILY CEMETERY FUND NONE N/A OPERATIONS C/O MITCHELL COUNTY 508 STATE STREET 7.093. OSAGE IA 50472 SEE CONTINUATION SHEET(S) **▶** 3a 48 316. Total b Approved for future payment

NONE

Form **990-PF** (2016)

Total

Form 990-PF (2016)

Part XVI-A Analysis of Income-Producing Activities

	(a) Business	business income (b)	(c) Exclu-	y section 512, 513, or 514 (d)	(e) Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a	_				
b					
C					
d					<del></del>
e					
g Fees and contracts from government agencies	_				
2 Membership dues and assessments			<del>                                     </del>		
3 Interest on savings and temporary cash					
investments			14	2,643.	
4 Dividends and interest from securities			14	2,643.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			14	278.	
8 Gain or (loss) from sales of assets other					
than inventory			18	28,116.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
C		<del></del>	<u> </u>		<del></del>
d			<del>                                     </del>		
e				41,316.	0
10 Cubtotal Add columns (b) (d) and (a)	1		•		
2 Subtotal. Add columns (b), (d), and (e)		···		12	41 316
3 Total. Add line 12, columns (b), (d), and (e)	s.)			13	41,316
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation.		nplishment of I	Exempt P		41,316
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations  Part XVI-B  Relationship of Activitie  Line No. Explain below how each activity for which	es to the Accom	column (e) of Part XVI		urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation.  Part XVI-B Relationship of Activities	es to the Accom	column (e) of Part XVI		urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations  Part XVI-B  Relationship of Activitie  Line No. Explain below how each activity for which	es to the Accom	column (e) of Part XVI		urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations  Part XVI-B  Relationship of Activitie  Line No. Explain below how each activity for which	es to the Accom	column (e) of Part XVI		urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations  Part XVI-B  Relationship of Activitie  Line No. Explain below how each activity for which	es to the Accom	column (e) of Part XVI		urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations  Part XVI-B  Relationship of Activitie  Line No. Explain below how each activity for which	es to the Accom	column (e) of Part XVI		urposes	
3 Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Accom	column (e) of Part XVI		urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations  Part XVI-B  Relationship of Activitie  Line No. Explain below how each activity for which	es to the Accom	column (e) of Part XVI		urposes	
3 Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Accom	column (e) of Part XVI		urposes	
3 Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Accom	column (e) of Part XVI		urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations  Part XVI-B  Relationship of Activitie  Line No. Explain below how each activity for which	es to the Accom	column (e) of Part XVI		urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations  Part XVI-B  Relationship of Activitie  Line No. Explain below how each activity for which	es to the Accom	column (e) of Part XVI		urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations  Part XVI-B  Relationship of Activitie  Line No. Explain below how each activity for which	es to the Accom	column (e) of Part XVI		urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations  Part XVI-B  Relationship of Activitie  Line No. Explain below how each activity for which	es to the Accom	column (e) of Part XVI		urposes	
3 Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Accom	column (e) of Part XVI		urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Accom	column (e) of Part XVI		urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Accom	column (e) of Part XVI		urposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Accom	column (e) of Part XVI		urposes	

Part XVII	」, Information Re Exempt Organ	•	isters l'o	and Transactions	s and I	Relation	snips With No	oncharitable	9	
1 Did the o	rganization directly or indi		of the follows	na with any other organiz	ation des	crihed in se	ction 501(c) of		Yes	No
	(other than section 501(c						011011 00 1(0) 01			
	from the reporting found				<b>J</b>					
(1) Cash		anon to a nononana	.5.5 5/15/11/64 5/	gameaton on				1a(1)		Х
(2) Othe								1a(2)		Х
<b>b</b> Other train										
(1) Sales	s of assets to a noncharita	ible exempt organiza	tion					16(1)		Х
(2) Puro	hases of assets from a no	ncharitable exempt	organization					1b(2)		Х
(3) Rent	al of facilities, equipment,	or other assets						1b(3)		X
(4) Rein	nbursement arrangements	;						1b(4)		X
(5) Loar	ns or loan guarantees							1b(5)		X
(6) Perf	ormance of services or me	embership or fundra	ising solicitation	ons				1b(6)		X
	of facilities, equipment, ma	-						1c		X
	wer to any of the above is								sets,	
	es given by the reporting f				/alue in a	ny transacti	on or sharing arrang	ement, show in		
<u></u> _>	d) the value of the goods,				<del></del>	(4) -		<del></del>		
(a) Line no	(b) Amount involved	(c) Name o		e exempt organization		(0) Descripti	on of transfers, transact	ions, and sharing ar	rangeme	nts
	<del></del> _		N/A							
					<del></del>					
		<del> </del>			-					
·				<del></del> -	-					
			<u> </u>		+		<del>-</del>			
					1	·				
								_		
2a Is the fou	ndation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt org	anızatıon	s described				_
ın sectior	1 501(c) of the Code (othe	r than section 501(c	)(3)) or in sec	tion 527?				Yes	X	No
<b>b</b> If "Yes," c	omplete the following sch			Υ	<del></del>			<u>-</u>		
	(a) Name of org	ganization		(b) Type of organizatio	n		(c) Description of r	elationship		
	N/A				_		<del></del>			<del></del>
			<del></del>							
Under	perfaites of perjury, I declare	that I have examined thi	s return, includir	ng accompanying schedules a	ind statem	ents, and to th	ne best of my knowledge			
	elie, it is true, correct, and cor							May the IRS of	e prepare	er
Here	Desen a.	ouner		19-19-1	7	DIREC	'T'OR	shown below X Yes		No
Siĝi	nature of officer or trustee			Date	<u> </u>	ıtle			L	
	Print/Type preparer's na	ame	Preparer's s	ignature	Date	<del></del>	Check If	PTIN		
	RONALD L.	HINTZ,			,		self- employed			
Paid	CPA			L. HINTZ,	19/	15/17		P01060	<u>95</u> 8	
Preparer	Firm's name ► CLI	FTONLARSO	NALLEN	LLP	7.		Fırm's EIN ► 4			
Use Only	Final address ===	FA 5								
				NE, SUITE 3						
	⊥ WE	ST DES MO	INES,	<u>IA 50266-53</u>	<u>U 4</u>		Phone no. 51			
								Form <b>990</b>	1-PF (	2016)

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor SIMPSON COLLEGE OPERATIONS NONE N/A 701 N. C ST. INDIANOLA, IA 50125 2,382. ST ANSGAR PARKS AND RECREATION NONE N/A OPERATIONS 111 S. MITCHELL ST 100. ST. ANSGAR, IA 50472 ST ANSGAR RESCUE SQUAD NONE N/A OPERATIONS 136 W 4TH ST 500. ST. ANSGAR, IA 50472 ST ANSGAR UNITED METHODIST CHURCH NONE N/A OPERATIONS 501 WEST 4TH ST. ST. ANSGAR IA 50472 725. NONE N/A OPERATIONS ST JOHNS LUTHERAN CHURCH 1202 390 ST. OSAGE, IA 50461 25. 'ST PATRICK'S EPISCOPAL CHURCH NONE N/A OPERATIONS 341 VILLAGE BLVD. 25. INCLINE VILLAGE, NV 89451 ST. ANSGAR HERITAGE MUSEUM NONE N/A OPERATIONS 126 W 4TH ST. ST. ANSGAR, IA 50472 150. TOCCATA, INCLINE VILLAGE NONE N/A OPERATIONS 586 DOUGLAS CT. INCLINE VILLAGE, NV 89451 <u>25.</u> UNIVERSITY OF IOWA FOUNDATION NONE N/A OPERATIONS 1 W PARK RD IOWA CITY, IA 52242 5,000. BILL WELSH FOUNDATION NONE N/A OPERATIONS 5619 NW 86TH ST, SUITE 600 JOHNSTON, IA 50131 20,000. Total from continuation sheets 28 932.

FORM 990-PF INTERE	ST ON SAVIN	GS AND TI	EMPOR	ARY	CASH :	INVE	STMENTS	ST	ATEMENT	1
SOURCE	RE <sup>7</sup>				(B) INVESTMENT INCOME		(C) ADJUSTED NET INCOME		E	
WELLS FARGO			2,6	43.			2,643.			
TOTAL TO PART I, LI	NE 3		2,6	2,643.			2,643.			
FORM 990-PF	DIVIDENDS	AND INT	EREST	FRO	M SEC	URIT	IES	ST	ATEMENT	2
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDE	3	RE	(A) VENUE BOOK		(B) ET INVES ENT INCO		(C) ADJUSTI NET INCO	
WELLS FARGO	10,324.		45.		10,27	9. 10,09		2.		
TO PART I, LINE 4	10,324.		45.		10,27	9. ======	10,09	2.		
FORM 990-PF		OTHER	INCO	ME				ST.	ATEMENT	3
DESCRIPTION			RE	(A) VENU BOO			(B) INVEST- T INCOME		(C) ADJUSTEI NET INCOM	
OTHER INVESTMENT IN	COME	_			278.		278	•		
TOTAL TO FORM 990-P	F, PART I,	LINE 11 =			278.		278	<u>.</u> _		
FORM 990-PF		LEGA	AL FE	ES	· · · · ·	=		ST	ATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS			) VEST- NCOME	1	(C) ADJUSTED ET INCOM		(D) CHARITAE PURPOSE	
LEGAL FEES		150	).		0.				15	50.
TO FM 990-PF, PG 1,	IN 16A	150	— — ) -		0.				15	50.

FORM 990-PF C	THER PROFES	SIONAL FEES		STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM					
AGENCY FEES	3,479.	3,47	9.	0.			
TO FORM 990-PF, PG 1, LN 16C =	3,479.	3,47	9.	0			
FORM 990-PF	RM 990-PF TAXES						
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM					
FOREIGN TAXES FEDERAL TAX	395. 115.	39	5. 0.	0.0			
TO FORM 990-PF, PG 1, LN 18 =	510.	39	5.	0 .			
FORM 990-PF	OTHER E	XPENSES		STATEMENT 7			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM	(C) - ADJUSTEI E NET INCOM				
MISCELLANEOUS EXPENSE	62.		0.	0.			
TO FORM 990-PF, PG 1, LN 23	62.		0.	0.			
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 8			
DESCRIPTION		LUATION ETHOD I	BOOK VALUE	FAIR MARKET VALUE			
ONDS AND SECURITIES - WELLS FARGO COST			513,778.	583,800.			
TOTAL TO FORM 990-PF, PART II		513,778.	583,800.				

FORM 990-PF	(	OTHER LIABILITIES						9
DESCRIPTION		BOY AMOUNT					EOY AMOUNT	
CHECKS WRITTEN IN EXCESS OF BALANCE  TOTAL TO FORM 990-PF, PART II, LINE 22					0.	4,10		.01.
					0.	4,101.		
FORM 990-PF INTEREST AND PENALTIES							STATEMENT	
TAX DUE FROM FORM 990-PF, PART VI LATE PAYMENT INTEREST						373. 6.		
TOTAL AMOUNT DUE	3						3	79.
FORM 990-PF LATE PAYMENT INTEREST						STATEMENT 1		11
DESCRIPTION	DATE	AMOUNT	BALANCI	2	RATE	DAYS	INTER	EST.
TAX DUE DATE FILED	05/15/17 09/30/17	373.		373. 379.	.0400	138		6.
TOTAL LATE PAYMEN	T INTEREST							6.

FORM 990-PF

ELECTION UNDER REGULATIONS SECTION 53.4942(A)-3(D)(2) TO TREAT EXCESS QUALIFYING DISTRIBUTIONS AS DISTRIBUTIONS OUT OF CORPUS

12 STATEMENT

ELECTION UNDER INTERNAL REVENUE CODE SECTION 4942(H) THE TAXPAYER HEREBY ELECTS UNDER INTERNAL REVENUE CODE SECTION 4942(H)(2) AND INCOME TAX REGULATON SECTION 53.4942(A)-3(D)(2) TO TREAT ALL QUALIFYING DISTRIBUTIONS (WHICH ARE NOT BY REASON OF SECTION 4942(B)(10) TREATED AS MADE OUT OF UNDISTRIBUTED INCOME OF THE IMMEDIATELY PRECEDING YEAR) AS MADE OUT OF CORPUS.