

|                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                  |                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| efile GRAPHIC print - DO NOT PROCESS                                                                                                                                                                                                                                                                                                                              |                                                    | As Filed Data -                                                                                                                                                                                                                                                                                                                               |            | DLN: 93491321005107                                                                                                                                                              |                                                                                  |
| <div>Form <b>990-PF</b></div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div>                                                                                                                                                                                                                                                           |                                                    | <div>Return of Private Foundation</div> <div>or Section 4947(a)(1) Trust Treated as Private Foundation</div> <div>▶ Do not enter social security numbers on this form as it may be made public.</div> <div>▶ Information about Form 990-PF and its instructions is at <a href="http://www.irs.gov/form990pf">www.irs.gov/form990pf</a>.</div> |            |                                                                                                                                                                                  | <div>OMB No 1545-0052</div> <div>2016</div> <div>Open to Public Inspection</div> |
| For calendar year 2016, or tax year beginning 07-01-2016, and ending 06-30-2017                                                                                                                                                                                                                                                                                   |                                                    |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                  |                                                                                  |
| Name of foundation<br>PAMELA BASS-BOOKEY AND HARRY BOOKEY CHARITABLE FOUNDATION                                                                                                                                                                                                                                                                                   |                                                    |                                                                                                                                                                                                                                                                                                                                               |            | A Employer identification number<br>20-3828796                                                                                                                                   |                                                                                  |
| Number and street (or P O box number if mail is not delivered to street address)<br>400 LOCUST STREET NO 790                                                                                                                                                                                                                                                      |                                                    |                                                                                                                                                                                                                                                                                                                                               | Room/suite |                                                                                                                                                                                  |                                                                                  |
| B Telephone number (see instructions)<br>(515) 244-2622                                                                                                                                                                                                                                                                                                           |                                                    |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                  |                                                                                  |
| City or town, state or province, country, and ZIP or foreign postal code<br>DES MOINES, IA 50309                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                                                                                                                                                                                                                               |            | C If exemption application is pending, check here ▶ <input type="checkbox"/>                                                                                                     |                                                                                  |
| G Check all that apply<br><div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div> |                                                    |                                                                                                                                                                                                                                                                                                                                               |            | D 1. Foreign organizations, check here ▶ <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/> |                                                                                  |
| H Check type of organization<br><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                                                                               |                                                    |                                                                                                                                                                                                                                                                                                                                               |            | E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>                                                                  |                                                                                  |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16)▶\$ 1,101,389                                                                                                                                                                                                                                                                    |                                                    | J Accounting method<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(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)                                                                                                                                                                                                                                                                                | 500,000    |                                                                                                                                                                                  |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | 2                                                  | Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .                                                                                                                                                                                                                                             |            |                                                                                                                                                                                  |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | 3                                                  | Interest on savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                  | 4,020      | 4,020                                                                                                                                                                            |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | 4                                                  | Dividends and interest from securities . . . . .                                                                                                                                                                                                                                                                                              |            |                                                                                                                                                                                  |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | 5a                                                 | Gross rents . . . . .                                                                                                                                                                                                                                                                                                                         |            |                                                                                                                                                                                  |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | b                                                  | Net rental income or (loss) _____                                                                                                                                                                                                                                                                                                             |            |                                                                                                                                                                                  |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | 6a                                                 | Net gain or (loss) from sale of assets not on line 10                                                                                                                                                                                                                                                                                         |            |                                                                                                                                                                                  |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | b                                                  | Gross sales price for all assets on line 6a _____                                                                                                                                                                                                                                                                                             |            |                                                                                                                                                                                  |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | 7                                                  | Capital gain net income (from Part IV, line 2) . . . . .                                                                                                                                                                                                                                                                                      |            | 0                                                                                                                                                                                |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | 8                                                  | Net short-term capital gain . . . . .                                                                                                                                                                                                                                                                                                         |            |                                                                                                                                                                                  |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | 9                                                  | Income modifications . . . . .                                                                                                                                                                                                                                                                                                                |            |                                                                                                                                                                                  |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | 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) . . . . .           |                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                  |                                                                                  |
| 12                                                                                                                                                                                                                                                                                                                                                                | Total. Add lines 1 through 11 . . . . .            | 504,020                                                                                                                                                                                                                                                                                                                                       | 4,020      |                                                                                                                                                                                  |                                                                                  |
| Operating and Administrative Expenses                                                                                                                                                                                                                                                                                                                             | 13                                                 | Compensation of officers, directors, trustees, etc                                                                                                                                                                                                                                                                                            | 0          | 0                                                                                                                                                                                | 0                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                   | 14                                                 | Other employee salaries and wages . . . . .                                                                                                                                                                                                                                                                                                   |            |                                                                                                                                                                                  |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | 15                                                 | Pension plans, employee benefits . . . . .                                                                                                                                                                                                                                                                                                    |            |                                                                                                                                                                                  |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | 16a                                                | Legal fees (attach schedule) . . . . .                                                                                                                                                                                                                                                                                                        |            |                                                                                                                                                                                  |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | b                                                  | Accounting fees (attach schedule) . . . . .                                                                                                                                                                                                                                                                                                   | 800        | 800                                                                                                                                                                              | 0                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                   | c                                                  | Other professional fees (attach schedule) . . . . .                                                                                                                                                                                                                                                                                           |            |                                                                                                                                                                                  |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | 17                                                 | Interest . . . . .                                                                                                                                                                                                                                                                                                                            |            |                                                                                                                                                                                  |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | 18                                                 | Taxes (attach schedule) (see instructions) . . . . .                                                                                                                                                                                                                                                                                          | 31         | 31                                                                                                                                                                               | 0                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                   | 19                                                 | Depreciation (attach schedule) and depletion . . . . .                                                                                                                                                                                                                                                                                        |            |                                                                                                                                                                                  |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | 20                                                 | Occupancy . . . . .                                                                                                                                                                                                                                                                                                                           |            |                                                                                                                                                                                  |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | 21                                                 | Travel, conferences, and meetings . . . . .                                                                                                                                                                                                                                                                                                   |            |                                                                                                                                                                                  |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | 22                                                 | Printing and publications . . . . .                                                                                                                                                                                                                                                                                                           |            |                                                                                                                                                                                  |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | 23                                                 | Other expenses (attach schedule) . . . . .                                                                                                                                                                                                                                                                                                    |            |                                                                                                                                                                                  |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | 24                                                 | Total operating and administrative expenses. Add lines 13 through 23 . . . . .                                                                                                                                                                                                                                                                | 831        | 831                                                                                                                                                                              | 0                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                   | 25                                                 | Contributions, gifts, grants paid . . . . .                                                                                                                                                                                                                                                                                                   | 336,207    |                                                                                                                                                                                  | 336,207                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                   | 26                                                 | Total expenses and disbursements. Add lines 24 and 25                                                                                                                                                                                                                                                                                         | 337,038    | 831                                                                                                                                                                              | 336,207                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                   | 27                                                 | Subtract line 26 from line 12                                                                                                                                                                                                                                                                                                                 |            |                                                                                                                                                                                  |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | a                                                  | Excess of revenue over expenses and disbursements                                                                                                                                                                                                                                                                                             | 166,982    |                                                                                                                                                                                  |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | b                                                  | Net investment income (if negative, enter -0-)                                                                                                                                                                                                                                                                                                |            | 3,189                                                                                                                                                                            |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                   | c                                                  | Adjusted net income(if negative, enter -0-)                                                                                                                                                                                                                                                                                                   |            |                                                                                                                                                                                  |                                                                                  |
| For Paperwork Reduction Act Notice, see instructions.                                                                                                                                                                                                                                                                                                             |                                                    |                                                                                                                                                                                                                                                                                                                                               |            | Cat No 11289X Form 990-PF (2016)                                                                                                                                                 |                                                                                  |

| 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<br>(a) Book Value                                                                                               | End of year<br>(b) Book Value (c) Fair Market Value |           |           |
| Assets                      | 1                                                                                                                                              | Cash—non-interest-bearing . . . . .                                                                                               |                                                     |           |           |
|                             | 2                                                                                                                                              | Savings and temporary cash investments . . . . .                                                                                  | 934,407                                             | 1,101,389 | 1,101,389 |
|                             | 3                                                                                                                                              | Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                       |                                                     |           |           |
|                             | 4                                                                                                                                              | Pledges receivable ▶ _____<br>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 schedule) ▶ _____<br>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 (attach schedule)                                                                |                                                     |           |           |
|                             | b                                                                                                                                              | Investments—corporate stock (attach schedule) . . . . .                                                                           |                                                     |           |           |
|                             | c                                                                                                                                              | Investments—corporate bonds (attach schedule) . . . . .                                                                           |                                                     |           |           |
|                             | 11                                                                                                                                             | Investments—land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____               |                                                     |           |           |
|                             | 12                                                                                                                                             | Investments—mortgage loans . . . . .                                                                                              |                                                     |           |           |
|                             | 13                                                                                                                                             | Investments—other (attach schedule) . . . . .                                                                                     |                                                     |           |           |
|                             | 14                                                                                                                                             | Land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                           |                                                     |           |           |
| 15                          | Other assets (describe ▶ _____)                                                                                                                |                                                                                                                                   |                                                     |           |           |
| 16                          | <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)                                              | 934,407                                                                                                                           | 1,101,389                                           | 1,101,389 |           |
| Liabilities                 | 17                                                                                                                                             | Accounts payable and accrued expenses . . . . .                                                                                   |                                                     |           |           |
|                             | 18                                                                                                                                             | Grants payable . . . . .                                                                                                          |                                                     |           |           |
|                             | 19                                                                                                                                             | Deferred revenue . . . . .                                                                                                        |                                                     |           |           |
|                             | 20                                                                                                                                             | Loans from officers, directors, trustees, and other disqualified persons                                                          |                                                     |           |           |
|                             | 21                                                                                                                                             | Mortgages and other notes payable (attach schedule) . . . . .                                                                     |                                                     |           |           |
|                             | 22                                                                                                                                             | Other liabilities (describe ▶ _____)                                                                                              |                                                     |           |           |
|                             | 23                                                                                                                                             | <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                      | 0                                                   | 0         |           |
| Net Assets or Fund Balances | <b>Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/></b><br><b>and complete lines 24 through 26 and lines 30 and 31.</b> |                                                                                                                                   |                                                     |           |           |
|                             | 24                                                                                                                                             | Unrestricted . . . . .                                                                                                            |                                                     |           |           |
|                             | 25                                                                                                                                             | Temporarily restricted . . . . .                                                                                                  |                                                     |           |           |
|                             | 26                                                                                                                                             | Permanently restricted . . . . .                                                                                                  |                                                     |           |           |
|                             | <b>Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/></b><br><b>and complete lines 27 through 31.</b>   |                                                                                                                                   |                                                     |           |           |
|                             | 27                                                                                                                                             | Capital stock, trust principal, or current funds . . . . .                                                                        | 0                                                   | 0         |           |
|                             | 28                                                                                                                                             | Paid-in or capital surplus, or land, bldg , and equipment fund                                                                    | 0                                                   | 0         |           |
|                             | 29                                                                                                                                             | Retained earnings, accumulated income, endowment, or other funds                                                                  | 934,407                                             | 1,101,389 |           |
| 30                          | <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                                          | 934,407                                                                                                                           | 1,101,389                                           |           |           |
| 31                          | <b>Total liabilities and net assets/fund balances</b> (see instructions) .                                                                     | 934,407                                                                                                                           | 1,101,389                                           |           |           |

| 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 | 934,407   |
| 2                                                           | Enter amount from Part I, line 27a . . . . .                                                                                                             | 2 | 166,982   |
| 3                                                           | Other increases not included in line 2 (itemize) ▶ _____                                                                                                 | 3 | 0         |
| 4                                                           | Add lines 1, 2, and 3 . . . . .                                                                                                                          | 4 | 1,101,389 |
| 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, column (b), line 30 .                                                    | 6 | 1,101,389 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a)<br>List and describe the kind(s) of property sold (e g , real estate,<br>2-story brick warehouse, or common stock, 200 shs MLC Co ) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr ) |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| <b>1a</b>                                                                                                                               |                                                 |                                         |                                     |
|                                                                                                                                         |                                                 |                                         |                                     |
|                                                                                                                                         |                                                 |                                         |                                     |
|                                                                                                                                         |                                                 |                                         |                                     |
|                                                                                                                                         |                                                 |                                         |                                     |

  

| (e)<br>Gross sales price | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|--------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>a</b>                 |                                               |                                                    |                                                 |
| <b>b</b>                 |                                               |                                                    |                                                 |
| <b>c</b>                 |                                               |                                                    |                                                 |
| <b>d</b>                 |                                               |                                                    |                                                 |
| <b>e</b>                 |                                               |                                                    |                                                 |

  

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                         |                                                  | (l)<br>Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|---------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------|
| (i)<br>F M V as of 12/31/69                                                                 | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of col (i)<br>over col (j), if any |                                                                                                 |
| <b>a</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>b</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>c</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>d</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>e</b>                                                                                    |                                         |                                                  |                                                                                                 |

  

|                                                                                                                                                                                                         |          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>2</b> Capital gain net income or (net capital loss) <span style="float: right;">{ If gain, also enter in Part I, line 7<br/>If (loss), enter -0- in Part I, line 7 }</span>                          | <b>2</b> |  |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br>in Part I, line 8 | <b>3</b> |  |

**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

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

| (a)<br>Base period years Calendar<br>year (or tax year beginning in)                                                                                                                   | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| 2015                                                                                                                                                                                   | 67,645                                   | 524,858                                      | 0 128882                                                  |
| 2014                                                                                                                                                                                   | 0                                        | 436                                          | 0 000000                                                  |
| 2013                                                                                                                                                                                   | 0                                        | 435                                          | 0 000000                                                  |
| 2012                                                                                                                                                                                   | 0                                        | 435                                          | 0 000000                                                  |
| 2011                                                                                                                                                                                   | 19,905                                   | 5,417                                        | 3 674543                                                  |
| <b>2 Total</b> of line 1, column (d)                                                                                                                                                   |                                          |                                              | <b>2</b> 3 803425                                         |
| <b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the<br>number of years the foundation has been in existence if less than 5 years |                                          |                                              | <b>3</b> 0 760685                                         |
| <b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5                                                                                                  |                                          |                                              | <b>4</b> 1,046,059                                        |
| <b>5</b> Multiply line 4 by line 3                                                                                                                                                     |                                          |                                              | <b>5</b> 795,721                                          |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                    |                                          |                                              | <b>6</b> 32                                               |
| <b>7</b> Add lines 5 and 6                                                                                                                                                             |                                          |                                              | <b>7</b> 795,753                                          |
| <b>8</b> Enter qualifying distributions from Part XII, line 4                                                                                                                          |                                          |                                              | <b>8</b> 336,207                                          |

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)**

|           |                                                                                                                                                                                                                                   |           |    |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions) |           |    |
| <b>b</b>  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .                                                                         | <b>1</b>  | 64 |
| <b>c</b>  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)                                                                                                            |           |    |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | <b>2</b>  | 0  |
| <b>3</b>  | Add lines 1 and 2. . . . .                                                                                                                                                                                                        | <b>3</b>  | 64 |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                       | <b>4</b>  | 0  |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                                                                                          | <b>5</b>  | 64 |
| <b>6</b>  | Credits/Payments                                                                                                                                                                                                                  |           |    |
| <b>a</b>  | 2016 estimated tax payments and 2015 overpayment credited to 2016                                                                                                                                                                 | <b>6a</b> |    |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source . . . . .                                                                                                                                                                     | <b>6b</b> |    |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868) . . . . .                                                                                                                                                     | <b>6c</b> |    |
| <b>d</b>  | Backup withholding erroneously withheld . . . . .                                                                                                                                                                                 | <b>6d</b> |    |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d. . . . .                                                                                                                                                                      | <b>7</b>  | 0  |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached                                                                                                          | <b>8</b>  |    |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ▶                                                                                                                           | <b>9</b>  | 64 |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ▶                                                                                                               | <b>10</b> |    |
| <b>11</b> | Enter the amount of line 10 to be <b>Credited to 2017 estimated tax</b> ▶ <b>Refunded</b> ▶                                                                                                                                       | <b>11</b> |    |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                                          | Yes       | No  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> 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? . . . . .                                                                                                                                                                                 | <b>1a</b> | No  |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .<br>If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities | <b>1b</b> | No  |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                           | <b>1c</b> | No  |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br>(1) On the foundation ▶ \$ _____ 0 (2) On foundation managers ▶ \$ _____ 0                                                                                                                                                                                 |           |     |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0                                                                                                                                                                                                               |           |     |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br>If "Yes," attach a detailed description of the activities                                                                                                                                                                                          | <b>2</b>  | No  |
| <b>3</b> 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 . . . . .                                                                                                                            | <b>3</b>  | No  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                          | <b>4a</b> | No  |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                               | <b>4b</b> |     |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br>If "Yes," attach the statement required by General Instruction T                                                                                                                                                                                    | <b>5</b>  | No  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• 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? . . . . .                     | <b>6</b>  | Yes |
| <b>7</b> 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 . . . . .                                                                                                                                                                                                                      | <b>7</b>  | Yes |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)<br>▶ 1A _____                                                                                                                                                                                                                                               |           |     |
| <b>b</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 .                                                                                                                                                   | <b>8b</b> | Yes |
| <b>9</b> 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)?<br>If "Yes," complete Part XIV . . . . .                                                                                               | <b>9</b>  | No  |
| <b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  . . . . .                                                                                                                               | <b>10</b> | Yes |

**Part VII-A Statements Regarding Activities** (continued)

|           |                                                                                                                                                                                          |           |            |           |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | 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). | <b>11</b> |            | <b>No</b> |
| <b>12</b> | 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) | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address <b>►</b> N/A                                      | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of <b>►</b> CARRIE WALTERS Telephone no <b>►</b> (515) 244-2622                                                                                                    |           |            |           |

Located at **►** 400 LOCUST STREET SUITE 790 DES MOINES IA ZIP+4 **►** 50309

|           |                                                                                                                                                                                                                                                                                                                                                                                          |           |            |           |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>►</b> 15                                                                                                                                    |           |            |           |
| <b>16</b> | 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?<br>See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country <b>►</b> | <b>16</b> | <b>Yes</b> | <b>No</b> |

**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.**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |            |           |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>1a</b> | During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | <b>Yes</b> | <b>No</b> |
|           | (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? ( <b>Exception.</b> 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>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/><br>Organizations relying on a current notice regarding disaster assistance check here. <b>►</b> <input type="checkbox"/>                                                                                                                                            | <b>1b</b> |            |           |
| <b>c</b>  | 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? <input type="checkbox"/>                                                                                                                                                                                                                                                                                                         | <b>1c</b> |            | <b>No</b> |
| <b>2</b>  | 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))                                                                                                                                                                                                                                                                                                                                            |           |            |           |
| <b>a</b>  | 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<br>If "Yes," list the years <b>►</b> 20____, 20____, 20____, 20____                                                                                                                                                                                                                                |           |            |           |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>                                                                                                                                                                           | <b>2b</b> |            |           |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>►</b> 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                           |           |            |           |
| <b>3a</b> | 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>b</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). <input type="checkbox"/> | <b>3b</b> |            |           |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                                          | <b>4a</b> |            | <b>No</b> |
| <b>b</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?                                                                                                                                                                                                                                                                                        | <b>4b</b> |            | <b>No</b> |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (Continued)

|                                                                                                                                                                                                                                                    |                                                                     |                                                                     |           |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-----------|-----------|
| <b>5a</b> 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))?                                                                                                                                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                     |           |           |
| (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?                                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                     |           |           |
| (3) Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                     |           |           |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).                                                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                     |           |           |
| <b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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)?            |                                                                     | <input type="checkbox"/>                                            | <b>5b</b> |           |
| Organizations relying on a current notice regarding disaster assistance check here.                                                                                                                                                                |                                                                     | <input type="checkbox"/>                                            |           |           |
| <b>c</b> 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?<br>If "Yes," attach the statement required by Regulations section 53.4945–5(d) |                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |           |           |
| <b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                          |                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>6b</b> | <b>No</b> |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?<br>If "Yes" to 6b, file Form 8870                                                                                              |                                                                     |                                                                     |           |           |
| <b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?                                                                                                                                     |                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>7b</b> |           |
| <b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                                                   |                                                                     |                                                                     |           |           |

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

| <b>1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).</b>                     |                                                           |                                           |                                                                       |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| (a) Name and address                                                                                                                | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
| PAMELA-BASS BOOKEY<br>400 LOCUST STREET SUITE 790<br>DES MOINES, IA 50309                                                           | VP, SECRETARY & DIRECTOR<br>0 50                          | 0                                         | 0                                                                     | 0                                     |
| HARRY BOOKEY<br>400 LOCUST STREET SUITE 790<br>DES MOINES, IA 50309                                                                 | PRESIDENT, TREASURER & DIR<br>0 50                        | 0                                         | 0                                                                     | 0                                     |
| <b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b> |                                                           |                                           |                                                                       |                                       |
| (a) Name and address of each employee paid more than \$50,000                                                                       | Title, and average hours per week (b) devoted to position | (c) Compensation                          | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
| NONE                                                                                                                                |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
| <b>Total number of other employees paid over \$50,000.</b>                                                                          |                                                           |                                           |                                                                       | 0                                     |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five 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 service | (c) Compensation |
|--------------------------------------------------------------------------------------------|---------------------|------------------|
| NONE                                                                                       |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
| <b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ► |                     | 0                |

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

|          | Expenses |
|----------|----------|
| <b>1</b> |          |
|          |          |
|          |          |
| <b>2</b> |          |
|          |          |
|          |          |
| <b>3</b> |          |
|          |          |
|          |          |
| <b>4</b> |          |
|          |          |
|          |          |

**Part IX-B Summary of Program-Related Investments (see instructions)**

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|------------------------------------------------------------------------------------------------------------------|--------|
| <b>1</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| <b>2</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| All other program-related investments. See instructions.                                                         |        |
| <b>3</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| <b>Total.</b> Add lines 1 through 3 . . . . . ►                                                                  | 0      |

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

|          |                                                                                                              |           |           |
|----------|--------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes   |           |           |
| <b>a</b> | Average monthly fair market value of securities.                                                             | <b>1a</b> | 0         |
| <b>b</b> | Average of monthly cash balances.                                                                            | <b>1b</b> | 1,061,989 |
| <b>c</b> | Fair market value of all other assets (see instructions).                                                    | <b>1c</b> | 0         |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c).                                                                       | <b>1d</b> | 1,061,989 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).   | <b>1e</b> | 0         |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets.                                                        | <b>2</b>  | 0         |
| <b>3</b> | Subtract line 2 from line 1d.                                                                                | <b>3</b>  | 1,061,989 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).   | <b>4</b>  | 15,930    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4. | <b>5</b>  | 1,046,059 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5.                                                        | <b>6</b>  | 52,303    |

**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.)

|           |                                                                                                            |           |        |
|-----------|------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>1</b>  | Minimum investment return from Part X, line 6.                                                             | <b>1</b>  | 52,303 |
| <b>2a</b> | Tax on investment income for 2016 from Part VI, line 5.                                                    | <b>2a</b> | 64     |
| <b>b</b>  | Income tax for 2016 (This does not include the tax from Part VI).                                          | <b>2b</b> |        |
| <b>c</b>  | Add lines 2a and 2b.                                                                                       | <b>2c</b> | 64     |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1.                                     | <b>3</b>  | 52,239 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions.                                                 | <b>4</b>  | 0      |
| <b>5</b>  | Add lines 3 and 4.                                                                                         | <b>5</b>  | 52,239 |
| <b>6</b>  | Deduction from distributable amount (see instructions).                                                    | <b>6</b>  | 0      |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | <b>7</b>  | 52,239 |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                                       |           |         |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                                             |           |         |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.                                                                          | <b>1a</b> | 336,207 |
| <b>b</b> | Program-related investments—total from Part IX-B.                                                                                                     | <b>1b</b> | 0       |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.                                            | <b>2</b>  |         |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the                                                                                   |           |         |
| <b>a</b> | Suitability test (prior IRS approval required).                                                                                                       | <b>3a</b> |         |
| <b>b</b> | Cash distribution test (attach the required schedule).                                                                                                | <b>3b</b> |         |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.                                    | <b>4</b>  | 336,207 |
| <b>5</b> | 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). | <b>5</b>  | 0       |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.                                                                                | <b>6</b>  | 336,207 |

**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)<br>Corpus | (b)<br>Years prior to 2015 | (c)<br>2015 | (d)<br>2016 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2016 from Part XI, line 7                                                                                                                                |               |                            |             | 52,239      |
| <b>2</b> Undistributed income, if any, as of the end of 2016                                                                                                                               |               |                            |             |             |
| <b>a</b> Enter amount for 2015 only. . . . .                                                                                                                                               |               |                            | 0           |             |
| <b>b</b> Total for prior years 20____, 20____, 20____                                                                                                                                      |               | 0                          |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2016                                                                                                                                   |               |                            |             |             |
| <b>a</b> From 2011. . . . . 19,634                                                                                                                                                         |               |                            |             |             |
| <b>b</b> From 2012. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>c</b> From 2013. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>d</b> From 2014. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>e</b> From 2015. . . . . 41,433                                                                                                                                                         |               |                            |             |             |
| <b>f</b> <b>Total</b> of lines 3a through e. . . . .                                                                                                                                       | 61,067        |                            |             |             |
| <b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 336,207                                                                                                              |               |                            |             |             |
| <b>a</b> Applied to 2015, but not more than line 2a                                                                                                                                        |               |                            | 0           |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               | 0                          |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              | 0             |                            |             |             |
| <b>d</b> Applied to 2016 distributable amount. . . . .                                                                                                                                     |               |                            |             | 52,239      |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        | 283,968       |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2016<br>(If an amount appears in column (d), the same amount must be shown in column (a) )                                              | 0             |                            |             | 0           |
| <b>6</b> <b>Enter the net total of each column as indicated below:</b>                                                                                                                     |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                                   | 345,035       |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .                                                                                                         |               | 0                          |             |             |
| <b>c</b> 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                          |             |             |
| <b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .                                                                                                           |               | 0                          |             |             |
| <b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .                                                                             |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .                                                               |               |                            |             | 0           |
| <b>7</b> 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             |                            |             |             |
| <b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . . .                                                                              | 19,634        |                            |             |             |
| <b>9</b> <b>Excess distributions carryover to 2017.</b><br>Subtract lines 7 and 8 from line 6a . . . . .                                                                                   | 325,401       |                            |             |             |
| <b>10</b> Analysis of line 9                                                                                                                                                               |               |                            |             |             |
| <b>a</b> Excess from 2012. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>b</b> Excess from 2013. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>c</b> Excess from 2014. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>d</b> Excess from 2015. . . . . 41,433                                                                                                                                                  |               |                            |             |             |
| <b>e</b> Excess from 2016. . . . . 283,968                                                                                                                                                 |               |                            |             |             |

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

|                                                                                                                                                                                                    |          |               |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
| <b>1a</b> 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>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)          |          |               |          |          |           |
| <b>2a</b> 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>b</b> 85% of line 2a . . . . .                                                                                                                                                                  |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                                                             |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                                                           |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                                                   |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon                                                                                                                                 |          |               |          |          |           |
| <b>a</b> "Assets" alternative test—enter                                                                                                                                                           |          |               |          |          |           |
| <b>(1)</b> Value of all assets . . . . .                                                                                                                                                           |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                                                               |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .                                                                    |          |               |          |          |           |
| <b>c</b> "Support" alternative test—enter                                                                                                                                                          |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . .                                   |          |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .                                                                         |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization                                                                                                                                   |          |               |          |          |           |
| <b>(4)</b> Gross investment income                                                                                                                                                                 |          |               |          |          |           |

**Part XV Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

|                                                                                                                                                                                                                                                                                                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1 Information Regarding Foundation Managers:</b>                                                                                                                                                                                                                                                                                         |  |
| <b>a</b> 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) )                                                                                        |  |
| <b>b</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                                                                                                        |  |
| <b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>                                                                                                                                                                                                                                                |  |
| Check here <input checked="" type="checkbox"/> 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 |  |
| <b>a</b> The name, address, and telephone number or email address of the person to whom applications should be addressed                                                                                                                                                                                                                    |  |
| <b>b</b> The form in which applications should be submitted and information and materials they should include                                                                                                                                                                                                                               |  |
| <b>c</b> Any submission deadlines                                                                                                                                                                                                                                                                                                           |  |
| <b>d</b> Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors                                                                                                                                                                                               |  |

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| Name and address (home or business)                               |                                                                                                                    |                                      |                                     |         |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |         |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | <b>3a</b>                           | 336,207 |
| <b>b</b> <i>Approved for future payment</i>                       |                                                                                                                    |                                      |                                     |         |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | <b>3b</b>                           | 0       |

| Enter gross amounts unless otherwise indicated                                 | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See instructions ) |
|--------------------------------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|--------------------------------------------------------------------|
|                                                                                | (a)<br>Business code      | (b)<br>Amount | (c)<br>Exclusion code                | (d)<br>Amount |                                                                    |
| <b>1</b> Program service revenue                                               |                           |               |                                      |               |                                                                    |
| <b>a</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>b</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>c</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>d</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>e</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>f</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>g</b> Fees and contracts from government agencies                           |                           |               |                                      |               |                                                                    |
| <b>2</b> Membership dues and assessments. . . . .                              |                           |               |                                      |               |                                                                    |
| <b>3</b> Interest on savings and temporary cash<br>investments . . . . .       |                           |               | 14                                   | 4,020         |                                                                    |
| <b>4</b> Dividends and interest from securities. . . . .                       |                           |               |                                      |               |                                                                    |
| <b>5</b> Net rental income or (loss) from real estate                          |                           |               |                                      |               |                                                                    |
| <b>a</b> Debt-financed property. . . . .                                       |                           |               |                                      |               |                                                                    |
| <b>b</b> Not debt-financed property. . . . .                                   |                           |               |                                      |               |                                                                    |
| <b>6</b> Net rental income or (loss) from personal property                    |                           |               |                                      |               |                                                                    |
| <b>7</b> Other investment income. . . . .                                      |                           |               |                                      |               |                                                                    |
| <b>8</b> Gain or (loss) from sales of assets other than<br>inventory . . . . . |                           |               |                                      |               |                                                                    |
| <b>9</b> Net income or (loss) from special events                              |                           |               |                                      |               |                                                                    |
| <b>10</b> Gross profit or (loss) from sales of inventory                       |                           |               |                                      |               |                                                                    |
| <b>11</b> Other revenue <b>a</b> _____                                         |                           |               |                                      |               |                                                                    |
| <b>b</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>c</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>d</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>e</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>12</b> Subtotal Add columns (b), (d), and (e). . .                          |                           | 0             |                                      | 4,020         |                                                                    |

| Part XVI-B | Relationship of Activities to the Accomplishment of Exempt Purposes |
|------------|---------------------------------------------------------------------|
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[illegible]

## Part XVII

- |       | Yes | No |
|-------|-----|----|
| 1a(1) |     | No |
| 1a(2) |     | No |
| 1b(1) |     | No |
| 1b(2) |     | No |
| 1b(3) |     | No |
| 1b(4) |     | No |
| 1b(5) |     | No |
| 1b(6) |     | No |
| 1c    |     | No |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

**Sign  
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below  
(see instr )? ☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

|                                                                                  |                      |      |                                                 |                         |
|----------------------------------------------------------------------------------|----------------------|------|-------------------------------------------------|-------------------------|
| Print/Type preparer's name<br><br>JAMES A VROMAN                                 | Preparer's Signature | Date | Check if self-employed <input type="checkbox"/> | PTIN<br><br>P00404217   |
| Firm's name ► THE VROMAN GROUP LLP                                               |                      |      |                                                 | Firm's EIN ► 20-4498454 |
| Firm's address ► 6601 WESTOWN PARKWAY SUITE 250<br><br>WEST DES MOINES, IA 50266 |                      |      |                                                 | Phone no (515) 278-4531 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                             |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution            | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                             |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                             |         |
| AMERICAN HEART ASSOCIATION<br>5000 WESTOWN PKWY 340<br>WEST DES MOINES, IA 50266                         | NONE                                                                                                      | PUBLIC                         | TO SUPPORT THE RESEARCH OF HEART DISEASES   | 550     |
| ANIMAL LIFELINE 4521 SE 14TH<br>DES MOINES, IA 50310                                                     | NONE                                                                                                      | PUBLIC                         | TO SUPPORT THE WELLBEING OF ANIMALS         | 250     |
| BOYS & GIRLS CLUB OF CENTRAL IOWA<br>1421 WALKER ST<br>DES MOINES, IA 50316                              | NONE                                                                                                      | PUBLIC                         | TO SUPPORT CHILD EDUCATION                  | 10,500  |
| ANIMAL RESCUE LEAGUE<br>5452 NE 22ND ST<br>DES MOINES, IA 50313                                          | NONE                                                                                                      | PUBLIC                         | TO SUPPORT THE WELLBEING OF ANIMALS         | 2,000   |
| DES MOINES ARTS FESTIVAL<br>4700 GRAND AVENUE<br>DES MOINES, IA 50312                                    | NONE                                                                                                      | PUBLIC                         | OPERATING EXPENSES FOR CULTURAL ARTS MUSEUM | 1,000   |
| <b>Total . . . . .</b> ▶<br><b>3a</b>                                                                    |                                                                                                           |                                |                                             | 336,207 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment   |                                                                                                           |                                |                                                    |         |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------|---------|
| Recipient                                                                                                  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                   | Amount  |
| Name and address (home or business)                                                                        |                                                                                                           |                                |                                                    |         |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                           |                                |                                                    |         |
| DES MOINES PARKS AND RECREATION<br>1551 E MARTIN LUTHER KING JR PKWY<br>DES MOINES, IA 50317               | NONE                                                                                                      | PUBLIC                         | TO SUPPORT PUBLIC PARKS IN THE DES MOINES AREA     | 125     |
| DES MOINES PUBLIC LIBRARY FOUNDATION<br>1000 GRAND AVE<br>DES MOINES, IA 50309                             | NONE                                                                                                      | PUBLIC                         | TO SUPPORT PUBLIC LIBRARIES IN THE DES MOINES AREA | 500     |
| DES MOINES SYMPHONY ASSOCIATION<br>1011 LOCUST ST 200<br>DES MOINES, IA 50309                              | NONE                                                                                                      | PUBLIC                         | TO SUPPORT ARTS AND CULTURE IN THE DES MOINES AREA | 30,000  |
| DRAKE UNIVERSITY<br>2507 UNIVERSITY AVE<br>DES MOINES, IA 50311                                            | NONE                                                                                                      | PUBLIC                         | TO SUPPORT HIGHER EDUCATION                        | 5,000   |
| GREATER IOWA BOTANICAL GARDEN<br>909 ROBERT D RAY DR<br>DES MOINES, IA 50309                               | NONE                                                                                                      | PUBLIC                         | TO SUPPORT PUBLIC MUSEUM IN THE DES MOINES AREA    | 1,000   |
| <b>Total</b> . . . . .  |                                                                                                           |                                |                                                    | 336,207 |
| <b>3a</b>                                                                                                  |                                                                                                           |                                |                                                    |         |

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

| Recipient                                                                      | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                         | Amount  |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------|---------|
| Name and address (home or business)                                            |                                                                                                                    |                                      |                                                                             |         |
| <b>a</b> <i>Paid during the year</i>                                           |                                                                                                                    |                                      |                                                                             |         |
| IOWA NATURAL HERITAGE<br>FOUNDATION<br>505 5TH AVE 444<br>DES MOINES, IA 50309 | NONE                                                                                                               | PUBLIC                               | TO SUPPORT CONSERVATION IN<br>THE STATE OF IOWA                             | 300     |
| IOWA PUBLIC RADIO<br>2111 GRAND AVENUE SUITE 100<br>DES MOINES, IA 50312       | NONE                                                                                                               | PUBLIC                               | SUPPORTING THE IOWA RADIO<br>TO ENSURE OF IT'S QUALITY,<br>LEVEL OF VARIETY | 1,500   |
| IOWA RIVERS REVIVAL PO BOX 72<br>DES MOINES, IA 50301                          | NONE                                                                                                               | PUBLIC                               | TO SUPPORT CONSERVATION IN<br>THE STATE OF IOWA                             | 250     |
| MADRE 121 WEST 27TH ST 301<br>NEW YORK, NY 10001                               | NONE                                                                                                               | PUBLIC                               | TO SUPPORT WOMANS RIGHT<br>GLOBALLY                                         | 5,000   |
| PLANNED PARENTHOOD OF GREATER<br>IOWA<br>PO BOX 4557<br>DES MOINES, IA 50305   | NONE                                                                                                               | PUBLIC                               | TO SUPPORT HEALTH                                                           | 9,500   |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                          |                                                                                                                    |                                      |                                                                             | 336,207 |

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

| Recipient                                                                                                  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                   | Amount  |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------|---------|
| Name and address (home or business)                                                                        |                                                                                                                    |                                      |                                                       |         |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                                    |                                      |                                                       |         |
| PRINCIPAL CHARITY CLASSIC<br>2771 104TH ST STE I<br>URBAN DALE, IA 50322                                   | NONE                                                                                                               | PUBLIC                               | TO SUPPORT LOCAL NON-<br>PROFITS                      | 10,000  |
| PUPPY JAKE FOUNDATION<br>3101 104TH ST 2<br>URBAN DALE, IA 50322                                           | NONE                                                                                                               | PUBLIC                               | TO SUPPORT THE TRAINING OF<br>SERVICE ANIMALS         | 225     |
| ROOSEVELT HIGH SCHOOL<br>FOUNDATION<br>PO BOX 12087<br>DES MOINES, IA 50312                                | NONE                                                                                                               | PUBLIC                               | TO SUPPORT EDUCATION IN TH<br>DES MOINES AREA         | 250     |
| SALISBURY HOUSE<br>4025 TONAWANDA DR<br>DES MOINES, IA 50312                                               | NONE                                                                                                               | PUBLIC                               | TO SUPPORT HISTORICAL SITES<br>IN THE DES MOINES AREA | 9,905   |
| ART FORCE 600 HOLCOMB AVE 3<br>DES MOINES, IA 50313                                                        | NONE                                                                                                               | PUBLIC                               | TO SUPPORT LOCAL ART IN THE<br>DES MOINES AREA        | 250     |
| <b>Total . . . . .</b>  |                                                                                                                    |                                      |                                                       | 336,207 |
| <b>3a</b>                                                                                                  |                                                                                                                    |                                      |                                                       |         |

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

| Recipient                                                                                      | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                      | Amount  |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------|---------|
| Name and address (home or business)                                                            |                                                                                                           |                                |                                                       |         |
| <b>a</b> <i>Paid during the year</i>                                                           |                                                                                                           |                                |                                                       |         |
| ART INSTITUTE OF CHICAGO<br>111 S MICHIGAN AVE<br>CHICAGO, IL 60603                            | NONE                                                                                                      | PUBLIC                         | TO SUPPORT ARTS AND CULTURE IN THE CHICAGO AREA       | 2,500   |
| BOYS & GIRLS CLUB OF PALM BEACH COUNTY<br>800 NORTHPOINT PKWY 204<br>WEST PALM BEACH, FL 33407 | NONE                                                                                                      | PUBLIC                         | TO SUPPORT CHILD EDUCATION                            | 500     |
| UNIVERSITY OF IOWA FOUNDATION<br>WEST PARK RD<br>IOWA CITY, IA 52244                           | NONE                                                                                                      | PUBLIC                         | TO SUPPORT HIGHER EDUCATION IN THE STATE OF IOWA      | 2,500   |
| UNIVERSITY OF WISCONSIN FOUNDATION<br>1848 UNIVERSITY AVE<br>MADISON, WI 53726                 | NONE                                                                                                      | PUBLIC                         | TO SUPPORT HIGHER EDUCATION IN THE STATE OF WISCONSIN | 500     |
| BRAVO GREATER DES MOINES<br>1011 LOCUST ST 309<br>DES MOINES, IA 50309                         | NONE                                                                                                      | PUBLIC                         | TO SUPPORT ARTS AND CULTURE                           | 10,000  |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                          |                                                                                                           |                                |                                                       | 336,207 |

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

| Recipient                                                                             | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution              | Amount  |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------|---------|
| Name and address (home or business)                                                   |                                                                                                           |                                |                                               |         |
| <b>a</b> <i>Paid during the year</i>                                                  |                                                                                                           |                                |                                               |         |
| BROADLAWNS MEDICAL CENTER FOUNDATION<br>1801 HICKMAN RD<br>DES MOINES, IA 50314       | NONE                                                                                                      | PUBLIC                         | TO SUPPORT MEDICAL RESEARCH                   | 2,000   |
| CENTER FOR GENDER AND REFUGEE STUDIES<br>200 MCALLISTER ST<br>SAN FRANCISCO, CA 94102 | NONE                                                                                                      | PUBLIC                         | TO SUPPORT ACADEMIA RELATED TO GENDER STUDIES | 2,500   |
| CENTRAL IOWA SHELTER & SERVICES<br>1420 MULBERRY ST<br>DES MOINES, IA 50309           | NONE                                                                                                      | PUBLIC                         | TO SUPPORT HOMELESS SHELTER IN DES MOINES     | 800     |
| CHABAD OF EAST BOCA<br>120 NE 1ST AVE<br>BOCA RATON, FL 33432                         | NONE                                                                                                      | PUBLIC                         | TO SUPPORT HEBREW EDUCATION                   | 1,800   |
| CHICAGO SINAI CONGREGATION<br>15 W DELAWARE PL<br>CHICAGO, IL 60610                   | NONE                                                                                                      | PUBLIC                         | TO SUPPORT RELIGON                            | 250     |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                 |                                                                                                           |                                |                                               | 336,207 |

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

| Recipient                                                                               | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution  | Amount  |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------|---------|
| Name and address (home or business)                                                     |                                                                                                                    |                                      |                                      |         |
| <b>a</b> <i>Paid during the year</i>                                                    |                                                                                                                    |                                      |                                      |         |
| COMMUNITY FOUNDATION OF GREATER<br>DES MOINES<br>1915 GRAND AVE<br>DES MOINES, IA 50309 | NONE                                                                                                               | PUBLIC                               | TO SUPPORT LOCAL CHARITIES           | 2,500   |
| CREATIVE VISIONS 1343 13TH ST<br>DES MOINES, IA 50314                                   | NONE                                                                                                               | PUBLIC                               | TO SUPPORT HIGH-RISK YOUTH           | 500     |
| DES MOINES PERFORMING ARTS<br>221 WALNUT ST<br>DES MOINES, IA 50309                     | NONE                                                                                                               | PUBLIC                               | TO SUPPORT LOCAL<br>PERFORMING ARTS  | 6,000   |
| DES MOINES ARTS CENTER<br>4700 GRAND AVENUE<br>DES MOINES, IA 50312                     | NONE                                                                                                               | PUBLIC                               | TO SUPPORT LOCAL ARTS                | 110,000 |
| DES MOINES OPERA<br>106 W BOSTON AVE<br>INDIANOLA, IA 50125                             | NONE                                                                                                               | PUBLIC                               | TO SUPPORT LOCAL ARTS AND<br>CULTURE | 42,000  |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                   |                                                                                                                    |                                      |                                      | 336,207 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment   |                                                                                                           |                                |                                                    |         |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------|---------|
| Recipient                                                                                                  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                   | Amount  |
| Name and address (home or business)                                                                        |                                                                                                           |                                |                                                    |         |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                           |                                |                                                    |         |
| DES MOINES PASTORAL COUNSELING CENTER<br>8553 URBANDALE AVE<br>URBANDALE, IA 50322                         | NONE                                                                                                      | PUBLIC                         | TO SUPPORT ASSISTANCE PROGRAMS                     | 1,100   |
| DES MOINES UNIVERSITY<br>3200 GRAND AVE<br>DES MOINES, IA 50312                                            | NONE                                                                                                      | PUBLIC                         | TO SUPPORT HIGHER EDUCATION IN THE DES MOINES AREA | 250     |
| DES MOINES GAY MEN'S CHORUS<br>221 WALNUT ST<br>DES MOINES, IA 50309                                       | NONE                                                                                                      | PUBLIC                         | TO SUPPORT LOCAL ARTS AND CULTURE                  | 500     |
| FRIENDS OF IOWA PUBLIC TELEVISION<br>6535 CORPORATE DR<br>DES MOINES, IA 50310                             | NONE                                                                                                      | PUBLIC                         | TO SUPPORT PUBLIC TELEVISION                       | 2,000   |
| FRIENDS OF DRAKE ARTS<br>2507 UNIVERSITY AVE<br>DES MOINES, IA 50311                                       | NONE                                                                                                      | PUBLIC                         | TO SUPPORT HIGHER EDUCATION IN THE DES MOINES AREA | 500     |
| <b>Total</b> . . . . .  |                                                                                                           |                                |                                                    | 336,207 |
| <b>3a</b>                                                                                                  |                                                                                                           |                                |                                                    |         |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                     |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution    | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                     |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                     |         |
| GO RED FOR WOMAN<br>5820 WESTOWN PKWY<br>WEST DES MOINES, IA 50266                                       | NONE                                                                                                      | PUBLIC                         | TO SUPPORT BREAST CANCER AWARENESS  | 500     |
| GREATER DES MOINES MUSIC COALITION<br>1620 PLEASANT ST STE 248<br>DES MOINES, IA 50309                   | NONE                                                                                                      | PUBLIC                         | TO SUPPORT LOCAL MUSIC              | 1,500   |
| GREATER DES MOINES PARTNERSHIP<br>700 LOCUST ST 100<br>DES MOINES, IA 50309                              | NONE                                                                                                      | PUBLIC                         | TO SUPPORT LOCAL BUSINESSES         | 1,000   |
| HAITI RELIEF 48 ATLANTIC AVE<br>LYNBROOK, NY 11563                                                       | NONE                                                                                                      | PUBLIC                         | TO SUPPORT DISASTER RELIEF IN HAITI | 1,000   |
| HOPE MINISTRIES 1310 6TH AVE<br>DES MOINES, IA 50314                                                     | NONE                                                                                                      | PUBLIC                         | TO SUPPORT LOCAL CHARITIES          | 50      |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                     | 336,207 |

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

| Recipient                                                                 | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution       | Amount  |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------|---------|
| Name and address (home or business)                                       |                                                                                                                    |                                      |                                           |         |
| <b>a</b> <i>Paid during the year</i>                                      |                                                                                                                    |                                      |                                           |         |
| I HAVE A DREAM FOUNDATION<br>2507 UNIVERSITY AVE<br>DES MOINES, IA 50311  | NONE                                                                                                               | PUBLIC                               | TO SUPPORT EDUCATION                      | 200     |
| IOWA ENVIRONMENTAL COUNCIL<br>521 E LOCUST ST 220<br>DES MOINES, IA 50309 | NONE                                                                                                               | PUBLIC                               | TO SUPPORT ENVIRONMENTAL<br>ENDEAVORS     | 250     |
| IOWA JEWISH HISTORICAL SOCIETY<br>33158 UTE AVE<br>WAUKEE, IA 50263       | NONE                                                                                                               | PUBLIC                               | TO SUPPORT THE LOCAL JEWISH<br>COMMUNITY  | 500     |
| JAZZ JEWELS AND JEANS<br>1401 CENTER ST<br>DES MOINES, IA 50309           | NONE                                                                                                               | PUBLIC                               | TO SUPPORT LOCAL CHARITIES                | 1,000   |
| JEWISH FEDERATION OF DES MOINES<br>33158 UTE AVE<br>WAUKEE, IA 50263      | NONE                                                                                                               | PUBLIC                               | TO SUPPORT THE LOCSAL<br>JEWISH COMMUNITY | 14,500  |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                     |                                                                                                                    |                                      |                                           | 336,207 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                   |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution  | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                   |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                   |         |
| MADD<br>511 E JOHN CARPENTER FREEWAY<br>IRVING, TX 75062                                                 | NONE                                                                                                      | PUBLIC                         | TO PREVENT DRUNK DRIVING          | 100     |
| MAINFRAME STUDIOS<br>900 KEOSAUQUA WAY<br>DES MOINES, IA 50309                                           | NONE                                                                                                      | PUBLIC                         | TO SUPPORT LOCAL ARTS AND CULTURE | 2,500   |
| METRO ARTS ALLIANCE<br>3209 INGERSOLL AVE 208<br>DES MOINES, IA 50312                                    | NONE                                                                                                      | PUBLIC                         | TO SUPPORT LOCAL ARTS AND CULTURE | 100     |
| NO KID HUNGRY<br>1030 15TH ST NW STE 1100W<br>WASHINGTON, DC 20005                                       | NONE                                                                                                      | PUBLIC                         | TO SUPPORT CHILD HUNGER           | 100     |
| ORCHARD PLACE 2116 GRAND AVE<br>DES MOINES, IA 50310                                                     | NONE                                                                                                      | PUBLIC                         | TO SUPPORT AT RISK CHILDREN       | 1,000   |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                   | 336,207 |

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

| Recipient                                                              | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                       | Amount  |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------|---------|
| Name and address (home or business)                                    |                                                                                                                    |                                      |                                                           |         |
| <b>a</b> <i>Paid during the year</i>                                   |                                                                                                                    |                                      |                                                           |         |
| DREAM TEAM - RAGBRAI<br>2507 UNIVERSITY AVE<br>DES MOINES, IA 50311    | NONE                                                                                                               | PUBLIC                               | TO SUPPORT CHILD<br>INVOLVEMENT IN THE LOCAL<br>COMMUNITY | 50      |
| TALLGRASS THEATRE COMPANY<br>PO BOX 65932<br>WEST DES MOINES, IA 50265 | NONE                                                                                                               | PUBLIC                               | TO SUPPORT LOCAL ARTS AND<br>CULTURE                      | 500     |
| THE DES MOINES PLAYHOUSE<br>831 42ND ST<br>DES MOINES, IA 50312        | NONE                                                                                                               | PUBLIC                               | TO SUPPORT LOCAL ARTS AND<br>CULTURE                      | 2,500   |
| THE HOMESTEAD<br>1625 ADVENTURELAND DR<br>ALTOONA, IA 50009            | NONE                                                                                                               | PUBLIC                               | TO SUPPORT AUTISM<br>AWARENESS                            | 150     |
| THE WORLD FOOD PRIZE<br>100 LOCUST ST<br>DES MOINES, IA 50309          | NONE                                                                                                               | PUBLIC                               | TO SUPPORT WORLD HUNGER                                   | 1,000   |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                  |                                                                                                                    |                                      |                                                           | 336,207 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                   |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                  | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                   |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                   |         |
| TIFERETH ISRAEL SYNAGOGUE<br>924 POLK BLVD<br>DES MOINES, IA 50312                                       | NONE                                                                                                      | PUBLIC                         | TO SUPPORT THE LOCAL JEWISH COMMUNITY             | 5,827   |
| UNITED WAY OF CENTRAL IOWA<br>1111 9TH ST<br>DES MOINES, IA 50314                                        | NONE                                                                                                      | PUBLIC                         | TO SUPPORT LOCAL CHARITIES                        | 15,000  |
| URBAN DREAMS 601 FOREST AVE<br>DES MOINES, IA 50314                                                      | NONE                                                                                                      | PUBLIC                         | TO SUPPORT AT RISK YOUTHS                         | 2,500   |
| WOMEN HELPING WOMEN<br>215 E 9TH ST<br>CINCINNATI, OH 45202                                              | NONE                                                                                                      | PUBLIC                         | TO PROVIDE ASSISTANCE TO VICTIMS OF SPOUSAL ABUSE | 5,000   |
| YOUNG WOMANS RESOURCE CENTER<br>818 5TH AVE<br>DES MOINES, IA 50309                                      | NONE                                                                                                      | PUBLIC                         | TO SUPPORT LOCAL YOUNG WOMEN                      | 2,575   |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                                   | 336,207 |

**TY 2016 Accounting Fees Schedule**

**Name:** PAMELA BASS-BOOKEY AND HARRY BOOKEY  
CHARITABLE FOUNDATION

**EIN:** 20-3828796

| Category        | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|-----------------|--------|--------------------------|------------------------|---------------------------------------------|
| ACCOUNTING FEES | 800    | 800                      |                        | 0                                           |

**TY 2016 Substantial Contributors  
Schedule**

**Name:** PAMELA BASS-BOOKEY AND HARRY BOOKEY  
CHARITABLE FOUNDATION

**EIN:** 20-3828796

| Name         | Address                                             |
|--------------|-----------------------------------------------------|
| HARRY BOOKEY | 400 LOCUST STREET SUITE 790<br>DES MOINES, IA 50309 |

**TY 2016 Taxes Schedule**

**Name:** PAMELA BASS-BOOKEY AND HARRY BOOKEY  
CHARITABLE FOUNDATION

**EIN:** 20-3828796

| Category                 | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|--------------------------|--------|--------------------------|------------------------|---------------------------------------------|
| TAX ON INVESTMENT INCOME | 31     | 31                       |                        | 0                                           |

|                                                                                                                  |                                                                                                                                                                                                                                        |                                                     |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Schedule B</b><br>(Form 990, 990-EZ, or 990-PF)<br><br>Department of the Treasury<br>Internal Revenue Service | <b>Schedule of Contributors</b><br><br>▶ Attach to Form 990, 990-EZ, or 990-PF<br>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> | OMB No 1545-0047<br><br><b>2016</b>                 |
|                                                                                                                  | <b>Name of the organization</b><br>PAMELA BASS-BOOKEY AND HARRY BOOKEY<br>CHARITABLE FOUNDATION                                                                                                                                        | <b>Employer identification number</b><br>20-3828796 |

Organization type (check one)

|                    |                                                                                                           |
|--------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Filers of:</b>  | <b>Section:</b>                                                                                           |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)( ) (enter number) organization                                            |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization                                                       |
| Form 990-PF        | <input checked="" type="checkbox"/> 501(c)(3) exempt private foundation                                   |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 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 other 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<sup>1</sup>/<sub>3</sub>% 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|                                                                                             |                                                     |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>PAMELA BASS-BOOKEY AND HARRY BOOKEY<br>CHARITABLE FOUNDATION | <b>Employer identification number</b><br>20-3828796 |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------|

| <b>Part I</b> <b>Contributors</b> (see instructions) Use duplicate copies of Part I if additional space is needed |                                                               |                            |                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (a)<br>No.                                                                                                        | (b)<br>Name, address, and ZIP + 4                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
| 1                                                                                                                 | HARRY BOOKEY<br>400 LOCUST ST STE 790<br>DES MOINES, IA 50309 | \$ 500,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions ) |
| -                                                                                                                 |                                                               | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| -                                                                                                                 |                                                               | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| -                                                                                                                 |                                                               | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| -                                                                                                                 |                                                               | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| -                                                                                                                 |                                                               | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| -                                                                                                                 |                                                               | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |

20-3828796

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

**Name of organization**PAMELA BASS-BOOKEY AND HARRY BOOKEY  
CHARITABLE FOUNDATION**Employer identification number**

20-3828796

**Part III** **Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of **exclusively** religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift                          | (d) Description of how gift is held |
|------------------------|---------------------------------------|------------------------------------------|-------------------------------------|
|                        |                                       |                                          |                                     |
|                        |                                       |                                          |                                     |
|                        | (e) Transfer of gift                  |                                          |                                     |
|                        | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |                                     |
|                        |                                       |                                          |                                     |
|                        |                                       |                                          |                                     |
|                        |                                       |                                          |                                     |
| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift                          | (d) Description of how gift is held |
|                        |                                       |                                          |                                     |
|                        |                                       |                                          |                                     |
|                        | (e) Transfer of gift                  |                                          |                                     |
|                        | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |                                     |
|                        |                                       |                                          |                                     |
|                        |                                       |                                          |                                     |
|                        |                                       |                                          |                                     |
| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift                          | (d) Description of how gift is held |
|                        |                                       |                                          |                                     |
|                        |                                       |                                          |                                     |
|                        | (e) Transfer of gift                  |                                          |                                     |
|                        | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |                                     |
|                        |                                       |                                          |                                     |
|                        |                                       |                                          |                                     |
|                        |                                       |                                          |                                     |
| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift                          | (d) Description of how gift is held |
|                        |                                       |                                          |                                     |
|                        |                                       |                                          |                                     |
|                        | (e) Transfer of gift                  |                                          |                                     |
|                        | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |                                     |
|                        |                                       |                                          |                                     |
|                        |                                       |                                          |                                     |
|                        |                                       |                                          |                                     |