

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

2016

Department of the Treasury
Internal Revenue Service

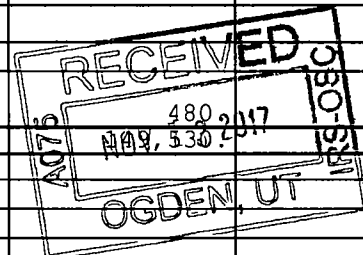
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▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For calendar year 2016 or tax year beginning , 2016, and ending

Name of foundation The Van Buren Foundation, Inc.		A Employer identification number 42-6062589
Number and street (or P O box number if mail is not delivered to street address) P O BOX 515	Room/suite	B Telephone number (see instructions) (319) 293-7176
City or town, state or province, country, and ZIP or foreign postal code Keosauqua IA 52565		C If exemption application is pending, check here . . . <input type="checkbox"/>
G Check all that apply	<input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change	<input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change
H Check type of organization		D 1 Foreign organizations, check here <input type="checkbox"/>
<input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, column (c), line 16) ▶ \$ 8,391,587.		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts, grants, etc., received (attach schedule)	1,062,931.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	1,422.	1,422.	1,422.	
	4 Dividends and interest from securities	143,423.	143,423.	143,423.	
	5a Gross rents	4,205.	4,205.	4,205.	
	b Net rental income or (loss)	-68,888.			
	6a Net gain or (loss) from sale of assets not on line 10	267,745.			
	b Gross sales price for all assets on line 6a	598,723.			
	7 Capital gain net income (from Part IV, line 2)		267,745.		
	8 Net short-term capital gain			0.	
	9 Income modifications			0.	
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
Membership Dues	480.				
12 Total. Add lines 1 through 11.	1,480,206.	416,795.			
ADMINISTRATIVE AND EXPENSES	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits.				
	16a Legal fees (attach schedule).				
	b Accounting fees (attach sch). I-16b Stmt.	8,120.	4,060.	4,060.	4,060.
	c Other professional fees (attach sch)				
	17 Interest				
	18 Taxes (attach schedule)(see instrs) See Line 18 Stmt	6,854.			
	19 Depreciation (attach schedule) and depletion	40,330.			
	20 Occupancy				
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses (attach schedule) See Line 23 Stmt	32,763.	4,205.	4,205.	28,558.	
24 Total operating and administrative expenses Add lines 13 through 23	88,067.	8,265.	8,265.	32,618.	
25 Contributions, gifts, grants paid	559,180.			559,180.	
26 Total expenses and disbursements. Add lines 24 and 25	647,247.	8,265.	8,265.	591,798.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	832,959.				
b Net Investment Income (if negative, enter -0-).		408,530.			
c Adjusted net income (if negative, enter -0-).			141,265.		



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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		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
ASSETS	1	Cash — non-interest-bearing	23,223.	269,751.	269,751.
	2	Savings and temporary cash investments	793,213.	776,078.	776,078.
	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 disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch) ▶			
		Less allowance for doubtful accounts ▶	215,123.	214,270.	214,270.
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	9,874.	7,115.	7,115.
	10a	Investments — U S and state government obligations (attach schedule)			
	b	Investments — corporate stock (attach schedule) L-10b Stmt	4,644,260.	5,491,325.	6,644,574.
	c	Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶				
12	Investments — mortgage loans				
13	Investments — other (attach schedule)				
14	Land, buildings, and equipment basis ▶ L-14 Stmt 1,301,862.				
	Less accumulated depreciation (attach schedule) ▶ L-14 Stmt 842,371.	499,820.	459,491.	456,491.	
15	Other assets (describe ▶ L-15 Stmt)	7,866.	23,308.	23,308.	
16	Total assets (to be completed by all filers — see the instructions Also, see page 1, item I).	6,193,379.	7,241,338.	8,391,587.	
LIABILITIES	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, & other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ L-22 Stmt)	0.	215,000.	
	23	Total liabilities (add lines 17 through 22)	0.	215,000.	
NET ASSETS OR FUND BALANCES	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	4,550,425.	5,305,020.	
	25	Temporarily restricted	877,527.	955,891.	
	26	Permanently restricted	765,427.	765,427.	
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds				
30	Total net assets or fund balances (see instructions)	6,193,379.	7,026,338.		
31	Total liabilities and net assets/fund balances (see instructions).	6,193,379.	7,241,338.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	6,193,379.
2	Enter amount from Part I, line 27a	2	832,959.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	7,026,338.
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	7,026,338.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a LONG TERM CAPITAL GAIN DISTRIBUTIONS	P	Various	12/31/16
b 475 SHS COCA COLA	P	Various	02/12/16
c 1461 SHS COCA COLA	P	Various	11/28/16
d 1766.091 SHS FRANKLIN RISING DIVIDEND	P	Various	04/19/16
e See Columns (a) thru (d)			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 88,020.		0.	88,020.
b 20,050.		410.	19,640.
c 60,135.		1,260.	58,875.
d 90,000.		67,419.	22,581.
e See Columns (e) thru (h)		261,889.	78,629.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			88,020.
b			19,640.
c			58,875.
d			22,581.
e See Columns (i) thru (l)			78,629.

2 Capital gain net income or (net capital loss)	<input type="checkbox"/> If gain, also enter in Part I, line 7 <input type="checkbox"/> If (loss), enter -0- in Part I, line 7	2	267,745.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	<input type="checkbox"/> If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	0.

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If 'Yes,' the foundation does not qualify under section 4940(e) Do not complete this part

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col. (c))
2015	295,680.	6,487,002.	0.045580
2014	295,985.	6,357,662.	0.046556
2013	324,341.	5,787,611.	0.056041
2012	300,543.	5,643,672.	0.053253
2011	397,198.	5,676,590.	0.069971

2 Total of line 1, column (d)	2	0.271401
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.054280
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5.	4	6,609,559.
5 Multiply line 4 by line 3	5	358,767.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	4,085.
7 Add lines 5 and 6	7	362,852.
8 Enter qualifying distributions from Part XII, line 4	8	591,798.

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

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

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	4,085.
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-)		2	0.
3 Add lines 1 and 2		3	4,085.
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	4,085.
6 Credits/Payments			
a 2016 estimated tax prmts and 2015 overpayment credited to 2016	6 a	5,600.	
b Exempt foreign organizations — tax withheld at source	6 b		
c Tax paid with application for extension of time to file (Form 8868)	6 c	0.	
d Backup withholding erroneously withheld	6 d		
7 Total credits and payments Add lines 6a through 6d	7	5,600.	
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1,515.	
11 Enter the amount of line 10 to be credited to 2017 estimated tax	11	1,515.	Refunded

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>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</i>		X
c Did the foundation file Form 1120-POL for this year?		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 . . . ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers . . . ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, col (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) . . . ▶ IOWA		
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? <i>If 'No,' attach explanation</i>	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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule (see instructions)	11	Yes	No
				X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ▶ N/A				
14	The books are in care of ▶ MORRIE SHAW Telephone no ▶ (319) 293-7176			
Located at ▶ 709 1ST ST P O BOX 515 KEOSAUQUA IA ZIP + 4 ▶ 52565				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ▶ <input type="checkbox"/>			
and enter the amount of tax-exempt interest received or accrued during the year ▶ 15				
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country ▶				

Part 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
1 a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is 'Yes' to 1a(1)-(6), did any 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)? <input type="checkbox"/>	1 b	
Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>			
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?	1 c	X
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))		
a	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If 'Yes,' list the years ▶ 20 __, 20 __, 20 __, 20 __			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see instructions)	2 b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20 __, 20 __, 20 __, 20 __		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 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)	3 b	
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
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?	4 b	X

Part VII B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5 a During the year did the foundation pay or incur any amount to

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?. Yes No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) Yes 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? Yes No

b If any answer is 'Yes' to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5 b

Organizations relying on a current notice regarding disaster assistance check here

c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

Yes No

If 'Yes,' attach the statement required by Regulations section 53.4945–5(d)

6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6 b

If 'Yes' to 6b, file Form 8870

7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes No

b If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?

7 b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JON FINNEY 17248 HIGHWAY 1 KEOSAUQUA IA 52565	CHAIRMAN 0.25	0.	0.	0.
MATTHEW MANNING 502 FRANKLIN ST KEOSAUQUA IA 52565	PRESIDENT 0.25	0.	0.	0.
SANDY MCLAIN 27390 V56 MILTON IA 52570	V PRESIDENT 0.25	0.	0.	0.
See information about Officers, Directors, Trustees, Etc		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 None

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a Average monthly fair market value of securities	1 a	5,886,167.
b Average of monthly cash balances	1 b	819,323.
c Fair market value of all other assets (see instructions)	1 c	4,722.
d Total (add lines 1a, b, and c)	1 d	6,710,212.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1 e	
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	6,710,212.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	100,653.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	6,609,559.
6 Minimum investment return. Enter 5% of line 5.	6	330,478.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1 Minimum investment return from Part X, line 6	1	330,478.
2 a Tax on investment income for 2016 from Part VI, line 5	2 a	4,085.
2 b Income tax for 2016 (This does not include the tax from Part VI)	2 b	
2 c Add lines 2a and 2b	2 c	4,085.
3 Distributable amount before adjustments. Subtract line 2c from line 1.	3	326,393.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	326,393.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	326,393.

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
1 a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	591,798.
1 b Program-related investments — total from Part IX-B	1 b	
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		
3 a Suitability test (prior IRS approval required)	3 a	
3 b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	591,798.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	4,085.
6 Adjusted qualifying distributions. Subtract line 5 from line 4.	6	587,713.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				326,393.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years. 20 __, 20 __, 20 __				
3 Excess distributions carryover, if any, to 2016				
a From 2011	92,546.			
b From 2012	21,075.			
c From 2013	41,342.			
d From 2014	0.			
e From 2015	0.			
f Total of lines 3a through e	154,963.			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 591,798.				
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				326,393.
e Remaining amount distributed out of corpus	265,405.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	420,368.			
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				
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 instructions			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 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)	92,546.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	327,822.			
10 Analysis of line 9				
a Excess from 2012	21,075.			
b Excess from 2013	41,342.			
c Excess from 2014	0.			
d Excess from 2015	0.			
e Excess from 2016	265,405.			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. ▶					
b Check box to indicate whether the foundation is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
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 Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year — see instructions.)

- 1 Information Regarding Foundation Managers:**
- a 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 than \$5,000) (See section 507(d)(2))
 NONE
- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
 NONE
- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**
- Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d
- a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
 PER ATTACHED SCHEDULE
- b The form in which applications should be submitted and information and materials they should include
 PER ATTACHED SCHEDULE
- c Any submission deadlines
 PER ATTACHED SCHEDULE
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
 PER ATTACHED SCHEDULE

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
VILLAGES FOLK SCHOOL 809 1ST ST KEOSAUQUA IA 52565	NONE	PC	MARKETING	3,000.
BENTONSPORT IMPROVEMENT ASSN 21953 SANFORD ST KEOSAUQUA IA 52565	NONE	PC	STONE HOUSE IMPROVEMENTS	2,233.
VAN BUREN TRAILS ASSOCIATION P O BOX 327 KEOSAUQUA IA 52565	NONE	PC	RIVERFRONT IMPROVEMENTS	10,000.
MILTON HERITAGE SOCIETY 210 N IOWA ST MILTON IA 52570	NONE	PC	HERITAGE HOUSE REPAIRS	4,027.
VAN BUREN COUNTY HOSPITAL 304 FRANKLIN ST KEOSAUQUA IA 52565	NONE	PC	HEALTHY VILLAGES PROGRAM	15,000.
VAN BUREN COUNTY HISTORICAL SOCIETY P O BOX 428 KEOSAUQUA IA 52565	NONE	PC	PEARSON HOUSE WINDOWS	6,357.
DOUDS HISTORICAL PRESERVATION SOCIETY 17248 HWY 1 KEOSAUQUA, IA 52565	NONE	PC	MEMORIAL PARK SHELTER ROOF	700.
FRIENDS OF LACEY 20360 RTE J40 KEOSAUQUA IA 52565	NONE	PC	RIVER BANK STABILIZATION AT ELY'S FORD	12,000.
MT STERLING BETTERMENT ASSN 20369 275TH ST MOUNT STERLING IA 52573	NONE	PC	COMMUNITY CENTER PARK PROJECT	4,900.
See Line 3a statement				500,963.
Total				559,180.
b Approved for future payment				
VILLAGES FOLK SCHOOL 809 1ST ST KEOSAUQUA IA 52565	NONE	PC	2016 YOUTH PROGRAM	1,600.
ZION LUTHERAN CEMETARY ASSN 17475 HWY 16 DOUDS IA 52551	NONE	PC	STONE RESTORATION	3,000.
See Line 3b statement				209,367.
Total				213,967.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2016

Name of the organization

The Van Buren Foundation, Inc.

Employer identification number

42-6062589

Organization type (check one)

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)() (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't 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 ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization The Van Buren Foundation, Inc.	Employer identification number 42-6062589
--	--

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MILDRED E. FERGUSON TRUST ----- 3257 ASH AVE ----- HILLSBORO IA 52630 -----	\$ 1,052,931	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
2	ROBERT VICKERMAN ----- 2106 19TH AVE ----- MONROE WI 53566 -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
3	MARVIN PHILLIPS ----- 14727 110TH STREET ----- DOUDS IA 52551 -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

Employer identification number

The Van Buren Foundation, Inc.

42-6062589

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	5,760 SHARES COCA COLA COMPANY	\$ 262,483.	07/25/16
1	893.588 SHARES NEW PERSPECTIVE FUND	\$ 29,488.	02/03/16
1	212.785 SHARES INVESTMENT COMPANY OF AMERICA	\$ 6,767.	02/03/16
1	1343.519 SHARES AMCAP FUND CLASS A	\$ 32,352.	02/03/16
1	415 SHARES ALLSTATE CORP	\$ 29,789.	11/17/16
1	650 SHARES BANK AMERICA CORP	\$ 13,052.	11/17/16

Name of organization

Employer identification number

The Van Buren Foundation, Inc.

42-6062589

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	830 SHARES BRISTOL MYERS SQUIBB CO	\$ 47,044.	11/17/16
1	300 SHARES CISCO SYSTEMS	\$ 9,015.	11/17/16
1	415 SHARES CLOROX SYSTEMS	\$ 47,111.	11/17/16
1	415 SHARES DTE ENERGY	\$ 38,047.	11/17/16
1	415 SHARES E I DUPONT DE MOOURS & CO	\$ 28,706.	11/17/16
1	205 SHARES HOME DEPOT	\$ 26,431.	11/17/16

Name of organization

Employer identification number

The Van Buren Foundation, Inc.

42-6062589

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	645 SHARES INTEL CORP	\$ 22,588.	11/17/16
1	205 SHARES MEDTRONIC PLC	\$ 16,769.	11/17/16
1	415 SHARES MICROSOFT	\$ 25,166.	11/17/16
1	830 SHARES NIKE INC	\$ 42,820.	11/17/16
1	205 SHARES ORACLE CORP	\$ 8,251.	11/17/16
1	415 SHARES PEPSICO	\$ 42,172.	11/17/16

BAA

Name of organization The Van Buren Foundation, Inc.	Employer identification number 42-6062589
--	--

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	40 SHARES PROCTER & GAMBLE CO	\$ 3,323.	11/17/16
1	175 SHARES SUNCOKE ENERGY INC	\$ 2,011.	11/17/16
1	205 SHARES STRYKER CORP	\$ 22,683.	11/17/16
1	1110 SHARES VERIZON	\$ 53,102.	11/17/16
1	2100 SHARES EXXON MOBIL CORP	\$ 178,983.	11/17/16
1	580 SHARES PFIZER INC	\$ 18,403.	11/17/16

Name of organization The Van Buren Foundation, Inc.	Employer identification number 42-6062589
--	--

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	491.657 SHARES CAPITAL INCOME BUILDER FUND ----- ----- -----	\$ 27,813.	11/17/16
1	419.496 SHARES CAPITAL WORLD GROWTH & INCOME FUND ----- ----- -----	\$ 18,563.	11/17/16
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

THE VAN BUREN FOUNDATION, INC
42-6062589
2016

FORM 990-PF

Part I, Line 19, and Part II, Line 14, Depreciation and Accumulated Depreciation

<u>Description</u>	<u>Cost</u>	<u>Life or Rate</u>	<u>Current Depreciation</u>	<u>Accumulated Depreciation 12/31/2016</u>
Land	\$ 1,000	N/A	\$ -	\$ -
Building and Improvements	1,222,529	3-39 yr SL	39,001	767,733
Furniture, Fixtures and Equip.	<u>78,333</u>	5-15 yr SL	<u>1,329</u>	<u>74,638</u>
	<u>\$ 1,301,862</u>		<u>\$ 40,330</u>	<u>\$ 842,371</u>

THE VAN BUREN FOUNDATION, INC.
42-6062589
2016

FORM 990-PF

	Beginning of year Book Value	End of year Book Value	End of year Fair Market Value
<u>Part II, Line 7</u>			
Medical and Nursing loans	<u>\$ 215,123</u>	<u>\$ 214,270</u>	<u>\$ 214,270</u>
Totals	<u><u>\$ 215,123</u></u>	<u><u>\$ 214,270</u></u>	<u><u>\$ 214,270</u></u>

Name(s) Shown on Return: The Van Buren Foundation, Inc. Employer ID Number: 42-6062589

Grantee Information:

Grantee Name: BIRMINGHAM LION'S CLUB
Check Box, if Grantee is a Business:
Grantee Address: 110 CROSS STREET
Grantee City: BIRMINGHAM Grantee State: IA Grantee Zip: 52535
Foreign City: Foreign Country:

Grant Amount: 4,000. Amount Expended: 4,000.
Date of Grant: MAY 10, 2016

Purpose of Grant:

TO HELP WITH THE COST OF REPAIRS TO THE FLOORING OF THE LION'S CLUB BUILDING.

Any Diversion By Grantee?

NO

Dates of Reports by Grantee?

JUNE 23, 2016

Verification Date: JUNE 27, 2016

Results of Verification:

FUNDS WERE PROPERLY EXPENDED FOR REFLOORING BUILDING.

Name(s) Shown on Return

Employer ID Number

The Van Buren Foundation, Inc.

42-6062589

Grantee Information:

Grantee Name DOUDS CELESTIAL MASONIC LODGE

Check Box, if Grantee is a Business

Grantee Address 14006 HWY 98

Grantee City DOUDS

Grantee State IA

Grantee Zip 52551

Foreign City

Foreign Country

Grant Amount 4,000.

Amount Expended 4,000.

Date of Grant AUGUST 15, 2016

Purpose of Grant:

TO REPLACE HVAC SYSTEM IN HISTORIC LODGE BUILDING IN DOUDS IOWA.

Any Diversion By Grantee?

NO

Dates of Reports by Grantee?

NOVEMBER 5, 2016

Verification Date DECEMBER 2, 2016

Results of Verification:

FUNDS WERE PROPERLY SPENT FOR HVAC SYSTEM IN THE LODGE BUILDING.

Form 990-PF, Page 1, Part I, Line 18

Line 18 Stmt

Taxes	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
PRIOR YEARS INVESTMENT TAX	5,591.			
Foreign Tax Paid	1,263.			
Total	<u>6,854.</u>			

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
Insurance	3,921.			3,921.
Janitor	8,763.			8,763.
Repairs & Maintenance	5,905.			5,905.
Supplies	869.			869.
Utilities & Telephone	13,305.	4,205.	4,205.	9,100.
Total	<u>32,763.</u>	<u>4,205.</u>	<u>4,205.</u>	<u>28,558.</u>

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income

Columns (a) thru (d)

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Company)	(b) How acquired P – Purchase D – Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1917.913 SHS AMCAP FUND CL A	P	Various	05/23/16
1112.347 SHS AMCAP FUND CL A	P	Various	06/08/16
910.415 SHS AMCAP FUND CL A	P	Various	08/26/16
921.150 SHS AMCAP FUND CL A	P	Various	09/07/16
22.841 SHS AMERICAN BALANCED FUND	P	Various	01/21/16
2135.611 SHS FRANKLIN GROWTH FUND	P	Various	04/19/16
5045.409 SHS FRANKLIN TOTAL RETURN	P	Various	07/06/16

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income

Columns (e) thru (h)

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
50,000.		39,483.	10,517.
30,000.		22,899.	7,101.
25,000.		18,974.	6,026.
25,000.		19,198.	5,802.
518.		454.	64.
160,000.		107,955.	52,045.
50,000.		52,926.	-2,926.
Total		<u>261,889.</u>	<u>78,629.</u>

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income
Columns (i) thru (l)

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	(l) Gains (Column (h) gain minus column (k), but not less than -0-) or losses (from column (h))
			10,517.
			7,101.
			6,026.
			5,802.
			64.
			52,045.
			-2,926.
Total			78,629.

Form 990-PF, Page 6, Part VIII, Line 1
Information about Officers, Directors, Trustees, Etc.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Person . . <input checked="" type="checkbox"/> Business . <input type="checkbox"/> MORRIE SHAW JR 21973 170TH BIRMINGHAM IA 52535	TREASURER 1.00	0.	0.	0.
Person . . <input checked="" type="checkbox"/> Business . <input type="checkbox"/> JEANNE ERICKSON 23662 HWY 1 KEOSAUQUA IA 52565	DIRECTOR 0.25	0.	0.	0.
Person . . <input checked="" type="checkbox"/> Business . <input type="checkbox"/> CRYSTAL CRONK 19666 270TH ST SIGOURNEY IA 52591	SECRETARY 0.25	0.	0.	0.
Person . . <input checked="" type="checkbox"/> Business . <input type="checkbox"/> ALLEN GUNN 31672 245TH BONAPARTE IA 52620	DIRECTOR 0.25	0.	0.	0.
Person . . <input checked="" type="checkbox"/> Business . <input type="checkbox"/> STEVE KISLING 811 LOUIS ST KEOSAUQUA IA 52565	DIRECTOR 0.25	0.	0.	0.
Person . . <input checked="" type="checkbox"/> Business . <input type="checkbox"/> KEVIN HRANICKA 853 COUNTRY LANE RD KEOSAUQUA IA 52565	ASSISTANT TREASURER 0.25	0.	0.	0.

Form 990-PF, Page 6, Part VIII, Line 1
Information about Officers, Directors, Trustees, Etc.

Continued

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Person . . <input checked="" type="checkbox"/> Business . <input type="checkbox"/> FRED CHAPUIS 11787 RT W30 STOCKPORT IA 52651	VICE CHAIRMAN 0.25	0.	0.	0.
Person . . <input checked="" type="checkbox"/> Business . <input type="checkbox"/> DILLION SMITH 406 WALNUT ST FARMINGTON IA 52626	DIRECTOR 0.25	0.	0.	0.
Person . . <input checked="" type="checkbox"/> Business . <input type="checkbox"/> LISA PLOWMAN 16063 GOLD AVE DOUDS IA 52551	DIRECTOR 0.25	0.	0.	0.
Person . . <input checked="" type="checkbox"/> Business . <input type="checkbox"/> MARVIN PHILLIPS 14727 110TH STREET DOUDS IA 52551	DIRECTOR 0.25	0.	0.	0.
Person . . <input checked="" type="checkbox"/> Business . <input type="checkbox"/> GEORGE MANNING 21723 HWY 2 KEOSAUQUA IA 52565	DIRECTOR 0.50	0.	0.	0.
Person . . <input checked="" type="checkbox"/> Business . <input type="checkbox"/> CALE PLOWMAN 15641 GOLD AVE DOUDS IA 52551	DIRECTOR 0.25	0.	0.	0.
Person . . <input checked="" type="checkbox"/> Business . <input type="checkbox"/> KEVIN SCOTT 2917 HWY 16 WEST POINT IA 52656	DIRECTOR 0.25	0.	0.	0.

Total

0. 0. 0.

THE VAN BUREN FOUNDATION, INC.
42-6062589
2016

FORM 990-PF

Part IX-A, Supporting Data

1. Information Concerning the Foundation's Direct Charitable Activities:

The Roberts Memorial Building is maintained by the Van Buren Foundation for the use during the county fair and as a community building for use by area organizations for meetings, seminars, local theatre productions, etc. It is estimated that over 40 area organizations benefited from the operation of the building in 2016.

Summary of Expenses

Depreciation	\$ 40,330
Repairs and maintenance	5,905
Insurance	3,921
Utilities and telephone	13,305
Janitorial	8,763
Supplies	869
	<u>\$ 73,093</u>

**THE VAN BUREN FOUNDATION, INC.
42-6062589
2016**

FORM 990-PF

Part XV, Line 2, Information Regarding Grant and Loan Program

General Grants:

Requests for grants are to be sent to Jon Finney, The Van Buren Foundation, Inc., P.O. Box 475 , Keosauqua, Iowa 52565. Telephone (319) 293-3129 during regular business hours. Applicants should submit requests in written form detailing the purpose of the grant, cost of improvements to be made, and the time frame in which the funds will be used. The applicant must be eligible to receive tax exempt funds. No funds shall be awarded to any individual or organization wherein pecuniary profits may be obtained. The foundation grant must not be the sole or complete funds vested in any project. It is necessary that matching funds or some other resource such as material or labor be acquired by the person, persons, or organization requesting the grant.

The Board of Directors of The Van Buren Foundation meets at least twice each year to review grant applications. These written requests are then acted upon at a scheduled meeting pursuant to notice.

In awarding these grants, the Foundation gives preference to requests from organizations, which benefit Van Buren County, Iowa.

**THE VAN BUREN FOUNDATION, INC.
42-6062589
2016**

FORM 990-PF

Part XV, Line 2, Information Regarding Grant and Loan Program

Educational Grants.

The scholarship committee mails applications for scholarships to all graduating seniors attending Van Buren Community High School and Harmony High School.

Any other requests for applications for educational grants or loans can be sent to Morrie Shaw Jr, The Van Buren Foundation, Inc., P O box 515 Keosauqua, Iowa 52565. Telephone (319) 293-7176 during regular business hours.

Educational loans are made by a grant committee to medical and healthcare students from Van Buren County.

The educational grants are memorials or awards given to students meeting certain requirements and are chosen by a scholarship committee made up of members of the Foundation and staff members of the Van Buren Community School and Harmony School.

Form 990-PF, Page 11, Part XV, line 3a

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox
				Amount
a Paid during the year				
VAN BUREN COUNTY HOSPITAL 304 FRANKLIN ST KEOSAUQUA IA 52565	NONE	PC	ACUTE CARE ROOM	Person or Business <input type="checkbox"/> 25,000.
UNITED METHODIST CHURCH 11425 118TH RD DOUDS IA 52551	NONE	PC	REMODELING KITCHEN	Person or Business <input type="checkbox"/> 13,600.
CITY OF KEOSAUQUA CITY HALL 804 1ST STREET KEOSAUQUA IA 52565	NONE	GOV	POOL PROJECT	Person or Business <input type="checkbox"/> 285,000.
VAN BUREN CONSERVATION BOARD 816 FRANKLIN ST KEOSAUQUA IA 52565	NONE	GOV	ODD FELLOWS HALL UPDATES	Person or Business <input type="checkbox"/> 5,000.
VAN BUREN COUNTY AGRICULTURAL ASSN P O BOX 174 KEOSAUQUA IA 52565	NONE	GOV	SHEEP/GOAT BARN	Person or Business <input type="checkbox"/> 25,000.
ZION LUTHERAN CEMETARY ASSN 17475 HWY 16 DOUDS IA 52551	NONE	PC	ENTRANCE GATE RESTORATION	Person or Business <input type="checkbox"/> 4,250.
VAN BUREN COUNTY AGRICULTURAL ASSN P O BOX 174 KEOSAUQUA IA 52565	NONE	GOV	BLEECHERS	Person or Business <input type="checkbox"/> 5,000.
VAN BUREN COUNTY CONSERVATION COMMISSION 816 FRANKLIN ST KEOSAUQUA IA 52565	NONE	GOV	BENTONPORT ROSE GARDEN	Person or Business <input type="checkbox"/> 1,300.
FARMINGTON AREA DEVELOPMENT 814 S 5TH ST FARMINGTON IA 52626	NONE	PC	SIGN	Person or Business <input type="checkbox"/> 10,000.
CITY OF BONAPARTE BALL ASSOCIATION 212 2ND ST BONAPARTE IA 52620	NONE	PC	EQUIPMENT	Person or Business <input type="checkbox"/> 900.
CITY OF BONAPARTE BALL ASSOCIATION 212 2ND ST BONAPARTE IA 52620	NONE	PC	CONCESSION STAND	Person or Business <input type="checkbox"/> 1,886.
VAN BUREN CO EXTENSION SERVICE 200 DODGE ST KEOSAUQUA IA 52565	NONE	PC	FAIR PREMIUMS & DC TRIP	Person or Business <input type="checkbox"/> 4,000.
BIRMINGHAM LIONS CLUB 110 CROSS STREET BIRMINGHAM IA 52535	NONE	NC	BUILDING IMPROVEMENTS	Person or Business <input type="checkbox"/> 4,000.
STOCKPORT LIBRARY 113 BESWICK ST STOCKPORT IA 52651	NONE	GOV	BUILDING REPAIRS	Person or Business <input type="checkbox"/> 679.
VAN BUREN CO VETERAN'S AFFAIRS P O BOX 475 KEOSAUQUA IA 52565	NONE	PC	STONE MARKER	Person or Business <input type="checkbox"/> 600.

Form 990-PF, Page 11, Part XV, line 3a
Line 3a statement

Continued

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox	Amount
a Paid during the year					
VAN BUREN COUNTY HISTORICAL SOCIETY P_O BOX 428 KEOSAUQUA IA 52565	NONE	PC	LODGE HEATING SYSTEM	Person or Business <input type="checkbox"/> 4,000.	
KEOSAUQUA PUBLIC LIBRARY 608 1ST ST KEOSAUQUA, IA 52565	NONE	GOV	LAURA DAUGHRITY MEMORIAL-ANNUAL	Person or Business <input type="checkbox"/> 189.	
DOUDS COMMUNITY CLUB 14006 HWY 98 DOUDS IA 52551	NONE	PC	COMMUNITY BUILDING EXHAUST SYSTEM	Person or Business <input type="checkbox"/> 1,875.	
VAN BUREN COMMUNITY SCHOOLS 503 HENRY ST KEOSAUQUA IA 52565	NONE	GOV	SCHOOL USE OF RIVERVIEW FACILITIES	Person or Business <input type="checkbox"/> 6,000.	
VAN BUREN COMMUNITY SCHOOLS 503 HENRY ST KEOSAUQUA IA 52565	NONE	GOV	CAMP COURAGEOUS	Person or Business <input type="checkbox"/> 3,000.	
KEOSAUQUA FIRE DEPARTMENT 104 CASS ST KEOSAUQUA, IA 52565	NONE	GOV	LAURA DAUGHRITY MEMORIAL -ANNUAL	Person or Business <input type="checkbox"/> 189.	
CITY OF KEOSAUQUA CITY 804 1ST ST KEOSAUQUA IA 52565	NONE	GOV	VILLAGES OF VAN BUREN 2016 BUDGET CONTRIBUTION	Person or Business <input type="checkbox"/> 33,000.	
KEOSAUQUA HISTORICAL SOCIETY LOCAL KEOSAUQUA, IA 52565	NONE	PC	LAURA DAUGHRITY MEMORIAL -ANNUAL	Person or Business <input type="checkbox"/> 189.	
PURDOM CEMETARY LOCAL KEOSAUQUA IA 52565	NONE	PC	LAURA DAUGHRITY MEMORIAL-ANNUAL	Person or Business <input type="checkbox"/> 1,517.	
FELLOWS CEMETARY LOCAL KEOSAUQUA IA 52565	NONE	PC	LAURA DAUGHRITY MEMORIAL-ANNUAL	Person or Business <input type="checkbox"/> 1,517.	
CONGREGATIONAL UNITED CHURCH OF CHRIST 401 VAN BUREN ST KEOSAUQUA, IA 52565	NONE	PC	LAURA DAUGHRITY MEMORIAL-ANNUAL	Person or Business <input type="checkbox"/> 3,033.	
VAN BUREN COUNTY HOSPITAL 304 FRANKLIN ST KEOSAUQUA, IA 52565	NONE	GOV	LAURA DAUGHRITY MEMORIAL-ANNUAL	Person or Business <input type="checkbox"/> 1,769.	
KEOSAUQUA HEALTHCARE CENTER 819 COUNTRY LANE RD KEOSAUQUA, IA 52565	NONE	PC	LAURA DAUGHRITY MEMORIAL-ANNUAL	Person or Business <input type="checkbox"/> 1,769.	
VAN BUREN PUBLIC HEALTH 905 BROAD ST KEOSAUQUA, IA 52565	NONE	PC	LAURA DAUGHRITY MEMORIAL -ANNUAL	Person or Business <input type="checkbox"/> 1,769.	
CASSIE JOHNSON 1405 5TH ST KEOSAUQUA IA 52565	NONE	I	EDUCATIONAL GRANT	Person or Business <input checked="" type="checkbox"/> 1,000.	

Form 990-PF, Page 11, Part XV, line 3a
Line 3a statement

Continued

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox	Amount
a Paid during the year					
ROBERT A BARKER JR 20380 215TH ST KEOSAUQUA IA 52565	NONE	I	EDUCATIONAL GRANT	Person or Business <input checked="" type="checkbox"/>	500.
EMILY JESTER 907 KEOWAY DRIVE KEOSAUQUA IA 52565	NONE	I	EDUCATIONAL GRANT	Person or Business <input checked="" type="checkbox"/>	1,000.
CHARLES TANNER JOHNSON 1405 5TH STREET KEOSAUQUA IA 52565	NONE	I	EDUCATIONAL GRANT	Person or Business <input checked="" type="checkbox"/>	1,000.
JACINTA WENKE 13199 295TH ST DOUDS IA 52551	NONE	I	EDUCATIONAL GRANT	Person or Business <input checked="" type="checkbox"/>	2,500.
CARSON SCHUCK 25870 HWY 2 KEOSAUQUA IA 52565	NONE	I	EDUCATIONAL GRANT	Person or Business <input checked="" type="checkbox"/>	3,000.
JUSTIN HAGANS P O BOX 18 BIRMINGHAM IA 52535	NONE	I	EDUCATIONAL GRANT	Person or Business <input checked="" type="checkbox"/>	1,000.
MICHELLE LUNSFORD P O BOX 284 BONAPARTE IA 52620	NONE	I	EDUCATIONAL GRANT	Person or Business <input checked="" type="checkbox"/>	1,000.
JENALEIGH BROWN 407 MAIN ST KEOSAUQUA IA 52565	NONE	I	EDUCATIONAL GRANT	Person or Business <input checked="" type="checkbox"/>	500.
KAITLYN JOHNSON 15186 TIMBER AVE STOCKPORT IA 52651	NONE	I	EDUCATIONAL GRANT	Person or Business <input checked="" type="checkbox"/>	3,000.
JANSEN HECKENBERG 220 HONEYMOON ST STOCKPORT IA 52651	NONE	I	EDUCATIONAL GRANT	Person or Business <input checked="" type="checkbox"/>	3,000.
SYDNEY ATWOOD 847 COUNTRY LANE ROAD KEOSAUQUA IA 52565	NONE	I	EDUCATIONAL GRANT	Person or Business <input checked="" type="checkbox"/>	2,000.
JOSHUA BAKER 13877 GRAY AVE. DOUDS IA 52551	NONE	I	EDUCATIONAL GRANT	Person or Business <input checked="" type="checkbox"/>	500.
MCKENSIE PERRY 14277 EAGLE DRIVE DOUDS IA 52551	NONE	I	EDUCATIONAL GRANT	Person or Business <input checked="" type="checkbox"/>	3,000.
SARAH FREY 14729 MCCLURE ST DOUDS IA 52551	NONE	I	EDUCATIONAL GRANT	Person or Business <input checked="" type="checkbox"/>	2,500.
KEOSAUQUA SENIOR CITIZENS CENTER 801 FRONT ST KEOSAUQUA, IA 52565	NONE	PC	LAURA DAUGHERITY MEMORIAL	Person or Business <input type="checkbox"/>	189.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- dation status of reci- pient	Purpose of grant or contribution	Person or Business Checkbox
				Amount
a Paid during the year				
CANDY WENKE ----- 26675 292TH MT STERLING IA 52573	NONE	I	MEDICAL EDUCATION LOAN PROGRAM DEBT FORGIVENESS	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 3,928.
ASHLEA PETTY ----- P O BOX 184 304 MAIN ST BONAPARTE IA 52620	NONE	I	MEDICAL EDUCATION LOAN PROGRAM DEBT FORGIVENESS	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 7,554.
DAWN BENTZINGER ----- 107 TIMBER RIDGE RD KEOSAUQUA IA 52565	NONE	I	MEDICAL EDUCATION LOAN PROGRAM DEBT FORGIVENESS	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 5,939.
NANCY ROUSH ----- 705 N HIGH ST MILTON IA 52570	NONE	I	MEDICAL EDUCATION LOAN PROGRAM DEBT FORGIVENESS	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 5,175.
WILLIAM CLINE ----- 514 N 3RD ST Farmington IA 52626	NONE	I	MEDICAL EDUCATION LOAN PROGRAM DEBT FORGIVENESS	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 6,019.
PITTSBURG CEMETARY ----- LOCAL KEOSAUQUA IA 52565	NONE	PC	CEMETARY MAINTENANCE	Person or <input type="checkbox"/> Business <input type="checkbox"/> 518.
BIRMINGHAM LIBRARY ----- 310 E MAIN ST BIRMINGHAM IA 52535	NONE	GOV	RALPH SHOTT MEMORIAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 110.

Total

500,963.

Form 990-PF, Page 10, Part XV, line 3b

Line 3b statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- dation status of reci- pient	Purpose of grant or contribution	Person or Business Checkbox
				Amount
b Approved for future payment				
ZION LUTHERAN CEMETARY ASSN ----- 17475 HWY 16 DOUDS IA 52551	NONE	PC	STONE BASE RESTORATION	Person or <input type="checkbox"/> Business <input type="checkbox"/> 4,000.

Form 990-PF, Page 10, Part XV, line 3b
Line 3b statement

Continued

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox	Amount
b Approved for future payment					
VAN BUREN COUNTY TRAILS ASSOCIATION P O BOX 327 KEOSAUQUA IA 52565	NONE	PC	RIVERFRONT PROJECTS	Person or Business <input type="checkbox"/>	10,000.
VAN BUREN COUNTY HOSPITAL 304 FRANKLIN ST KEOSAUQUA IA 52565	NONE	GOV	HEALTHY VILLAGES PROGRAM	Person or Business <input type="checkbox"/>	12,000.
MILTON HERITAGE SOCIETY 210 N IOWA ST. MILTON IA 52570	NONE	PC	HERITAGE HOUSE REPAIRS	Person or Business <input type="checkbox"/>	1,173.
FRIENDS OF LACEY 20360 RTE J40 KEOSAUQUA IA 52565	NONE	PC	BANK STABILIZATION	Person or Business <input type="checkbox"/>	13,000.
HEARTLAND CHRISTIAN CAMP 21631 115TH ST BIRMINGHAM IA 52535	NONE	PC	HOUSE REPAIRS	Person or Business <input type="checkbox"/>	8,900.
CITY OF KEOSAUQUA CITY HALL 804 1ST KEOSAUQUA IA 52565	NONE	GOV	VILLAGES OF VAN BUREN 2016 BUDGET	Person or Business <input type="checkbox"/>	34,000.
CITY OF BONAPARTE BALL ASSOCIATION 212 2ND ST BONAPARTE IA 52620	NONE	PC	CONCESSION STAND IMPROVEMENTS	Person or Business <input type="checkbox"/>	2,114.
VAN BUREN COUNTY HISTORICAL SOCIETY P O BOX 428 KEOSAUQUA IA 52565	NONE	PC	TWOMBLEY WINDOW RESTORATION	Person or Business <input type="checkbox"/>	2,000.
DOUDS COMMUNITY CLUB 14006 HWY 98 DOUDS IA 52551	NONE	PC	COMMUNITY CENTER REPAIRS	Person or Business <input type="checkbox"/>	2,175.
VAN BUREN CONSERVATION COMMISSION 816 FRANKLIN ST KEOSAUQUA IA 52565	NONE	GOV	ODD FELLOWS HALL WATERLINE	Person or Business <input type="checkbox"/>	2,000.
VAN BUREN COUNTY AGRICULTURAL ASSN P O BOX 174 KEOSAUQUA IA 52565	NONE	GOV	SHOWDOWN FEES	Person or Business <input type="checkbox"/>	750.
CITY OF KEOSAUQUA CITY HALL 804 1ST ST KEOSAUQUA IA 52565	NONE	GOV	SPORTS COMPLEX	Person or Business <input type="checkbox"/>	75,000.
BENTONSPORT IMPROVEMENT ASSN 21953 SANFORD ST KEOSAUQUA IA 52565	NONE	PC	STONE HOUSE IMPROVEMENTS	Person or Business <input type="checkbox"/>	2,055.
VAN BUREN COUNTY SAFE COALITION 404 4TH ST KEOSAUQUA IA 52565	NONE	PC	NEWSLETTERS	Person or Business <input type="checkbox"/>	1,500.
VAN BUREN COUNTY HOSPITAL CHILDCARE 304 FRANKLIN ST KEOSAUQUA IA 52565	NONE	GOV	OUTDOOR CLASSROOM	Person or Business <input type="checkbox"/>	2,500.

Form 990-PF, Page 10, Part XV, line 3b
Line 3b statement

Continued

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox
				Amount
b Approved for future payment				
VAN BUREN COUNTY 406 DODGE ST KEOSAUQUA IA 52565	NONE	GOV	COURT HOUSE REPAIRS	Person or <input type="checkbox"/> Business <input type="checkbox"/> 12,500.
VAN BUREN COUNTY EXTENSION SERVICE 200 DODGE ST KEOSAUQUA IA 52565	NONE	GOV	4H TRIPS	Person or <input type="checkbox"/> Business <input type="checkbox"/> 2,500.
FARMINGTON FIRE DEPARTMENT 203 ELM ST FARMINGTON IA 52626	NONE	GOV	PUMPER TRUCK	Person or <input type="checkbox"/> Business <input type="checkbox"/> 15,000.
TWIN CITY MANOR P O BOX 96 NORTH ENGLISH IA 52316	NONE	NC	DOOR UPGRADE	Person or <input type="checkbox"/> Business <input type="checkbox"/> 2,200.
VAN BUREN COUNTY HISTORICAL SOCIETY P O BOX 428 KEOSAUQUA IA 52565	NONE	PC	WELCOME CENTER IMPROVEMENTS	Person or <input type="checkbox"/> Business <input type="checkbox"/> 4,000.

Total

209,367.

Form 990-PF, Page 1, Part I
Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Graf & Company, CPAS	ACCOUNTING SERVICES	6,950.	3,475.	3,475.	3,475.
RIVERVIEW FINANCIAL	ACCOUNTING SERVICES	1,170.	585.	585.	585.
Total		<u>8,120.</u>	<u>4,060.</u>	<u>4,060.</u>	<u>4,060.</u>

Form 990-PF, Page 2, Part II, Line 10b
L-10b Stmt

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
COCA COLA COMPANY	264,263.	324,383.
EXXON MOBIL CORP	190,741.	240,904.
US BANCORP	31,646.	154,367.
GENERAL ELECTRIC COMPANY	2,871.	88,480.

Form 990-PF, Page 2, Part II, Line 10b
L-10b Stmt

Continued

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
WELLS FARGO & CO	40,096.	99,749.
PFIZER, INC	54,817.	86,364.
ALLSTATE CORP	29,789.	30,760.
BANK OF AMERICA	13,052.	14,365.
BRISTOL-MYERS SQUIBB	47,044.	48,505.
CISCO SYSTEMS	9,015.	9,066.
CLOROX	47,111.	49,808.
DTE ENERGY	38,047.	40,882.
E I DU PONT DE NEMOURS & CO	28,705.	30,461.
HOME DEPOT INC	26,431.	27,486.
INTEL CORP	22,588.	23,394.
MEDTRONIC PLC	16,769.	14,602.
MICROSOFT CORP	25,166.	25,788.
NIKE INC	42,820.	42,189.
ORACLE CORP	8,251.	7,882.
PEPSICO INC	42,172.	43,422.
PROCTER & GAMBLE CO	3,323.	3,363.
STRYKER CORP	22,683.	24,561.
SUNCOKE ENERGY INC	2,011.	1,985.
VERIZON COMMUNICATIONS	53,102.	59,252.
VANGUARD WELLESLEY INCOME FUND	842,724.	1,059,953.
VANGUARD STAR FUND	502,381.	609,540.
SMALLCAP WORLD FUND CL A	114,141.	151,620.
NEW WORLD FUND CL A	203,975.	240,716.
CAPITAL INCOME BUILDER FUND	252,712.	266,651.
AMERICAN MUTUAL FUND CL A	317,935.	424,843.
FRANKLIN RISING DIVIDEND FUND	162,825.	217,280.
AMCAP FUND CL A	367,664.	442,000.
AMERICAN BALANCED FUND	9,965.	10,652.
INTERMEDIATE BOND FUND OF AMERICA	200,371.	193,984.
NEW PERSPECTIVE FUND	341,635.	373,742.
FRANKLIN GROWTH FUND	212,500.	308,198.
FRANKLIN TOTAL RETURN FUND	404,938.	373,842.
TEMPLETON GLOBAL BOND FUND	249,606.	222,276.
CAPITAL WORLD GROWTH & INCOME FUND	63,201.	63,166.
FUNDAMENTAL INVESTORS FUND A	31,197.	33,174.
INCOME FUND OF AMERICA	97,592.	103,949.
WASHINGTON MUTUAL INVESTORS FUND A	46,256.	48,833.
INVESTMENT COMPANY OF AMERICA	7,194.	8,137.
Total	5,491,325.	6,644,574.

Form 990-PF, Page 2, Part II, Line 14

L-14 Stmt

Line 14b - Description of Land, Buildings, and Equipment	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LAND	1,000.	0.	1,000.
BUILDING & IMPROVEMENTS	1,222,529.	767,733.	454,796.
FURNITURE, FIXTURES & EQUIPMENT	78,333.	74,638.	3,695.
Total	<u>1,301,862.</u>	<u>842,371.</u>	<u>459,491.</u>

Form 990-PF, Page 2, Part II, Line 15

Other Assets Stmt

Line 15 - Other Assets:	Beginning Year Book Value	End of Year	
		Book Value	Fair Market Value
DIVIDENDS RECEIVABLE	7,866.	23,308.	23,308.
Total	<u>7,866.</u>	<u>23,308.</u>	<u>23,308.</u>

Form 990-PF, Page 2, Part II, Line 22

Other Liab Stmt

Line 22 - Other Liabilities:	Beginning Year Book Value	Ending Year Book Value
AMOUNTS HELD IN TRUST FOR FERGUSON SPORTS COMPLEX	0.	215,000.
Total	<u>0.</u>	<u>215,000.</u>