

For calendar year 2016, or tax year beginning 08-01-2016, and ending 07-31-2017

Name of foundation LSB FOUNDATION		A Employer identification number 20-1653464	
Number and street (or P O box number if mail is not delivered to street address) 242 TOWER PARK DR		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code WATERLOO, IA 50701		B Telephone number (see instructions) (319) 233-1900	
G Check all that apply <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 2. Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 63,376	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	

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)	211,406			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	452	452		
	4 Dividends and interest from securities	369	369		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	-69			
	b Gross sales price for all assets on line 6a _____ 1,048				
	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 _____				
Operating and Administrative Expenses	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	212,158	821		
	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)	2,457	1,228		1,229
	c Other professional fees (attach schedule)	1,548	774		774
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	47	23		24
	24 Total operating and administrative expenses. Add lines 13 through 23	4,052	2,025		2,027
	25 Contributions, gifts, grants paid	204,574			204,574
	26 Total expenses and disbursements. Add lines 24 and 25	208,626	2,025		206,601
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	3,532			
	b Net investment income (if negative, enter -0-)		0		
c Adjusted net income (if negative, enter -0-)					

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 (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	47,330	52,020	52,020
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ 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)	11,755	10,597	11,356
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	59,085	62,617	63,376	
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	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	59,085	62,617	
	30	Total net assets or fund balances (see instructions)	59,085	62,617	
31	Total liabilities and net assets/fund balances (see instructions) .	59,085	62,617		

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	59,085
2	Enter amount from Part I, line 27a	2	3,532
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	62,617
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	62,617

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a DNP SELECT INCOME FD INC	P	2012-07-05	2016-09-09
b CAPITAL GAINS DIVIDENDS	P		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 1,029		1,117	-88
b 19			19
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			-88
b			19
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	-69
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

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) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	166,590	54,064	3 081348
2014	286,073	76,053	3 761495
2013	125,104	124,681	1 003393
2012	126,782	94,510	1 341467
2011	100,727	91,153	1 105032
2 Total of line 1, column (d)			2 10 292735
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 2 058547
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			4 72,018
5 Multiply line 4 by line 3			5 148,252
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 0
7 Add lines 5 and 6			7 148,252
8 Enter qualifying distributions from Part XII, line 4			8 206,601

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)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	0
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	33
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	33
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	33
11	Enter the amount of line 10 to be Credited to 2017 estimated tax <input type="checkbox"/> 33 Refunded <input type="checkbox"/>	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a 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?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> 1A _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Yes	
14	The books are in care of JAMES S THIELEN Telephone no (319) 233-1900			

Located at **242 TOWER PARK DRIVE WATERLOO IA** ZIP+4 **50701**

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 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 ▶	16	Yes	No

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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016). <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		No

5a	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	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5b	
	Organizations relying on a current notice regarding disaster assistance check here. 	<input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53.4945-5(d)</i>			
6a	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	6b	No
	b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<i>If "Yes" to 6b, file Form 8870</i>			
7a	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	7b	
	b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

[illegible]

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

Total number of other employees paid over \$50,000.	0
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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		
Total number of others receiving over \$50,000 for professional services. ►		0

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1	
2	
3	
4	

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
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ►	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	11,150
b	Average of monthly cash balances.	1b	61,965
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	73,115
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	73,115
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,097
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	72,018
6	Minimum investment return. Enter 5% of line 5.	6	3,601

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

1	Minimum investment return from Part X, line 6.	1	3,601
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	3,601
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	3,601
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	3,601

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	206,601
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	206,601
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	206,601

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				3,601
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.	96,169			
b From 2012.	122,056			
c From 2013.	118,870			
d From 2014.	282,270			
e From 2015.	163,887			
f Total of lines 3a through e.	783,252			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 206,601				
a Applied to 2015, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2016 distributable amount.				3,601
e Remaining amount distributed out of corpus	203,000			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	986,252			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).	96,169			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	890,083			
10 Analysis of line 9				
a Excess from 2012.	122,056			
b Excess from 2013.	118,870			
c Excess from 2014.	282,270			
d Excess from 2015.	163,887			
e Excess from 2016.	203,000			

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
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
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Check here <input 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.
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed JAMES E THIELEN 242 TOWER PARK DRIVE WATERLOO, IA 50701 (319) 233-1900
b The form in which applications should be submitted and information and materials they should include APPLICATIONS FOR GRANTS ARE AVAILABLE AT THE OFFICES OF LINCOLN SAVINGS BANK
c Any submission deadlines APPLICATIONS ARE REVIEWED AS RECVD ON A CALENDAR QRTRLY BASIS ALL TIMES ARE SPECIFIED ON THE GRANT
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors GRANTS ARE MADE ONLY TO TAX QUALIFIED ORGANIZATIONS WITH IN THE GEORGRAPHIC MARKETS SERVED BY LINCOLN SAVINGS BANK

Part XV **Supplementary Information** (continued)**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)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	204,574
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue					
a	_____					
b	_____					
c	_____					
d	_____					
e	_____					
f	_____					
g	Fees and contracts from government agencies					
2	Membership dues and assessments. . . .					
3	Interest on savings and temporary cash investments			14	452	
4	Dividends and interest from securities. . . .			14	369	
5	Net rental income or (loss) from real estate					
a	Debt-financed property.					
b	Not debt-financed property.					
6	Net rental income or (loss) from personal property					
7	Other investment income.					
8	Gain or (loss) from sales of assets other than inventory					-69
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a _____					
b	_____					
c	_____					
d	_____					
e	_____					
12	Subtotal Add columns (b), (d), and (e). .		0		821	-69
13	Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)			13		752

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[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**

* * * * *

Title

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

**Paid
Preparer
Use Only**

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(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
STEVE TSCHERTER	TRUSTEE 0 50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
MIKE PETERSON	SECRETARY 0 50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
JEFFREY DRALLE	TRUSTEE 0 50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
MILT DAKOVICH	TRUSTEE 0 50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
DENNY PRESNALL	TRUSTEE 0 50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
SCOTT BUSH	TRUSTEE 0 50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
STEVE BROUWER	TRUSTEE 0 50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
DAVID DEEDS	TRUSTEE 0 00	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
SALLY HOLLIS	TRUSTEE 0 50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
LINDA ALLEN	TRUSTEE 0 50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
ERIK SKOVGARD	TRUSTEE 0 50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
CLEM HAVLIK	TRUSTEE (PART-YEAR) 0 50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
DICK RICKERT	TRUSTEE (PART-YEAR) 0 50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				

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)				
a <i>Paid during the year</i>				
ALL VETERAN MEMORIAL PROJECT C/O KAREN ALBERTS 503 N MAIN ST PO BOX 158 ALLISON, IA 50602	NONE	PC	GENERAL OPERATING	2,500
ALLEN MEMORIAL HOSPITAL CORP 1825 LOGAN AVENUE WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	3,000
ALTERNATIVES PREGNANCY CENTER 1006 DECATHLON DR WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	2,250
AMERICAN CANCER SOCIETY 225 N MICHIGAN AVE 1210 CHICAGO, IL 60601	NONE	PC	GENERAL OPERATING	1,654
AMERICAN HEART ASSOCIATION 1035 N CENTER PT RD STE B HIAWATHA, IA 52233	NONE	PC	GENERAL OPERATING	1,861
Total ► 3a				204,574

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)				
a <i>Paid during the year</i>				
AMERICANS FOR INDEPENDENT LIVING 2530 UNIVERSITY AVE WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	500
AMVET POST 10 1934 IRVING ST CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	1,000
ANKENY COMMUNITY FOUNDATION 410 W 1ST ST ANKENY, IA 500231557	NONE	PC	GENERAL OPERATING	4,000
ANKENY DOLLARS FOR SCHOLARS 406 SW SCHOOL STREET ANKENY, IA 50023	NONE	PC	DOLLARS FOR SCHOLARS	1,000
ANKENY FAMILY YMCA 1102 N ANKENY BLVD ANKENY, IA 50023	NONE	PC	GENERAL OPERATING	1,000
Total ▶ 3a				204,574

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)				
a <i>Paid during the year</i>				
ANKENY KIWANIS CLUB FOUNDATION 504 W 1ST ST ANKENY, IA 50023	NONE	PC	GENERAL OPERATING	1,000
APLINGTON RECREATION COMPLEX 1311 PARRIOTT ST APLINGTON, IA 50604	NONE	GOV	GENERAL OPERATING	1,000
APLINGTON-PARKERSBURG DOLLARS FOR SCHOLARS PO BOX 669 PARKERSBURG, IA 50665	NONE	PC	DOLLARS FOR SCHOLARS	1,000
ASPIRE THERAPEUTIC RIDING PROGRAM 8100 KIMBALL AVE WATERLOO, IA 50702	NONE	PC	GENERAL OPERATING	650
BACK TO SCHOOL PROJECT C/O RUTH ORTH PO BOX 2334 WATERLOO, IA 50704	NONE	PC	GENERAL OPERATING	949
Total ► 3a				204,574

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)				
a <i>Paid during the year</i>				
BAILEY PARKFAIRVIEW ELEMENTARY SCHOOL 1310 HOBART STREET GRINNELL, IA 50112	NONE	GOV	GENERAL OPERATING	2,000
BIG BROTHERS BIG SISTERS OF NORTHEAST IOWA 2530 UNIVERSITY AVE STE 8 WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	2,125
BOYS & GIRLS CLUB OF CEDAR VALLEY 515 LIME ST WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	1,253
CAMP HERTKO HOLLOW 501 GRAND AVENUE DES MOINES, IA 50309	NONE	PC	GENERAL OPERATING	1,000
CATHOLIC CHARITIES 420 6TH STREET SE CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING	300
Total ► 3a				204,574

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)				
a <i>Paid during the year</i>				
CEDAR BEND HUMANE SOCIETY INC 1166 W AIRLINE HWY WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	3,253
CEDAR FALLS COMMUNITY SCHOOLS FOUNDATION 602 MAIN STREET CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	400
CEDAR HEIGHTS ELEMENTARY 2417 RAINBOW DR CEDAR FALLS, IA 50613	NONE	GOV	GENERAL OPERATING	689
CEDAR VALLEY CANCER COMMITTEE - BEYOND PINK 4756 CHAROLAIS DR WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	2,500
CEDAR VALLEY HOSPICE 2101 KIMBALL AVE STE 401 WATERLOO, IA 50702	NONE	PC	GENERAL OPERATING	1,000
Total ► 3a				204,574

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)				
a <i>Paid during the year</i>				
CEDAR VALLEY UNITED WAY 425 CEDAR ST STE 300 WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	504
CHILDREN AND FAMILIES OF IOWA 1111 UNIVERSITY AVE DES MOINES, IA 50314	NONE	PC	GENERAL OPERATING	1,500
CITY OF ALLISON 410 NORTH MAIN STREET ALLISON, IA 50602	NONE	GOV	GENERAL OPERATING	1,500
CITY OF GRINNELL 520 4TH AVE GRINNELL, IA 50112	NONE	GOV	GENERAL OPERATING	500
CITY OF REINBECK 414 MAIN ST REINBECK, IA 50669	NONE	GOV	GENERAL OPERATING	5,662
Total 3a				204,574

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)				
a <i>Paid during the year</i>				
COMMUNITY FOUNDATION OF NORTHEAST IOWA 425 CEDAR ST STE 310 WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	2,000
COVENANT FOUNDATION - LORI'S DREAM TEAM ENDOWMENT 3421 W 9TH STREET WATERLOO, IA 50702	NONE	PC	GENERAL OPERATING	17,500
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON RD BETHESDA, MD 20814	NONE	PC	GENERAL OPERATING	660
DENVER SCHOOL DISTRICT 541 E EAGLE STREET DENVER, IA 50622	NONE	GOV	GENERAL OPERATING	1,000
EASTER SEALS 2920 30TH ST DES MOINES, IA 50310	NONE	PC	GENERAL OPERATING	4,642
Total ▶ 3a				204,574

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)				
a Paid during the year				
FAMILY & CHILDREN'S COUNCIL OF BLACK HAWK COUNTY 2051 KIMBALL AVE WATERLOO, IA 50702	NONE	PC	GENERAL OPERATING	500
FATHER BRUNKAN CHARITY FUND ST MARY CATHOLIC CHURCH PO BOX 480 GREENE, IA 506360480	NONE	PC	GENERAL OPERATING	150
G-R DAYCARE LITTLE REBELS LEARNING CTR 120 CEDAR STREET REINBECK, IA 506691418	NONE	PC	GENERAL OPERATING	5,000
GLADBROOK-REINBECK COMMUNITY SCHOOLS 300 CEDAR ST REINBECK, IA 50669	NONE	GOV	GENERAL OPERATING	5,913
GLADBROOK-REINBECK DOLLARS FOR SCHOLARS 300 CEDAR ST REINBECK, IA 50669	NONE	PC	DOLLARS FOR SCHOLARS	2,000
Total ▶ 3a				204,574

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)				
a <i>Paid during the year</i>				
GMG FOUNDATION 306 PARK ST GARWIN, IA 50632	NONE	PC	GENERAL OPERATING	1,000
GREATER CEDAR VALLEY ALLIANCE FOUNDATION RIVER PLAZA BUILDING 10 W 4TH ST WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	5,000
GREATER DES MOINES HABITAT FOR HUMANITY 2200 E EUCLID AVE DES MOINES, IA 50317	NONE	PC	GENERAL OPERATING	2,500
GREATER POWESHIEK COMMUNITY FOUNDATION 1510 PENROSE ST GRINNELL, IA 50112	NONE	PC	GENERAL OPERATING	1,000
GREENE AREA CHAMBER 220 NORTH CHESTNUT JEFFERSON, IA 50129	NONE	GOV	GENERAL OPERATING	50
Total ► 3a				204,574

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)				
a <i>Paid during the year</i>				
GREENE FIREFIGHTERS ASSN 213 N 2ND ST GREENE, IA 50636	NONE	GOV	GENERAL OPERATING	50
GREENE PUBLIC LIBRARY 231 W TRAER ST GREENE, IA 50636	NONE	GOV	GENERAL OPERATING	2,000
GREENE VOLUNTEER AMBULANCE SERVICE 213 N 2ND ST GREENE, IA 50636	NONE	GOV	GENERAL OPERATINGGENERAL OPERATING	50
GRINNELL NEWBURG DOLLARS FOR SCHOLARS PO BOX 344 GRINNELL, IA 50112	NONE	PC	DOLLARS FOR SCHOLARS	1,000
GRINNELL REGIONAL MEDICAL CENTER 210 4TH AVE GRINNELL, IA 50112	NONE	PC	GENERAL OPERATING	5,000
Total ► 3a				204,574

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)				
a <i>Paid during the year</i>				
GRUNDY CENTER YMCA 1006 M AVE GRUNDY CENTER, IA 50638	NONE	PC	BEFORE & AFTER SCHOOL PROGRAM	333
GRUNDY CO MEMORIAL HOSPITAL 201 E J AVE GRUNDY CENTER, IA 50638	NONE	PC	GENERAL OPERATING	3,000
HARTMAN RESERVE NATURE CENTER 657 RESERVE DR CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	209
HAWKEYE COMMUNITY COLLEGE FOUNDATION 1501 EAST ORANGE ROAD PO BOX 8015 WATERLOO, IA 50704	NONE	PC	GENERAL OPERATING	1,000
HUDSON EDUCATION FUND 245 S WASHINGTON HUDSON, IA 50643	NONE	PC	GENERAL OPERATING	1,000
Total 				204,574
3a				


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)				
a <i>Paid during the year</i>				
IOWA COLLEGE FOUNDATION 505 5TH AVE 1034 DES MOINES, IA 50309	NONE	PC	GENERAL OPERATING	500
IOWA STATE UNIVERSITY 1750 BEARDSHEAR HALL AMES, IA 50011	NONE	GOV	SCHOLARSHIP	1,000
JESUP SCHOOLS 531 PROSPECT ST JESUP, IA 50648	NONE	GOV	GET BACK ON THE TRACK CAMPAIGN	720
JUNIOR ACHIEVEMENT OF EASTERN IOWA INC 425 CEDAR ST STE 300 WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	1,053
KIDQUEST DAYCARE 427 NASH ST APLINGTON, IA 50604	NONE	PC	GENERAL OPERATING	1,350
Total ▶ 3a				204,574

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)				
a <i>Paid during the year</i>				
KOATS FOR KIDS WATERLOO COMMUNITY FOUNDATION PO BOX 1253 WATERLOO, IA 50704	NONE	PC	GENERAL OPERATING	500
LUTHERAN SERVICES IN IOWA INC 904 W 4TH ST WATERLOO, IA 50702	NONE	PC	GENERAL OPERATING	1,500
MAGICAL MIX KIDS 721 SHIRLEY STREET CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	350
MIRACLE TRAVEL WORKS INC 2201 SW WHITE BIRCH DRIVE ANKENY, IA 50023	NONE	PC	GENERAL OPERATING	500
NASHUA COMMUNITY FOUNDATION 612 GREELEY ST NASHUA, IA 50658	NONE	GOV	GENERAL OPERATING	238
Total ► 3a				204,574

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)				
a <i>Paid during the year</i>				
NASHUA-PLAINFIELD HIGH SCHOOL 612 GREELEY ST NASHUA, IA 50658	NONE	GOV	GENERAL OPERATING	1,000
NORTH BUTLER HIGH SCHOOL 201 NORTH 5TH STREET GREENE, IA 50636	NONE	GOV	SCHOLARSHIP FUND	2,000
NORTH BUTLER SPORTS COMPLEX 201 N 5TH ST GREENE, IA 50636	NONE	GOV	GENERAL OPERATING	4,000
NORTH SHORE BOAT CLUB FOR ISLAND PARK BEACH HOUSE PO BOX 253 CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	30,802
NORTHEAST IOWA FOOD BANK 106 E 11TH ST WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	1,150
Total 				204,574
3a				

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)				
a <i>Paid during the year</i>				
PANTHER SCHOLARSHIP FUND 1227 W 27TH ST CEDAR FALLS, IA 50614	NONE	PC	GENERAL OPERATING	1,100
POLK COUNTY HOUSING TRUST FUND 108 3RD ST 350 DES MOINES, IA 50309	NONE	PC	GENERAL OPERATING	500
PREVENT CHILD ABUSE IOWA 2704 FLEUR DRIVE DES MOINES, IA 50321	NONE	PC	GENERAL OPERATING	2,340
QUOTA INTERNATIONAL OF WATERLOO PO BOX 1261 WATERLOO, IA 50704	NONE	PC	GENERAL OPERATING	1,000
REINBECK AMERICAN LEGION 414 MAIN ST REINBECK, IA 50669	NONE	GOV	GENERAL OPERATING	800
Total 				204,574
3a				

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)				
a <i>Paid during the year</i>				
REINBECK COMMUNITY DEVELOPMENT CORP 414 MAIN ST REINBECK, IA 50669	NONE	PC	GENERAL OPERATING	2,500
REINBECK DAYCARE 120 CEDAR STREET REINBECK, IA 50669	NONE	PC	GENERAL OPERATING	3,000
SALVATION ARMY OF WATERLOOCEDAR FALLS 218 LOGAN AVE WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	100
SOUTH TAMA HIGH SCHOOL 1715 HARDING ST TAMA, IA 52339	NONE	GOV	DOLLARS FOR SCHOLARS	1,000
SOUTH TAMA MUSIC 1715 HARDING ST TAMA, IA 52339	NONE	PC	GENERAL OPERATING	1,000
Total ► 3a				204,574

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)				
a <i>Paid during the year</i>				
SPREAD THE CARE PO BOX 82 CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	3,000
ST FRANCIS MANOR 2021 4TH AVE GRINNELL, IA 50112	NONE	PC	GENERAL OPERATING	1,000
TAMA COUNTY HUMANE SOCIETY 1406 E 5TH ST TAMA, IA 52339	NONE	PC	GENERAL OPERATING	1,000
THE HAWKEYE COMMUNITY COLLEGE FOUNDATION 1501 EAST ORANGE ROAD PO BOX 8015 WATERLOO, IA 507048015	NONE	GOV	SCHOLARSHIPS	5,000
UNI FOUNDATION 1227 W 27TH ST CEDAR FALLS, IA 50614	NONE	PC	GENERAL OPERATING	2,100
Total ▶ 3a				204,574

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)				
a <i>Paid during the year</i>				
VOLUNTEER CENTER OF CEDAR VALLEY 2101 KIMBALL AVE STE 136 WATERLOO, IA 50702	NONE	PC	GENERAL OPERATING	300
WARTBUG COLLEGE 100 WARTBURG BLVD WAVERLY, IA 50677	NONE	PC	GENERAL OPERATING	3,000
WATERLOO DEVELOPMENT CORP 10 W 4 ST STE 310 WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	5,000
WATERLOO HOUSING TRUST FUND 229 E PARK AVE WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	500
WATERLOO KIWANIS CLUB PO BOX 1502 WATERLOO, IA 50704	NONE	PC	GENERAL OPERATING	235
Total ► 3a				204,574

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)				
a <i>Paid during the year</i>				
WATERLOO VISITING NURSES 2530 UNIVERSITY AVE WATERLOO, FL 50701	NONE	PC	GENERAL OPERATING	350
WATERLOO WEST BPA 1516 WASHINGTON ST WATERLOO, IA 50702	NONE	GOV	GENERAL OPERATING	80
WATERLOO-CEDAR FALLS SYMPHONY GALLAGHER BLUEDORN PAC CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	1,230
WAVERLY AREA VETERANS POST 208 8TH AVE SW WAVERLY, IA 50677	NONE	PC	GENERAL OPERATING	2,500
WOUNDED WARRIOR PROJECT PO BOX 758517 TOPEKA, KS 66675	NONE	PC	GENERAL OPERATING	1,480
Total ▶ 3a				204,574

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)				
a Paid during the year				
YOUTH EMERGENCY SERVICES & SHELTER 918 SE 11TH STREET DES MOINES, IA 50309	NONE	PC	GENERAL OPERATING	500
YWCA OF BLACK HAWK COUNTY 425 LAFAYETTE ST WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	7,189
Total ▶ 3a				204,574

TY 2016 Accounting Fees Schedule**Name:** LSB FOUNDATION**EIN:** 20-1653464

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	2,457	1,228		1,229

TY 2016 Investments Corporate Stock Schedule**Name:** LSB FOUNDATION**EIN:** 20-1653464

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCK	10,597	11,356

TY 2016 Other Expenses Schedule**Name:** LSB FOUNDATION**EIN:** 20-1653464**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS EXPENSE	47	23		24

TY 2016 Other Professional Fees Schedule**Name:** LSB FOUNDATION**EIN:** 20-1653464

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FIDUCIARY FEES	1,548	774		774

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>	OMB No 1545-0047 2016
	Name of the organization LSB FOUNDATION	Employer identification number 20-1653464

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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).

Name of organization LSB FOUNDATION	Employer identification number 20-1653464
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LINCOLN SAVINGS BANK	\$ 129,165	Person <input checked="" type="checkbox"/>
	508 MAIN ST		Payroll <input type="checkbox"/>
	REINBECK, IA 50669		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
2	NORTH SHORE BOAT CLUB	\$ 8,800	Person <input checked="" type="checkbox"/>
	PO BOX 253		Payroll <input type="checkbox"/>
	CEDAR FALLS, IA 50613		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
3	WESTERN HOMES COMMUNITIES	\$ 10,000	Person <input checked="" type="checkbox"/>
	5300 S MAIN ST		Payroll <input type="checkbox"/>
	CEDAR FALLS, IA 50613		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
4	MILLION DOLLAR ROUND TABLE FOUNDATION	\$ 10,000	Person <input checked="" type="checkbox"/>
	325 WEST TOUHY AVE		Payroll <input type="checkbox"/>
	PARK RIDGE, IL 60068		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)

Employer identification number

20-1653464

Part II	Noncash Property
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(d)
Date received

(d)
Date received

(d)
Date received

(d)
Date received

(d)
Date received

(d)
Date received

Name of organization LSB FOUNDATION	Employer identification number 20-1653464
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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
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(a) 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	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	