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SCANNED NOV 2 7 2017

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. Open to Public Inspection Internal Revenue Service Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2016 or tax year beginning 07/01/16, and ending 06/30/17Name of foundation A Employer identification number TODD AND MARY HEISTAND FAMILY FOUNDATION 46-1604788 Number and street (or P O box number if mail is not delivered to street address) Telephone number (see instructions) Room/suite 514 WALKER ST 712-647-2041 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here WOODBINE TA 51579 G Check all that apply Initial return Initial return of a former public charity Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the Address change Name change 85% test, check here and attach computation H Check type of organization X Section 501(c)(3) exempt private foundation if private foundation status was terminated under section 507(b)(1)(A) check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Fair market value of all assets at J Accounting method X Cash If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col (c), Other (specify) 1,655,343 line 16) ▶ \$ (Part I, column (d) must be on cash basis) Part I (d) Disbursements Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per books income income purposes the amounts in column (a) (see instructions)) (cash basis only 411,000 1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ I if the foundation is **not** required to attach Sch B 3 Interest on savings and temporary cash investments 20,273 20,273 4 Dividends and interest from securities 5a Gross rents Net rental income or (loss) b Revenue Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold Gross profit or (loss) (attach schedule) STMT 1 250,147 250,147 11 Other income (attach schedule) 681,424 250,147 20,277 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc Operating and Administrative Expenses 14,400 14,400 14 Other employee salaries and wages 1,288 1,288 15 Pension plans, employee benefits Legal fees (attach schedule) STMT 2 1,000 1,000 Accounting fees (attach schedule) Other professional fees (attach schedule) 17 Interest Taxes (attach schedule) (see instructions TMT 3 4,237 4,237 18 Depreciation (attach-schedule) and depletion 19 Occupancys Travel, conte 512 512 20 NOV 2 1 2017 rences, and meetings 21 Printing and publications 22 Other expenses (att sch) GDEN, UT 256,794 256,794 23 Total operating and administrative expenses. 24 278,231 278,231 0 0 Add lines 13 through 23 241,440 241,440 25 Contributions, gifts, grants paid 0 519,671 26 Total expenses and disbursements. Add lines 24 and 25 519,671 27 Subtract line 26 from line 12 161,753 Excess of revenue over expenses and disbursements 20,277 Net investment income (if negative, enter -0-) 250,147 Adjusted net income (if negative, enter -0-)

1,628,362

5

6

5 Decreases not included in line 2 (itemize) ▶

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

Form 990-PF (2016) TODD AND MARY HEISTAND FAMILY

Part IV Capital Gains and Losses for Tax on Investment Income

	escribe the kind(s) of property sold (e.g., real estate warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date ad (mo , day		(d) Date sold (mo , day, yr)
1a N/A						
_ b						
С						
d						
		,	L			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis		(h) Gain (e) plus (f	or (loss)) minus (g)
<u>a</u>						
b						
С						
d	 	<u> </u>				
Complete only for secrete above	the second secon					
(i) F M V as of 12/31/69	ving gain in column (h) and owned by the fo	(k) Exces	ss of col (ı)		(k), but not	(h) gain minus less than -0-) or om col (h))
	as of 12/31/69	over col	(j), if any			
<u>a</u> .	· 	<u> </u>				
<u>b</u>						
<u>c</u>					-	
<u>d</u>						
e 2 Capital gain net income or (ne	it capital loss) If gain, also enter in If (loss), enter -0- in			2		
3. Net short term canital gain or	(loss) as defined in sections 1222(5) and (-			
. •	e 8, column (c) (see instructions) If (loss),	·				
Part I, line 8	c o, column (c) (ace mandenona) in (loss),	enter -o- in		3		
	Under Section 4940(e) for Reduc	ed Tax on Net	Investment Inco			
If "Yes," the foundation does not o	section 4942 tax on the distributable amour jualify under section 4940(e) Do not comp	lete this part				Yes X No
1 Enter the appropriate amount	in each column for each year, see the inst	ructions before maki		- T		(d)
Base period years	(b) Adjusted qualifying distributions	Net valu	(c) e of noncharitable-use assets			tribution ratio
Calendar year (or tax year beginnin	19 117	,537	951.7		(COI (D)	0 . 152915
2015 2014		,617	692,9			0.228900
2013	64	,549	548,4			0.117699
2012		,956	841,8			0.027270
2011		7000				
2 Total of line 1, column (d)				2		0.526784
	he 5-year base period – divide the total on	line 2 by 5, or by the	:			
	on has been in existence if less than 5 year			_3	 	0.131696
4 Enter the net value of noncha	ritable-use assets for 2016 from Part X, line	e 5		4	-	1,353,088
5 Multiply line 4 by line 3				_ 5	ļ	178,196
6 Enter 1% of net investment in	come (1% of Part I, line 27b)			6	ļ	203
7 Add lines 5 and 6				7		178,399
8 Enter qualifying distributions f				8	<u></u>	519,671
If line 8 is equal to or greater: Part VI instructions	than line 7, check the box in Part VI, line 11	o, and complete that	. paπ using a 1% tax ra	ale See th	ie	

-	990-PF (2016) TODD AND MARY HEISTAND FAMILY 46-1604788		P	age 4
Pa	IT 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			203
	here ▶ X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
3	Add lines 1 and 2			203
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			203
6	Credits/Payments			
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 563			
ь	Exempt foreign organizations – tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868)			
q	Backup withholding erroneously withheld 6d 6d			
7	Total credits and payments Add lines 6a through 6d			<u>563</u>
8	Enter any penalty for underpayment of estimated tax. Check here X 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			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			360
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 360 Refunded ▶ 11			
	rt VII-A Statements Regarding Activities	,		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	Instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
_	published or distributed by the foundation in connection with the activities			
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
2	on foundation managers \$.
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
3	If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
5	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			v
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3 4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4a 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	-		1
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	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) NE		-	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	х	}
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)? If "Yes,"			Ì
	complete Part XIV	9	İ	x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses STMT 7	10	X	L_
		Form 99	0-PI	(2016)

Form 990-PF (2016) TODD AND MARY HEISTAND FAMILY

46-1604788

orm 99	0-PF (2016) TODD AND MARY HEISTAND FAMILY 46-1604788		Page 7
Part '		Paid Employees	3,
3 Fiv	and Contractors (continued) ve highest-paid independent contractors for professional services (see instructions). If none, enter "NONE.	"	
	(a) Name and address of each person paid more than \$50,000 (b) Type of se		Compensation
NONE			
Total au	mbox of others recovered ever \$50,000 for preferenced engages		
	mber of others receiving over \$50,000 for professional services		
Part	X-A Summary of Direct Charitable Activities		
	oundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of		Expenses
	tions and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
•	DUCATE AREA YOUTH IN THE TRADE OF HOME BUILDING ONSTRUCTION AS STATED IN THE ORGANIZATION'S MISSION		
	TATEMENT.		76,966
	ONTRIBUTING TO LOCAL CHARITIES THAT WILL ENCOURAGE	-	
0	PPORTUNITIES FOR YOUNG PEOPLE.		
	MDDDDT TOUR DDO THOM DO THODD OF MUE TOOM TOURING AND		27,500
	TREETLIGHT PROJECT TO INCREASE THE LOCAL LIGHTING AND NHANCE THE VALUE OF PROPERTIES.		
_	MANOL IND VALOR OF THOUBILIDS.		15,370
4 T	O PROVIDE AFFORDABLE CARE SERVICES FOR THE MOST		
V	ULNERABLE CHILDREN AND FAMILIES.		
	IV D. Common of Brown Boletad Investments (see matriotics)		15,000
Part	IX-B Summary of Program-Related Investments (see Instructions) the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N		`	anodin_
			
2			
		}	
All other	program-related investments. See instructions		
3			
Total A	dd lines 1 through 3		

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

452,220

b

Excess from 2012 Excess from 2013

Excess from 2014 Excess from 2015

Excess from 2016

SEE STATEMENT 9

Total	 	▶ 3a	241,440
b Approved for future payment N/A			
Total		▶ 3b	

Enter gross amo	nunts unless otherwise indicated		d business income	Excluded b	y section 512, 513, or 514	(-)
1 Dragram and		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1 Program ser		<u> </u>		+-+		
						
						
						
						
f						
g Fees an	d contracts from government agencies			- -		
_	dues and assessments			- -		
•	savings and temporary cash investments					4
	nd interest from securities					20,273
	come or (loss) from real estate					······································
	anced property					·····
	t-financed property					
	come or (loss) from personal property					
7 Other invest						
	s) from sales of assets other than inventory					
	or (loss) from special events					
	or (loss) from sales of inventory					
I1 Other reven	•					
	TRUCTION INCOME		 -		-	50,477
	PROCEEDS OF HOUSING SALE		· · · · · · · · · · · · · · · · · · ·			171,000
d K-1				7 7		28,660
	ELLANEOUS INCOME					10
	dd columns (b), (d), and (e)			0	0	270,424
	ine 12, columns (b), (d), and (e)	<u> </u>	'		13	270,424
	in line 13 instructions to verify calculations)					
Part XVI-B		complishm	ent of Exempt	Purposes		
Line No.	Explain below how each activity for which income)
▼	accomplishment of the foundation's exempt purpo	•				
11A	DIVIDENDS AND OTHER REVE	NUE IS	USED TO FU	ND THE		
	OPERATIONS OF THE 10 ACR	E FRUIT	TREE ORCH	IARD. T	HIS ORCHAR	D
	IS OPEN TO THE PUBLIC AN	D ENCOU	RAGES HEAL	THY EA	TING AS	
	STATED IN THE ORGANIZATI	ONS MIS	SION STATE	EMENT.		
	THE DIVIDEND AND OTHER R	EVENUE	IS ALSO US	SED TO	HELP	
	FUND PARTNERSHIP PROGRAM					
	FUNDAMENTALS OF THE BUIL	DING CO	NSTRUCTION	TRADE	AS STATED	
	IN THE ORGANIZATION'S MI	SSION S	TATEMENT.			
						·
						
						_

DAA

	Exem	pt Organiza	itions								
1 Did				e in any of the foll	owing with any	other organization de	scribed			Yes	No
						ction 527, relating to					
	anizations?	(J					i
-		reporting found:	ation to a no	ncharitable exemp	ot organization o	f					
	Cash	raparang raarra							1a(1)]]	X
٠,,	Other assets								1a(2)		X
	er transactions								1.5(5)		
	Sales of assets	to a noncharita	able exempt	organization					16(1)		X
				exempt organization	nn.				1b(2)		X
	Rental of facilit				211				1b(3)		X
	Reimbursemen			0.0					1b(4)		X
	Loans or loan g								1b(5)		X
			embership or	fundraising solicit	ations				1b(6)		X
				ther assets, or par					1c		X X
					· -	mn (b) should always	s show the fa	ır market			
				-		the foundation recei					
			_			the goods, other ass					
(a) Lir		Amount involved		of noncharitable exemp				insactions, and sharing	arrangeme	ents	
A/I											
				_							
											
											
											
											
			<u> </u>			<u> </u>					
		•	•			c-exempt organizatio	ns			1==	a
				than section 501(c)(3)) or in section	on 527?			Y	es X	No
b If "	Yes," complete		hedule			т					
NT /		of organization		(b) Type of c	organization		(c) Descrip	tion of relationship			
N/3	<u> </u>										
						 					
						 					
	Under penalties of	perjury, I declare th	at I have exami	i ned this return, includin	g accompanying sch	edules and statements, ar	nd to the best of i	my knowledge and beli-	ef, it is tru	e,	
1						which preparer has any ki		May the IRS dis			$\neg \neg$
Sign	_	^	a	N		1		with the prepar	er shown b	elow	_
lere	\mathcal{C}	()	0 1	' }	1) / /		(see instruction	is)? X	Yes	No
1616	\ /×	711	K //	ha-	١'،	114/17	TREA	SURER/DIF	₹ECT(OR	
- [Signature of o	officer or trustee	1		Date	, / · · // /	Title	BOLCETT, DIE			
	Print/Type prepa				Preparer's signatu			Date			$\overline{\Box}$
	- гито гур о ргера	ii ei e Hame			Fiehales a signatu			Date		Check self-en	ıf nployed
Paid	BRAD R	GROSS, CP	A		BRAD R. G	ROSS, CPA		11/	14/17	1	,
repare	Firm's name		& CON	IPANY, PL					019:		3
Jse Onl	Firm's address	643	VA AWO						-512		
	,, 5 address	DUNLA		51529-1	046		İ		2-64		
	<u> </u>					- ····			Form 9		

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

Department of the Treasury Internal Revenue Service

Name of the organization

TODD AND MARY HEISTAND FAMILY

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

Schedule of Contributors

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

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

OMB No 1545-0047

Employer identification number

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

FOUNDATION		46-1604788
Organization type (check	(one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation
	501(c)(3) taxable private foundation	
<u> </u>		
•	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the Gener	ral Rule and a Special Rule See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year y or property) from any one contributor. Complete Parts I and II. So contributions	_
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that more sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A and that received from any one contributor, during the year, total coof of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-E	(Form 990 or 990-EZ), Part II, line ontributions of the greater of (1)
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990 g the year, total contributions of more than \$1,000 exclusively for retional purposes, or for the prevention of cruelty to children or animal	eligious, charitable, scientific,
contributor, during contributions tota during the year for General Rule ap	on described in section 501(c)(7), (8), or (10) filing Form 990 or 99 g the year, contributions exclusively for religious, charitable, etc., piled more than \$1,000 if this box is checked, enter here the total corran exclusively religious, charitable, etc., purpose Don't complete plies to this organization because it received nonexclusively religious more during the year	ourposes, but no such ontributions that were received e any of the parts unless the
990-EZ, or 990-PF), but if	that isn't covered by the General Rule and/or the Special Rules do t must answer "No" on Part IV, line 2, of its Form 990, or check the 2, to certify that it doesn't meet the filing requirements of Schedule	e box on line H of its Form 990-EZ or on its

Name of organization

TODD AND MARY HEISTAND FAMILY

PAGE 1 OF 1 Pag
Employer identification number 46-1604788

Part I	Contributors (See instructions) Use of	luplicate copies of F	Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1	TODD R. HEISTAND 514 WALKER AVENUE WOODBINE IA	51579	\$ 205,500	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2	MARY J. HEISTAND 514 WALKER AVENUE	51579	\$ 205,500	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
			\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)

- · - · 										
11/14/2017 11:08 AM	•	Adjusted Net Income \$ 50,477	-	Charitable Purpose \$ 1,000		Charitable Purpose \$		Charitable Purpose	12,000 215,053	1-4
	<u>r Income</u>	Net investment income	- Accounting Fees	Adjusted Net	Taxes	Adjusted Net	Expenses	Adjusted Net		
statements	990-PF, Part I, Line 11 - Other Income	Revenue per Books \$ 50,477 171,000 28,660 10 \$ 250,147	Part I, Line 16b - Accou	Net Investment	- Form 990-PF, Part I, Line 18 - 1	Net Investment	Part I, Line 23 - Other Expenses	Net Investment		
ND FAMILY Federal S	- Form		- Form 990-PF,	Total	Statement 3 - Form 990	\$ 4,237 \$ 4,237	- Form 990-PF,	Total	12,000 215,053	
HEISTANDFDT TODD AND MARY HEISTAND FAMILY 46-1604788 FYE: 6/30/2017	Statement 1	CONSTRUCTION INCOME NET PROCEEDS OF HOUSING SALE K-1 INCOME MISCELLANEOUS INCOME TOTAL	Statement 2	Description INDIRECT ACCOUNTING FEES TOTAL	Sta	Description REAL ESTATE TAXES TOTAL	Statement 4	Description	EXPENSES BANK SERVICE CHARGE CONSULTING COST OF GOODS	

4-5

HEISTANDFDT TODD AND MARY HEISTAND FAMILY Federal Statements

11/14/2017 11:08 AM

FYE: 6/30/2017

atement 4 - Form 990-PF, Part I, Line 23 - Other Expenses	(continued)
٩	Other Expenses
٩	, Line 23 - (
atement 4 - Form 990-P	٩
atement 4 - Fo	orm 990-P
,,,,	atement 4 - Fo

Charitable Purpose	\$ 3,070 10,094 700 21 4,000 11,082 \$ 256,794
Adjusted Net	\$
Net Investment	v v
Total	\$ 3,070 10,094 700 21 4,000 11,082 759
Description	INSURANCE DUES, FEES & SUBSCRIPTIONS LAWN & LANDSCAPING MISCELLANEOUS PROFESSIONAL FEES REPAIRS & MAINTENANCE SUPPLIES TOTAL

Statement 5 - Form 990-PF, Part II, Line 13 - Other Investments

Description	Beginning of Year	End Ye	l of ar	Basis of Valuation	Fair Market Value	et
BAIRD FUTURE FORWARD, LLC	\$ 712,821 500,000	\$ 72	723,005	COST	\$ 723, 528,	005
TOTAL	\$ 1,212,821	\$ 1,2	51,665		\$ 1,251,	665

HEISTANDFDT TODD AND MARY HEISTAND FAMILY

Federal Statements

46-1604788 FYÈ: 6/30/2017 11/14/2017 11:08 AM

Statement 6 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	ginning f Year	End of Year					
STATE WITHHOLDING PAYROLL LIABILITIES STATE UNEMPLOYMENT	\$ 96 616 36	\$	96 613 36				
TOTAL	\$ 748	\$	745				

HEISTANDFDT TODD AND 46-1604788 FYE. 6/30/2017	HEISTANDFDT TODD AND MARY HEISTAND FAMILY 46-1604788 FYE. 6/30/2017	Statemen	S	17	11/14/2017 11:08 AM
	Statement 7 - Form 990-PF, Part VI	I-A, Line 10 -	- Form 990-PF, Part VII-A, Line 10 - Substantial Contributors	<u>rs</u>	•
Name			3		
	Address		CIIA, SI	City, State, 2ip	
	610 WALKER STREET	WOODBINE	INE IA 51579		
MARY HEISTAND	610 WALKER STREET	WOODBINE	INE IA 51579		,
State	Statement 8 - Form 990-PF, Part VIII, Line	├ ┬ -)	- List of Officers, Directors, Trustees,	tees, Etc.	
Name and Address	I Trtle	Average Hours	Compensation	Benefits	Expenses
TODD R. HEISTAND 514 WALKER AVENUE WOODBINE IA 51579	PRESIDENT/DI	00.0	0	0	0
CARRIE J. MURDOCK 1400 QUAY AVENUE WOODBINE IA 51579	SECRETARY/DI	00.0	0	0	0
BRAD R. GROSS 312 HIGHWAY 37 EARLING IA 51530	TREASURER/DI	00.0	0	0	0 -
MARY J. HEISTAND 514 WALKER AVENUE WOODBINE IA 51579	DIRECTOR	00.00	0	0	0
MINDY K. CROOK 702 WALKER AVENUE WOODBINE IA 51579	DIRECTOR	0.00	0	0	0
KASSEY A. BARTELS 43 9TH STREET WOODBINE IA 51579	DIRECTOR	0.00	0	0	0
MATTHEW T. HEISTAND 3400 180TH STREET	DIRECTOR	0.00	0	0	0
					7-8

Statement 8 - Form 990-PF. Part VIII. Line 1 - List of Officers, Directors, Trustees, Name and Address Address WOODBINE IN 51379 WOODBINE IN 51379 WOODBINE IN 51379 DIRECTOR 0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HEISTANDFDT TODD AND MARY HEISTAND FAMILY 46-1604788 FYE: 6/30/2017	AND FAMILY Federai	deral Statements	S	11/12	11/14/2017 11:08 AM
Name and Address Name and Address Title Hours Hours Compensation Benefits Expenses 0 MATSJAR GENTAL SERVED, SUITE SES DIRECTOR 000 0	Statement 8 - Forr	Par	Line 1 - List of	Officers, Directors	s, Trustees,	
IA 51579 D. MATSJARA GENCY CIRCLE, SUITE 525 GELL4-9625 GELL4-9625 A B B B B B B B B B B B B B B B B B B	Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
	IA 51579 D. MATEJKA GENCY CIRCLE, SUITE 68114-9625	DIRECTOR	0.00	0	0	0
80						
						80

HEISTANDFDT TODD AND MARY HEISTAND FAMILY 46-1604788

FYÈ: 6/30/2017

Federal Statements

Form 990-PF, Part XV.	Line 2b - A	Application	Format and	Required	Contents

Description

WRITTEN LETTER

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

Description

NONE

Statement 9 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

NONE EXCEPT THE REQUESTING ORGANIZATION BE A TAX EXEMPT ENTITY.

11/14/2017 11:08 AM

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HEISTANDFDT TODD AND MARY HEISTAND FAMILY 46-1604788 FYE: 6/30/2017

Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the

	Amount	10,000	5,500	500	2,000	2,500	2,500		000	16,966	10.000		2,000	7 500		27,500	5,000	1	2,000	13,000	(7,000	1,500
•	Purpose	OPERATING COSTS	OPERATING COSTS	OPERATIONAL COSTS	GRANT	D COMMUNITY SERVICES	BACKPACK PROGRAM		COMMONITY SERVICES	NORTH OMAHA INTERGENERATIONAL FUND	GRANT		OPERATIONAL NEEDS OF MUSEUM	CHOMMINITY SECTIONS		OPERATING EXPENSES	GRANT		COMMUNITY BETTERMENT	OPERATIONAL NEEDS OF MUSEUM		EQUIPMENT AND UNLFORMS	OPERATIONAL COSTS
Address	Relationship Status	N 6TH ST & AVENUE E PC	2566 ST. MARY'S AVENUE PC	2500 CALIFORNIA PLACE PC		3501 HARRY LANGDON BLVD PC	10525 J STREET PC	116 N 2ND AVENUE	PC 2101 S. 42ND STREET		2200 N 20TH STREET PC	2200 DODGE STREET	PC	120 S 24TH ST STE 100 PC	1415 AVENUE J	PC	4242 NOKIH 49IH AVENUE PC	6001 DODGE STREET	PC 500 s 20th strret	•	ОМАНА	PC 5006 UNDERWOOD AVENUE	PC
Name	Address	CHILDREN'S SQUARE USA COUNCIL BLUFFS IA 51501	COMPLETELY KIDS OMAHA NE 68105	CREIGHTON MAKE-A-WISH FOUNDATION OMAHA NE 68178	CYSTIC FIBROSIS FOUNDATION OMAHA NE 68144	FAMILY, INC. COUNCIL BLUFFS IA 51503	FOODBANK FOR THE HEARTLAND OMAHA NE 68127	HARRISON COUNTY PUBLIC HEALTH	LOGAN IA 51546 HEARTLAND FAMILY SERVICES	OMAHA NE 68105	HOPE CENTER FOR KIDS OMAHA NF 68110	JOSLYN ART MUSEUM	OMAHA NE 68102	LUTHERAN FAMILY SERVICES	MICAH HOUSE	COUNCIL BLUFFS IA 51501	NOKIHSIAK FOUNDATION OMAHA NE 68104	OMAHA BY DESIGN	OMAHA NE 68182 OMAHA CHILDREN'S MISEIIM	OMAHA NE 68102		OMAHA NE 68104 OMAHA HEALTHY KIDS ALLIANCE	<u> </u>

HEISTANDFDT TODD AND MARY HEISTAND FAMILY Federal Statements

FYE: 6/30/2017

Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

	Amount		7,500		15,000		2,000		1,500		1,000		1,000		100		200		200	-	2,200		1,500		6, 500		5,500	-	15,370		1,004
1	Purpose		COMMUNITY SERVICES		DINNER		OPERATING EXPENSES		COMMUNITY SERVICES		COMMUNITY BETTERMENT		OPERATING COSTS		OPERATING EXPENSES		COMMUNITY SERVICES		COMMUNITY SERVICES		GRANT FOR BIOMECHANICS		OPERATIONAL COSTS		COMMUNITY SERVICES		EDUCATIONAL SERVICES		COMMUNITY BETTERMENT		DONATIONS
Address	Relationship Status	4343 N 52ND STREET		4920 S 30TH STREET	PC	2828 N 23RD ST E	PC	P.O. BOX 207	PC	3902 DAVENPORT ST	PC	P.O. BOX 499	PC	262 DANNY THOMAS PLACE	PC	501 WEARE STREET	PC	715 N 16TH STREET		2285 S 67TH STREET	PC	P.O. BOX 562	PC	313 WALKER STREET	PC	501 WEARE STREET	PC	313 WALKER STREET	PC	514 WALKER STREET	PC
Name	Address	OMAHA HOME FOR BOYS	OMAHA NE 68104	ONE WORLD COMMUNITY HEALTH CENTERS	OMAHA NE 68107	OPEN DOOR MISSION	OMAHA NE 68110	REJUVENATING WOMEN	BOYS TOWN NE 68010	RESTORATION EXCHANGE - OMAHA	OMAHA NE 68131	ST. FRANCIS MISSION FOUNDATION	ST. FRANCIS SD 57572	ST. JUDE HOSPITAL	MEMPHIS IN 38105-3678	TEAMMATES OF WOODBINE	WOODBINE IA 51579	THE SALVATION ARMY	COUNCIL BLUFFS IA 51501	UNIVERSITY OF NEBRASKA FOUNDATION	OMAHA NE 68106	WINGS OF REFUGE	IOWA FALLS IA 50126	WOODBINE COMMUNITY FOOD PANTRY	WOODBINE IA 51579	WOODBINE COMMUNITY SCHOOLS	WOODBINE IA 51579	WOODBINE MAIN STREET	WOODBINE IA 51579	WOODBINE OPTIMIST CLUB	WOODBINE IA 51579

11/14/2017 11:08 AM 241,440 10 Amount Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued) Purpose HEISTANDFDT TODD AND MARY HEISTAND FAMILY
46-1604788 Status Address Relationship Name Address FYE: 6/30/2017 TOTAL 46-1604788