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SCANNED JUN I 9 2017

Extended to November 15, 2017 Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-0052

Depa	tmen	t of the Treasury venue Service			social security nun n 990-PF and its s					Open to Public Inspection
			or tax year beginning		23, 201		and e ,		DEC 31, 2016	Open to Public Inspection
		foundation			201 401	-	, 200		A Employer identification	number
			LY FOUNDAT						81-2552110	
			oox number if mail is not de	elivered to street	address)			Room/suite	B Telephone number	
			ALE BLVD					<u> </u>	319-338-410	
		own, state or pro ALVILLE	ovince, country, and Zi		ostal code				C If exemption application is pe	nding, check here
G C	heck	all that apply:	X Initial retur		Initial retu	ırn of a foi	rmer public (charity	D 1. Foreign organizations,	check here
			Final return	1	Amended	return				
			Address ch		Name cha				Foreign organizations mee check here and attach con	nputation P
H C	_	type of organiz	ation: X Sectio) nonexempt charitable		empt private found Other taxable priva		tion		E If private foundation state under section 507(b)(1)(
I Fa			assets at end of year	J Accounti		Cash	Acci	rual]	•
		Part II, col (c),	•		her (specify)	_ 00317		uui	F If the foundation is in a 6 under section 507(b)(1)(
			56,214.	(Part I, colu	mn (d) must be c	on cash b	asis)			<i>D</i> ,, 0.1.00 1.0.10
Pa	rt l	The total of amo	evenue and Expenses ounts in columns (b), (c), ar al the amounts in column (c	i nd (d) may not	(a) Revenue a	and	(b) Net in	vestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1		gifts, grants, etc., rece			123.				(Sasir Sasis Siny)
	2		if the foundation is not required t							
	3	Interest on saving	gs and temporary							
	4		interest from securitie	s		224.		224.	224.	Statement 1
	5a	Gross rents								
:	b	Net rental income	or (loss)							·· ····
ē	6a	Net gain or (loss) Gross sales price	from sale of assets not on	line 10						<u></u>
Revenue	_b	assets on line 6a		 					 	
Re.		· -	ncome (from Part IV, line 2))				0.		
	8 9	Net short-term Income modifi								
	10a	Gross sales less								· · · · · · · · · · · · · · · · · · ·
		Less Cost of goo	ods sold	•				 		
		Gross profit of		}						
	11	Other income		, (()				*****		
	12	Total And line	es 1 through 11	8	56,	347.		224.		 -
	13	Compensation of	officers, directors, trustee			0.		0.	0.	0.
	14	Other employe	e salaries and wages	<u> </u>						
Š	15	Pension plans	employee benefits	Tanana in the state of						
Sus		Accounting fee								
ă.		Other profession								
ve E	17	Interest	J							
rativ	18	Taxes							<u> </u>	
ist	19	Depreciation a	nd depletion							
<u><u>ā</u></u>	20	Occupancy								
Αd	21		ences, and meetings							
and	22	Printing and p								
Operating and Administrative Expenses	23	Other expense								
₃rat	24		g and administrative					^	_	_
ď	or	-	d lines 13 through 23			0.	-	0.	0.	0.
			gifts, grants paid			<u> </u>			 	<u> </u>
	26	Add lines 24 a	s and disbursements	•		ο.		0 .	. 0.	0.
	27	Subtract line 2		· · · · · · ·						
			e over expenses and disb	ursements	56.	347.				
			nt income (if negative, er			_ ·•		224		
	C	Adjusted net i	ncome (if negative, enter	-0-)	c	/			224.	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	
column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing		1,810.	1,810.
2 Savings and temporary cash investments			
3 Accounts receivable ►			
Less: allowance for doubtful accounts ▶			
4 Pledges receivable ►			
Less; allowance for doubtful accounts ▶	İ		
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons			
7 Other notes and loans receivable			*
Less; allowance for doubtful accounts			
8 Inventories for sale or use 9 Prepaid expenses and deferred charges			-
10a Investments - U.S. and state government obligations			
			<u> </u>
b Investments - corporate stock			
c Investments - corporate bonds		·	
11 Investments - land, buildings, and equipment basis			
Less accumulated depreciation		·	
12 Investments - mortgage loans		E 4 E 2 E	F.4.404
13 Investments - other Stmt 2	0.	54,537.	54,404.
14 Land, buildings, and equipment basis			
Less accumulated depreciation			
15 Other assets (describe ►)			
16 Total assets (to be completed by all filers - see the		F.C. 0.4F	56.014
instructions Also, see page 1, item I)	0.	<u>56,347.</u>	56,214.
17 Accounts payable and accrued expenses			<u>'</u>
18 Grants payable			
19 Deferred revenue			-
19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable			<u> </u>
21 Mortgages and other notes payable			
22 Other liabilities (describe ►)			
23 Total liabilities (add lines 17 through 22)	0.	0.	
Foundations that follow SFAS 117, check here			
and complete lines 24 through 26 and lines 30 and 31			
ខ្លុំ 24 Unrestricted			
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here 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]
26 Permanently restricted]
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31.			
27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Retained earnings, accumulated income, endowment, or other funds	0.	56,347.	` `
30 Total net assets or fund balances	0.	56,347.	,
31 Total liabilities and net assets/fund balances	0.	56,347.	
		3,7,3,3,7,3	
Part III Analysis of Changes in Net Assets or Fund B	alances		
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	0.
2 Enter amount from Part I, line 27a		2	56,347.
3 Other increases not included in line 2 (itemize)		3	0.
4 Add lines 1, 2, and 3	•	4	56,347.
5 Decreases not included in line 2 (itemize) ▶		5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	56,347.
			Form 990-PF (2016)

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WATTS FAMILY FOUNDATION

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Form 990-PF (2016) WAT Part IV Capital Gains	TS FAMILY FOUN	NDATION	Incomo		81-2552110 P				Page 3
(a) List and desc	cribe the kind(s) of property sole	d (e.g., real estate,	mcome	(b) !	low acquired - Purchase	(c) Date acquired	(d) Date	
	arehouse; or common stock, 20	00 shs. MLC Co.)		D	- Donation		(mo., day, yr.)	(mo., da	ay, yr.)
h NO	NE			┼-					
C _	INIE			+-		_		·	
d									
e				Ι,					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (loss) (e) plus (f) minus (
_a									
<u>b</u>									
d d		-							
e _		_							
Complete only for assets shown	ng gain in column (h) and owne	ed by the foundation	n on 12/31/69			(I) G	iains (Col. (h) gain	minus	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i)			còl. (k	(), but not less thar Losses (from col. (1 -0-) or	
8									
b									
<u>c</u>									
<u>d</u>			- 		•••				
<u>e</u>									
2 Capital gain net income or (net c		enter in Part I, line iter -0- in Part I, line		}	2				
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8	, column (c).	(5) and (6):		}	3				
Part V Qualification U) for Reduced	Tax on Ne	t Inv	estment	Inco	me		
(For optional use by domestic privat	te foundations subject to the se	ction 4940(a) tax oi	n net investment i	ıncom	e.)			N/A	
If section 4940(d)(2) applies, leave t	this nart blank.								
Was the foundation liable for the sec If "Yes," the foundation does not qua			•	erioaz				Yes	No
1 Enter the appropriate amount in				entrie	S.				
(a) Base period years Calendar year (or tax year beginn	(b)	Net value of n	(c))	ssets	Distrit (col. (b) div	(d) oution ratio vided by col.	. (c))
2015									
2014									
2013									
2012							_		
2011							<u> </u>		
2 Total of line 1, column (d)							2		
3 Average distribution ratio for the	5-year base period - divide the	total on line 2 by 5	, or by the numbe	er of ye	ears		T	-	
the foundation has been in existe		·	•	•			3		
4 Enter the net value of noncharita	ble-use assets for 2016 from P	art X, line 5					4		
5 Multiply line 4 by line 3							5		
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)						6		
7 Add lines 5 and 6							7		
8 Enter qualifying distributions fro	m Part XII, line 4						8		
If line 8 is equal to or greater tha See the Part VI instructions.	in line 7, check the box in Part	VI, line 1b, and com	plete that part us	ing a	1% tax rate.				
822521 11-22-18								Form 990 .	PF (2016

	n 990-PF (2016) WATTS FAMILY FOUNDATION			<u>52110</u>		age 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948 -	- se	e instru	ctior	ns)
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)					
D	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1	 			4.
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					•
_	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.
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	\vdash			4.
6	Credits/Payments*					
	2016 estimated tax payments and 2015 overpayment credited to 2016 6a	-	ĺ			
	Exempt foreign organizations - tax withheld at source	-				
	Tax paid with application for extension of time to file (Form 8868) 6c	4				
	Backup withholding erroneously withheld 6d 6d					^
_	Total credits and payments. Add lines 6a through 6d	7_				0.
8	Enter any penalty for underpayment of estimated tax. Check here 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	 			<u>4.</u>
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	+-			
	Enter the amount of line 10 to be: Credited to 2017 estimated tax ► Art VII-A Statements Regarding Activities	11				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven				Yes	No
10	any political campaign?	J 111		1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	n\2		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis		r			
	distributed by the foundation in connection with the activities.	nea or				
C	Did the foundation file Form 1120-POL for this year?			10		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			10		
	(1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0	_				ļ
٥	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	<u>-</u>				1
·	managers. > \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
_	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	A\v	. 4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the sta	te 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 X	V		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			_		
	IA			_		
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)				ļ	
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	lendar				
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	Stmt	<u> </u>	10	<u> X</u>	1

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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Х

3b

4a

Yes X No

N/A

during the year?

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)			_
5a During the year did the foundation pay or incur any amount to:		_				
Carry on propaganda, or otherwise attempt to influence legislation (section	า 4945(e))?	└── Ye	s 🗶 No 📑			
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				1	
any voter registration drive?		Ye	s X No	,	ĺ	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No		-	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				1	
4945(d)(4)(A)? (see instructions)		☐ Ye	s X No		ľ	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or				
the prevention of cruelty to children or animals?			s X No		,	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i				,	
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	İ	
Organizations relying on a current notice regarding disaster assistance check h			~ / ~			_
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		inad				
expenditure responsibility for the grant?		/A Ye	s No			
		1/A16	,5 NO			
If "Yes," attach the statement required by Regulations section 53 494:	• •				Ì	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		s X No			
a personal benefit contract?		Ye	S LAL NO	.	1	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		-	6b	X	—
If "Yes" to 6b, file Form 8870.		r1	[]		Ì	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No			
b If "Yes," did the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation of the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive by the f			N/A	7b		—
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	/			
List all officers, directors, trustees, foundation managers and their						—
List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	1	1 Evpance	_
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	acc	e) Expense count, oth	er
	to position	enter -0-)	compensation	<u>a</u>	llowances	<u> </u>
GARY WATTS	DIRECTOR					
425 E OAKDALE BLVD						
CORALVILLE, IA 52241	1.00	0.	0.		0	•
BECKY WATTS	DIRECTOR		!			
425 E OAKDALE BLVD			1			
CORALVILLE, IA 52241	1.00	0.	0.		0	١.
			ļ			
]					
]					
	1					
Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."				_
	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(6	e) Expense count, oth	<u>—</u>
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	ac	count, oth allowances	er
NONE	advoted to position	 	Compensation	+		—
NOME	-			1		
				+		—
	4					
	ļ	 		+		
	-					
		-		-		—
	4		1			
				1		
	4		1			
			<u> </u>			
Total number of other employees paid over \$50,000						0

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the	Expenses
1 N/A	duced, etc.	
1N/A		
2		
3		
4		
Dort IV D. C.		
Part IX-B Summary of Program-Related Investments		A A
Describe the two largest program-related investments made by the foundation during the tax year or \mathbf{N}/\mathbf{A}	ilines i and 2.	Amount
1N/A		
2		
The state of the s		
All other program-related investments. See instructions.		
3		
Total, Add lines 1 through 3	>	Λ

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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

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0.

3b

4

b Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

income. Enter 1% of Part I, line 27b

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

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

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				0.
2 Undistributed income, if any, as of the end of 2016				<u></u>
a Enter amount for 2015 only			0.	
b Total for prior years:			<u> </u>	
Evened distributions converse to any to 2010.		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012	ļ			
c From 2013 d From 2014			,	
			·	
e From 2015	0.			
f Total of lines 3a through e 4 Qualifying distributions for 2016 from	U •			
Part XII, line 4: \$\int \(\) \ \[\begin{array}{cccccccccccccccccccccccccccccccccccc				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount	0.		,	0.
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	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'	······································			
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line	····································	<u> </u>		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016			5 -	

Port XIV Private Operation Fa	MILY FOUN	DATION	II A O)		-2552110 Page 1
Part XIV Private Operating For			II-A, question 9)	N/A	
1 a If the foundation has received a ruling or c					
foundation, and the ruling is effective for 2			. ▶ └	7 40 40 () (0)	7 40 40 () 45)
b Check box to indicate whether the foundat		ting toundation described			4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	/b) 2015	Prior 3 years	(d) 2013	(a) Total
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(0) 2013	(e) Total
investment return from Part X for					
each year listed		-			
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				<u> </u>	
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			i i		
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					ļ
(4) Gross investment income					
Part XV Supplementary Infor	mation (Comp	lete this part only	y if the foundation	n had \$5,000	or more in assets
at any time during th				,	
1 Information Regarding Foundation					
a List any managers of the foundation who	•	ore than 2% of the total co	ntributions received by t	he foundation before	the close of any tax
year (but only if they have contributed mo					
See Statement 4					
b List any managers of the foundation who	own 10% or more o	f the stock of a cornoration	n (or an equally large no	rtion of the ownersh	in of a partnership or
other entity) of which the foundation has			ii (or air oquany largo po		ip of a partition of the of
None					
2 Information Regarding Contribution	n Grant Gift Lo	an Scholarshin etc	Programs:		
Check here ► X if the foundation on			=	s not accept unsolic	ited requests for funds. If
the foundation makes gifts, grants, etc. (s					
a The name, address, and telephone numb	er or e-mail address	of the person to whom an	plications should be add	ressed:	
b The form in which applications should be	submitted and infor	mation and materials they	should include:		
c Any submission deadlines			<u></u>		
The state of the s					
d Any restrictions or limitations on awards,	, such as by geograp	hical areas, charitable field	ds, kinds of institutions, o	or other factors:	

Gupplementary information	(continued)			
3 Grants and Contributions Paid During the	Year or Approved for Future F	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	or debotantial donario			.,
a valuating the year				
				•
None				
		1-1-1		
				
				Ì
		i 		
		!		
······································				
Tabai		<u> </u>	▶ 3a	
Total b Approved for future payment			34_	
V Approved for latere payment				
None				
*			<u></u>	
	-			
		<u> </u>		
Total			▶ 3b	

nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		by section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
a					
b					
C	1				
d	l i				_
е					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments					
Dividends and interest from securities					224
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income		-n.			
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events		41-4			
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
b					
C	_	···· · · -			
d					
e	_		_	0.	224
	<u> </u>).		224
				13	/. /. -
Total. Add line 12, columns (b), (d), and (e)				_	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations					
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations		nplishment of	Exempt I		
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities	es to the Accor			Purposes	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No Explain below how each activity for which	es to the Accor	column (e) of Part XV		Purposes	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities	es to the Accor	column (e) of Part XV		Purposes	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which	es to the Accor	column (e) of Part XV		Purposes	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No Explain below how each activity for which	es to the Accor	column (e) of Part XV		Purposes	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No Explain below how each activity for which	es to the Accor	column (e) of Part XV		Purposes	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No Explain below how each activity for which	es to the Accor	column (e) of Part XV		Purposes	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which	es to the Accor	column (e) of Part XV		Purposes	
Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No Explain below how each activity for which	es to the Accor	column (e) of Part XV		Purposes	
Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No Explain below how each activity for which	es to the Accor	column (e) of Part XV		Purposes	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which	es to the Accor	column (e) of Part XV		Purposes	
.ine No Explain below how each activity for which	es to the Accor	column (e) of Part XV		Purposes	

\$	ignature of officer or trustee	Date	Title		
	Print/Type preparer's name	Preparer's signature	Date	Check If PTIN self- employed	,
	DENNIS CRAVEN, CPA	DENNIS CRAVEN, CP	05/25/17	P0009419	6
Paid Preparer Use Only		D		Firm's EIN ► 41-1431613	
	Firm's address P.O. BOX 52 CORALVILLE,	67 IA 52241-0267		Phone no. (319)248-03	 67
					

Form 990-PF	Dividends	and Intere	est from	Secur	ities	St	atement	1	
Source	Gross Amount	Capital Gains Dividend:	Rev	a) enue Books	(b) Net Inverment Income		(c) Adjuste Net Inco		
LPL FINANICAL	224.		 D.	224.	2:	24.	22	24.	
To Part I, line 4	224.		0.	224.	2:	24.	22	24.	
Form 990-PF		Other Inv	estments			St	atement	2	
Description			luation ethod	Воо	k Value	Fá	air Market Value	t	
MUTUAL FUNDS			FMV 5			54,537. 5		54,404.	
Total to Form 990-P	F, Part II,	line 13			54,537.		54,40	04.	
Form 990-PF		Substantia rt VII-A,		butors		St	tatement	3	
Name of Contributor		Addr	ess						
GARY WATTS	•		2881 SADDLECLUB ROAD NE IOWA CITY, IA 52240						
BECKY WATTS			SADDLEC CITY, I						
Form 990-PF	_	art XV - I of Foundati		ers		S	tatement	4	

Name of Manager

GARY WATTS
BECKY WATTS