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| Part II Balance Sheets      |                                                                                                                                                | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)                |                | Beginning of year     | End of year |           |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|-------------|-----------|
|                             |                                                                                                                                                | (a) Book Value                                                                                                                     | (b) Book Value | (c) Fair Market Value |             |           |
| Assets                      | 1                                                                                                                                              | Cash—non-interest-bearing . . . . .                                                                                                |                | 129                   |             |           |
|                             | 2                                                                                                                                              | Savings and temporary cash investments . . . . .                                                                                   |                | 11,659                | 7,800       | 7,800     |
|                             | 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)                                                                 |                | 35,247                | 33,664      | 34,764    |
|                             | b                                                                                                                                              | Investments—corporate stock (attach schedule) . . . . .                                                                            |                | 217,023               | 158,465     | 316,254   |
|                             | c                                                                                                                                              | Investments—corporate bonds (attach schedule) . . . . .                                                                            |                | 58,326                | 58,188      | 57,237    |
|                             | 11                                                                                                                                             | Investments—land, buildings, and equipment basis ▶ _____ 501,113<br>Less accumulated depreciation (attach schedule) ▶ _____ 99,049 |                | 408,224               | 402,064     | 3,279,900 |
|                             | 12                                                                                                                                             | Investments—mortgage loans . . . . .                                                                                               |                |                       |             |           |
|                             | 13                                                                                                                                             | Investments—other (attach schedule) . . . . .                                                                                      |                | 178,432               | 119,543     | 94,375    |
|                             | 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)                                              |                                                                                                                                    | 909,040        | 779,724               | 3,790,330   |           |
| 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                                                                   |                | 909,040               | 779,724     |           |
|                             | 30                                                                                                                                             | <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                              |                | 909,040               | 779,724     |           |
|                             | 31                                                                                                                                             | <b>Total liabilities and net assets/fund balances</b> (see instructions) .                                                         |                | 909,040               | 779,724     |           |

| 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 | 909,040  |
| 2                                                           | Enter amount from Part I, line 27a . . . . .                                                                                                             | 2 | -129,316 |
| 3                                                           | Other increases not included in line 2 (itemize) ▶ _____                                                                                                 | 3 | 0        |
| 4                                                           | Add lines 1, 2, and 3 . . . . .                                                                                                                          | 4 | 779,724  |
| 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 | 779,724  |

**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> See Additional Data Table                                                                                                     |                                                 |                                         |                                     |
| <b>b</b>                                                                                                                                |                                                 |                                         |                                     |
| <b>c</b>                                                                                                                                |                                                 |                                         |                                     |
| <b>d</b>                                                                                                                                |                                                 |                                         |                                     |
| <b>e</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> See Additional Data Table |                                               |                                                    |                                                 |
| <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> See Additional Data Table                                                          |                                         |                                                  |                                                                                                 |
| <b>b</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>c</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>d</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>e</b>                                                                                    |                                         |                                                  |                                                                                                 |

  

|                                                                                                                                                                                                         |   |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|
| <b>2</b> Capital gain net income or (net capital loss)                                                                                                                                                  | 2 | -6,975 |
| <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 | 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)<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                                                                                                                                                                                   | 215,503                                  | 3,604,517                                    | 0 059787                                                  |
| 2014                                                                                                                                                                                   | 132,887                                  | 3,441,039                                    | 0 038618                                                  |
| 2013                                                                                                                                                                                   | 156,563                                  | 3,444,888                                    | 0 045448                                                  |
| 2012                                                                                                                                                                                   | 149,668                                  | 3,497,812                                    | 0 042789                                                  |
| 2011                                                                                                                                                                                   | 163,006                                  | 3,489,678                                    | 0 046711                                                  |
| <b>2</b> Total of line 1, column (d)                                                                                                                                                   |                                          |                                              | 0 233353                                                  |
| <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 |                                          |                                              | 0 046671                                                  |
| <b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5                                                                                                  |                                          |                                              | 3,965,582                                                 |
| <b>5</b> Multiply line 4 by line 3                                                                                                                                                     |                                          |                                              | 185,078                                                   |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                    |                                          |                                              | 791                                                       |
| <b>7</b> Add lines 5 and 6                                                                                                                                                             |                                          |                                              | 185,869                                                   |
| <b>8</b> Enter qualifying distributions from Part XII, line 4                                                                                                                          |                                          |                                              | 203,268                                                   |

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 checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .                                                              | <b>1</b>  | 791   |
| <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>  | 791   |
| <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>  | 791   |
| <b>6</b>  | Credits/Payments                                                                                                                                                                                                                  |           |       |
| <b>a</b>  | 2016 estimated tax payments and 2015 overpayment credited to 2016                                                                                                                                                                 | <b>6a</b> | 1,466 |
| <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>  | 1,466 |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" 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>  |       |
| <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> | 675   |
| <b>11</b> | Enter the amount of line 10 to be <b>Credited to 2017 estimated tax</b> ▶ 675 <b>Refunded</b> ▶                                                                                                                                   | <b>11</b> | 0     |

**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><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> | <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><i>If "Yes," attach a detailed description of the activities</i>                                                                                                                                                                           | <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? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .                                                                                                             | <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><i>If "Yes," attach the statement required by General Instruction T</i>                                                                                                                                                                     | <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? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .                                                                                                                                                                                                       | <b>7</b>  | Yes |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)<br>▶ <u>IA</u>                                                                                                                                                                                                                                      |           |     |
| <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? <i>If "No," attach explanation</i> .                                                                                                                                    | <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><i>If "Yes," complete Part XIV</i> . . . . .                                                                                | <b>9</b>  | No  |
| <b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .                                                                                                                                                                                                    | <b>10</b> | No  |

**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> GREG NICHOLAS Telephone no <b>►</b> (641) 422-1600                                                                                                     |           |            |           |

Located at **►** 2601 4TH STREET SW MASON CITY IA ZIP+4 **►** 50401

|           |                                                                                                                                                                                                                                                                                                                                                                                          |           |            |           |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <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> <b>15</b>                                                                                                                             |           |            |           |
| <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 checked="" type="checkbox"/> Yes <input 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>No</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<br><b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br><b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . . <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br><b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br><b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). . . . . <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br><b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . . <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br><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)? . . . . . <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br>Organizations relying on a current notice regarding disaster assistance check here. . . . . <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br><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? . . . . . <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br>If "Yes," attach the statement required by Regulations section 53.4945–5(d) | <b>5b</b> |  |           |
| <b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br><b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br>If "Yes" to 6b, file Form 8870                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>6b</b> |  | <b>No</b> |
| <b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br><b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . . <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>7b</b> |  |           |

**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<br>(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 |
| SCOTT BROWN<br>214 N ADAMS AVENUE<br>MASON CITY, IA 50401                                                                           | SECRETARY/DIRECTOR<br>3 50                                   | 2,800                                     | 0                                                                     | 0                                     |
| GARY BLODGETT<br>1225 NORTH SHORE DRIVE<br>CLEAR LAKE, IA 50428                                                                     | PRESIDENT/DIRECTOR<br>0 60                                   | 2,500                                     | 0                                                                     | 0                                     |
| GREGORY C NICHOLAS<br>2601 FOURTH ST SW<br>MASON CITY, IA 50401                                                                     | TREASURER/DIRECTOR<br>0 60                                   | 2,500                                     | 0                                                                     | 0                                     |
| HAROLD R WINSTON PART-YEAR<br>119 2ND ST NW<br>MASON CITY, IA 50401                                                                 | SECRETARY/DIRECTOR<br>3 50                                   | 28,750                                    | 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<br>(b) devoted to position | (c) Compensation                          | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
| NONE                                                                                                                                |                                                              |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                              |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                              |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                              |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                              |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                              |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                              |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                              |                                           |                                                                       |                                       |
| <b>Total</b> number of other employees paid over \$50,000. . . . .                                                                  |                                                              |                                           |                                                                       | 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                                                                                |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
| 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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b> NONE                                                                                                                                                                                                                                          | 0        |
| <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> NONE                                                                                                    | 0      |
| <b>2</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| All other program-related investments. See instructions.                                                         |        |
| <b>3</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| Total. 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> | 594,520   |
| <b>b</b> | Average of monthly cash balances.                                                                            | <b>1b</b> | 52,589    |
| <b>c</b> | Fair market value of all other assets (see instructions).                                                    | <b>1c</b> | 3,378,863 |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c).                                                                       | <b>1d</b> | 4,025,972 |
| <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>  | 4,025,972 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).   | <b>4</b>  | 60,390    |
| <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>  | 3,965,582 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5.                                                        | <b>6</b>  | 198,279   |

**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>  | 198,279 |
| <b>2a</b> | Tax on investment income for 2016 from Part VI, line 5.                                                    | <b>2a</b> | 791     |
| <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> | 791     |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1.                                     | <b>3</b>  | 197,488 |
| <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>  | 197,488 |
| <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>  | 197,488 |

**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> | 203,268 |
| <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>  | 203,268 |
| <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>  | 791     |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.                                                                                | <b>6</b>  | 202,477 |

**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                                                                                                                                |               |                            |             | 197,488     |
| <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. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>b</b> From 2012. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>c</b> From 2013. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>d</b> From 2014. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>e</b> From 2015. . . . .                                                                                                                                                                |               |                            |             | 20,888      |
| <b>f</b> <b>Total</b> of lines 3a through e. . . . .                                                                                                                                       | 20,888        |                            |             |             |
| <b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 203,268                                                                                                              |               |                            |             |             |
| <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. . . . .                                                                                                                                     |               |                            |             | 197,488     |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        | 5,780         |                            |             |             |
| <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                                                                                                                                   | 26,668        |                            |             |             |
| <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). . . . .                                                                              | 0             |                            |             |             |
| <b>9</b> <b>Excess distributions carryover to 2017.</b><br>Subtract lines 7 and 8 from line 6a . . . . .                                                                                   | 26,668        |                            |             |             |
| <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. . . . .                                                                                                                                                         |               |                            |             | 20,888      |
| <b>e</b> Excess from 2016. . . . .                                                                                                                                                         |               |                            |             | 5,780       |

**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 ☐ 4942(j)(3) or ☐ 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>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.)**

**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 ☐ 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

GREG NICHOLAS  
2601 4TH STREET SW  
MASON CITY, IA 50401  
(641) 422-1600

**b** The form in which applications should be submitted and information and materials they should include

WRITTEN REQUESTS INCLUDING NAME, ADDRESS AND PURPOSE OF ORGANIZATION EVIDENCE OF EXEMPT STATUS, ID NUMBER, CURRENT FINANCIALS, OFFICERS, DIRECTORS & CONTACT PERSON, AMOUNT & PURPOSE OF REQUEST, DATE NEEDED

**c** Any submission deadlines

MAY 31

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

NEEDS TO BE A QUALIFIED 501(C)(3) CHARITY IN CERRO GORDO COUNTY

**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>                           | 190,387 |
| <b>b</b> <i>Approved for future payment</i>                       |                                                                                                                    |                                      |                                     |         |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | <b>3b</b>                           | 0       |

Enter gross amounts unless otherwise indicated

| 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 . . . . .       |                           |               |                                      |               |                                                                    |
| <b>4</b> Dividends and interest from securities. . . . .                       |                           |               | 14                                   | 25,482        |                                                                    |
| <b>5</b> Net rental income or (loss) from real estate                          |                           |               |                                      |               |                                                                    |
| <b>a</b> Debt-financed property. . . . .                                       |                           |               |                                      |               |                                                                    |
| <b>b</b> Not debt-financed property. . . . .                                   |                           |               | 16                                   | 94,121        |                                                                    |
| <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 . . . . . |                           |               | 18                                   | -6,975        |                                                                    |
| <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             |                                      | 112,628       | 0                                                                  |
| <b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .               |                           |               | <b>13</b>                            |               | 112,628                                                            |

(See worksheet in line 13 instructions to verify calculations )

| 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**

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>JULIE ELIAS                                | Preparer's Signature | Date | Check if self-employed <input type="checkbox"/> | PTIN<br><br>P00241120   |
| Firm's name ▶ RSM US LLP                                                     |                      |      |                                                 | Firm's EIN ▶ 42-0714325 |
| Firm's address ▶ 201 FIRST STREET SE SUITE 800<br><br>CEDAR RAPIDS, IA 52401 |                      |      |                                                 | Phone no (319) 298-5333 |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

| List and describe the kind(s) of property sold (e g , real estate,<br>(a) 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 ) |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| LEHMAN BROS RETURN OF PRINCIPAL                                                                                                      | P                                               |                                         |                                     |
| LEHMAN BROS RETURN OF PRINCIPAL                                                                                                      | P                                               |                                         |                                     |
| AMEREN CORP                                                                                                                          | P                                               | 2005-01-14                              | 2017-07-14                          |
| AMEREN CORP                                                                                                                          | P                                               | 2005-02-24                              | 2017-07-14                          |
| DEUTSCHE HIGH INCOME TRUST                                                                                                           | P                                               | 1996-11-15                              | 2016-11-14                          |
| ENBRIDGE INC                                                                                                                         | P                                               | 2003-11-12                              | 2017-07-14                          |
| FED NATL MTG ASN 6 75                                                                                                                | P                                               | 1996-11-15                              | 2016-08-26                          |
| FEDERATED EMERGING MARKET DEBT                                                                                                       | P                                               | 1997-09-16                              | 2017-07-12                          |
| FEDERATED EMERGING MARKET DEBT                                                                                                       | P                                               | 1998-04-30                              | 2017-07-12                          |
| FEDERATED EMERGING MARKET DEBT                                                                                                       | P                                               | 2015-01-21                              | 2017-07-12                          |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| 67                    |                                            |                                                 | 67                                           |
| 86                    |                                            | 86                                              | 0                                            |
| 21,460                |                                            | 19,897                                          | 1,563                                        |
| 5,365                 |                                            | 5,101                                           | 264                                          |
| 10,514                |                                            | 22,853                                          | -12,339                                      |
| 9,670                 |                                            | 3,778                                           | 5,892                                        |
| 1,000                 |                                            | 960                                             | 40                                           |
| 12,993                |                                            | 15,000                                          | -2,007                                       |
| 9,121                 |                                            | 10,000                                          | -879                                         |
| 16                    |                                            | 16                                              | 0                                            |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                               | (l) Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|---------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------|
| (i) F M V as of 12/31/69                                                                    | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col (i)<br>over col (j), if any |                                                                                              |
|                                                                                             |                                      |                                               | 67                                                                                           |
|                                                                                             |                                      |                                               | 0                                                                                            |
|                                                                                             |                                      |                                               | 1,563                                                                                        |
|                                                                                             |                                      |                                               | 264                                                                                          |
|                                                                                             |                                      |                                               | -12,339                                                                                      |
|                                                                                             |                                      |                                               | 5,892                                                                                        |
|                                                                                             |                                      |                                               | 40                                                                                           |
|                                                                                             |                                      |                                               | -2,007                                                                                       |
|                                                                                             |                                      |                                               | -879                                                                                         |
|                                                                                             |                                      |                                               | 0                                                                                            |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

| List and describe the kind(s) of property sold (e g , real estate,<br>(a) 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 ) |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| FEDERATED EMERGING MARKET DEBT                                                                                                       | P                                               | 2015-05-20                              | 2017-07-12                          |
| FEDERATED EMERGING MARKET DEBT                                                                                                       | P                                               | 2015-07-21                              | 2017-07-12                          |
| FIRST ENERGY CORP                                                                                                                    | P                                               | 1997-11-18                              | 2017-07-14                          |
| LORD ABBETT INTL                                                                                                                     | P                                               | 1998-05-06                              | 2017-07-12                          |
| NEW YORK COMM BANCORP                                                                                                                | P                                               | 2011-10-20                              | 2017-07-14                          |
| NEW YORK COMM BANCORP                                                                                                                | P                                               | 2014-03-18                              | 2017-07-14                          |
| TEMPLETON GLOBAL INCOME                                                                                                              | P                                               | 1998-07-16                              | 2017-07-14                          |
| FHLMC 9% RETURN PRINCIPAL                                                                                                            | P                                               |                                         |                                     |
| FHLMC 7% MULTICLASS RETURN PRINCIPAL                                                                                                 | P                                               |                                         |                                     |
| FHLMC 8% RETURN PRINCIPAL                                                                                                            | P                                               |                                         |                                     |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| 17                    |                                            | 17                                              | 0                                            |
| 23                    |                                            | 23                                              | 0                                            |
| 8,733                 |                                            | 6,488                                           | 2,245                                        |
| 2,000                 |                                            | 2,562                                           | -562                                         |
| 17,660                |                                            | 16,709                                          | 951                                          |
| 5,233                 |                                            | 6,584                                           | -1,351                                       |
| 7,553                 |                                            | 8,417                                           | -864                                         |
| 28                    |                                            | 28                                              | 0                                            |
| 41                    |                                            | 42                                              | -1                                           |
| 42                    |                                            | 42                                              | 0                                            |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                               | (I) Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|---------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------|
| (i) F M V as of 12/31/69                                                                    | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col (i)<br>over col (j), if any |                                                                                              |
|                                                                                             |                                      |                                               | 0                                                                                            |
|                                                                                             |                                      |                                               | 0                                                                                            |
|                                                                                             |                                      |                                               | 2,245                                                                                        |
|                                                                                             |                                      |                                               | -562                                                                                         |
|                                                                                             |                                      |                                               | 951                                                                                          |
|                                                                                             |                                      |                                               | -1,351                                                                                       |
|                                                                                             |                                      |                                               | -864                                                                                         |
|                                                                                             |                                      |                                               | 0                                                                                            |
|                                                                                             |                                      |                                               | -1                                                                                           |
|                                                                                             |                                      |                                               | 0                                                                                            |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

| List and describe the kind(s) of property sold (e g , real estate,<br>(a) 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 ) |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| FHLMC 8& RETURN PRINCIPAL                                                                                                            | P                                               |                                         |                                     |
| FED NATL MTGE 7 5% RETURN PRINCIPAL                                                                                                  | P                                               |                                         |                                     |
| FED NATL MTGE 7 7% RETURN PRINCIPAL                                                                                                  | P                                               |                                         |                                     |
| GOVT NATL MTGE 10% RETURN PRINCIPAL                                                                                                  | P                                               |                                         |                                     |
| GOVT NATL MTGE 9 5% RETURN PRINCIPAL                                                                                                 | P                                               |                                         |                                     |
| GOVT NATL MTGE 9 5% RETURN PRINCIPAL                                                                                                 | P                                               |                                         |                                     |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| 48                    |                                            | 48                                              | 0                                            |
| 88                    |                                            | 88                                              | 0                                            |
| 220                   |                                            | 215                                             | 5                                            |
| 1                     |                                            | 1                                               | 0                                            |
| 10                    |                                            | 10                                              | 0                                            |
| 143                   |                                            | 142                                             | 1                                            |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                               | (l) Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|---------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------|
| (i) F M V as of 12/31/69                                                                    | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col (i)<br>over col (j), if any |                                                                                              |
|                                                                                             |                                      |                                               | 0                                                                                            |
|                                                                                             |                                      |                                               | 0                                                                                            |
|                                                                                             |                                      |                                               | 5                                                                                            |
|                                                                                             |                                      |                                               | 0                                                                                            |
|                                                                                             |                                      |                                               | 0                                                                                            |
|                                                                                             |                                      |                                               | 1                                                                                            |

| 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>                                                                     |                                                                                                           |                                |                                                       |         |
| BEST BUDDIES IOWA<br>7648 HICKMAN RD<br>DES MOINES, IA 50324                                             | NONE                                                                                                      | PC                             | PROGRAMS AT MC HIGH & JOHN ADAMS MIDDLE SCHOOL        | 2,000   |
| CARING PREGNANCY CENTER<br>830 15TH STREET SW<br>MASON CITY, IA 50401                                    | NONE                                                                                                      | PC                             | STAFF TRAINING                                        | 2,820   |
| CENTRAL GARDENS OF NORTH IOWA<br>800 2ND AVENUE NORTH<br>CLEAR LAKE, IA 50428                            | NONE                                                                                                      | PC                             | SUMMER CONCERT & PERFORMANCE SERIES                   | 3,000   |
| CHARLIE BROWN DAYCARE<br>600 1ST ST NW STE 108<br>MASON CITY, IA 50401                                   | NONE                                                                                                      | PC                             | PLAYGROUNDS NEW LOCATION                              | 7,500   |
| CITY OF MASON CITY 10 FIRST ST NW<br>MASON CITY, IA 50401                                                | NONE                                                                                                      | GOV                            | GARDEN LANDSCAPING & KIDS' DAY CIVIL WAR RE-ENACTMENT | 2,000   |
| <b>Total . . . . .</b> ►<br><b>3a</b>                                                                    |                                                                                                           |                                |                                                       | 190,387 |

| 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>                                                                     |                                                                                                           |                                |                                         |         |
| CLEAR LAKE CLASSICAL INC<br>1310 HWY 18 WEST<br>CLEAR LAKE, IA 50428                                     | NONE                                                                                                      | PC                             | TUITION ASSISTANCE                      | 6,500   |
| CLEAR LAKE SCHOOL DISTRICT<br>1601 3RD AVE N<br>CLEAR LAKE, IA 50428                                     | NONE                                                                                                      | PC                             | MIDDLE SCHOOL SENSORY EQUIPMENT         | 1,500   |
| COMMUNITY KITCHEN OF NORTH IOWA<br>606 N MONROE AVE<br>MASON CITY, IA 50401                              | NONE                                                                                                      | PC                             | REPLACE WATER HEATER                    | 2,500   |
| CRISIS INTERVENTION SERVICES<br>PO BOX 656<br>MASON CITY, IA 50401                                       | NONE                                                                                                      | PC                             | CRISIS INTERVENTION SUPPORT & EDUCATION | 2,000   |
| ELDERBRIDGE AGENCY ON AGING<br>22 N GEORGIA AVE 216<br>MASON CITY, IA 50401                              | NONE                                                                                                      | PC                             | MATERIALS/FUNDING CLIENT NEEDS          | 10,000  |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                         | 190,387 |

| 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>                                                                     |                                                                                                           |                                |                                         |         |
| ELMWOOD-ST JOSEPH CEMETERY<br>1224 S WASHINGTON AVE<br>MASON CITY, IA 50401                              | NONE                                                                                                      | PC                             | CEMETARY WALK                           | 1,000   |
| FRANCIS LAUER YOUTH SERVICES<br>50 NORTH EISENHOWER<br>MASON CITY, IA 50401                              | NONE                                                                                                      | PC                             | MUSIC THERAPY ACTIVITIES                | 3,000   |
| HABITAT FOR HUMANITY OF NORTH CENTRAL IOWA<br>1411 S TAFT AFE<br>MASON CITY, IA 50401                    | NONE                                                                                                      | PC                             | TOOLS                                   | 1,500   |
| INSTRUMENTAL MUSIC BOOSTERS<br>PO BOX 111<br>MASON CITY, IA 50401                                        | NONE                                                                                                      | PC                             | PURCHASE INSTRUMENT FOR 5TH/6TH GRADERS | 2,275   |
| IOWA INDEPENDENT FILM FESTIVAL<br>103 EAST STATE ST STE 629<br>MASON CITY, IA 50401                      | NONE                                                                                                      | PC                             | EQUIPMENT UPGRADE                       | 2,500   |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                         | 190,387 |

| 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>                                                                     |                                                                                                           |                                |                                              |         |
| KCMR RADIO 600 FIRST STREET NW<br>MASON CITY, IA 50401                                                   | NONE                                                                                                      | PC                             | UPGRADE TECHNOLOGY IN STUDIOS                | 5,000   |
| KINNEY PIONEER MUSEUM<br>9184 265TH STREET<br>MASON CITY, IA 50401                                       | NONE                                                                                                      | PC                             | PAINT EXTERIOR BUILDING                      | 3,000   |
| LAKESIDE FESTIVALS LTD<br>84 FOUR WINDS DR<br>CLEAR LAKE, IA 50428                                       | NONE                                                                                                      | PC                             | DEFRAY COSTS OF ENTERTAINMENT/PROGRAMS       | 1,000   |
| MACNIDER MUSEUM<br>303 2ND STREET SW<br>MASON CITY, IA 50401                                             | NONE                                                                                                      | PC                             | THEATRICAL PERFORMANCES FOR SCHOOLS/FAMILIES | 4,000   |
| MAIN STREET MASON CITY<br>9 N FEDERAL AVE<br>MASON CITY, IA 50401                                        | NONE                                                                                                      | PC                             | DOWNTOWN RENAISSANCE                         | 2,500   |
| <b>Total . . . . .</b> ▶<br><b>3a</b>                                                                    |                                                                                                           |                                |                                              | 190,387 |

| 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>                                                                     |                                                                                                           |                                |                                                                    |         |
| MASON CITY CHAMBER OF COMMERCE FOUNDATION<br>308 SOUTH PENNSYLVANIA AVE<br>MASON CITY, IA 50401          | NONE                                                                                                      | PC                             | PROFESSIONAL/EXECUTIVE RECRUITMENT & ASSESSMENT/STRATEGIC PLANNING | 6,000   |
| MASON CITY COMMUNITY THEATER<br>215 S DELAWARE AVE<br>MASON CITY, IA 50401                               | NONE                                                                                                      | PC                             | SET MATERIALS, PROPS, TECHNICAL CONSULTATION                       | 2,000   |
| MASON CITY FIRE DEPARTMENT<br>10 1ST STREET NW<br>MASON CITY, IA 50401                                   | NONE                                                                                                      | GOV                            | YOUTH EXPLORER PROGRAM                                             | 2,000   |
| MASON CITY POLICE DEPARTMENT<br>78 GEORGIA AVENUE S<br>MASON CITY, IA 50401                              | NONE                                                                                                      | GOV                            | OFFICER TRAINING EQUIPMENT                                         | 2,000   |
| MASON CITY PUBLIC LIBRARY<br>225 2ND STREET SE<br>MASON CITY, IA 50401                                   | NONE                                                                                                      | GOV                            | SUMMER READING PROGRAM                                             | 2,000   |
| <b>Total . . . . .</b><br><b>3a</b>                                                                      |                                                                                                           |                                |                                                                    | 190,387 |

**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>                              |                                                                                                                    |                                      |                                       |         |
| MEALS ON WHEELS<br>606 N MONROE AVE<br>MASON CITY, IA 50401       | NONE                                                                                                               | PC                                   | ASSISTANCE WITH MEALS                 | 3,000   |
| MERCY MEDICAL CENTER<br>1000 4TH ST SW<br>MASON CITY, IA 50401    | NONE                                                                                                               | PC                                   | SCHOLARSHIP PLEDGE                    | 20,000  |
| NEWMAN CATHOLIC SCHOOL<br>2000 S MCKINLEY<br>MASON CITY, IA 50401 | NONE                                                                                                               | PC                                   | PURCHASE 6TH GRADE SCIENCE<br>MODULE  | 4,802   |
| NIACC 808 US HIGHWAY 18W<br>MASON CITY, IA 50401                  | NONE                                                                                                               | PC                                   | PLEDGE & SCHOLARSHIP                  | 30,000  |
| NORTH CENTRAL IOWA AITC<br>65 STATE STREET<br>GARNER, IA 50438    | NONE                                                                                                               | PC                                   | AG PROGRAMS/LITERACY IN<br>CLASSROOMS | 3,000   |
| <b>Total . . . . . ▶</b><br><b>3a</b>                             |                                                                                                                    |                                      |                                       | 190,387 |

| 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> Paid during the year                                                                            |                                                                                                           |                                |                                    |         |
| NORTH IOWA BAND FESTIVAL FOUNDATION<br>25 W STATE ST SUITE B<br>MASON CITY, IA 50401                     | NONE                                                                                                      | PC                             | SCHOLARSHIPS & EXPENSES            | 8,000   |
| NORTH IOWA COMMUNITY ACTION CENTER<br>1190 BRIARSTONE DR STE 2<br>MASON CITY, IA 50401                   | NONE                                                                                                      | PC                             | REPAIR HVAC SYSTEM                 | 25,000  |
| NORTHERN LIGHTS ALLIANCE FOR THE HOMELESS<br>202 1ST STREET NW<br>MASON CITY, IA 50401                   | NONE                                                                                                      | PC                             | FOOD/BASIC NEEDS ITEMS             | 2,250   |
| OPPORTUNITY VILLAGE<br>1200 NORTH NINTH STREET WEST<br>CLEAR LAKE, IA 50428                              | NONE                                                                                                      | PC                             | PURCHASE VIRTUAL TRAINING SOFTWARE | 2,000   |
| RIVER CITY SCULPTURES ON PARADE<br>9 N FEDERAL AVENUE<br>MASON CITY, IA 50401                            |                                                                                                           | PC                             | CONSTRUCTION OF SCULPTURES         | 3,500   |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                    | 190,387 |

| 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>                                                                     |                                                                                                           |                                |                                  |         |
| RIVER CITY SOCIETY FOR HISTORIC PRESERVATION<br>530 1ST STREET NE<br>MASON CITY, IA 50401                | NONE                                                                                                      | PC                             | HANDICAP SIDEWALK/RAMP           | 1,740   |
| SALVATION ARMY<br>747 VILLAGE GREEN DRIVE<br>MASON CITY, IA 50401                                        | NONE                                                                                                      | PC                             | ELEMENTARY AFTER SCHOOL PROGRAM  | 2,500   |
| STEBENS CHILDREN'S THEATRE<br>119 SECOND STREET NW<br>MASON CITY, IA 50401                               | NONE                                                                                                      | PC                             | SCHOLARSHIP PROGRAM              | 5,000   |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                  | 190,387 |

**TY 2016 Accounting Fees Schedule**

**Name:** BERTHA STEBENS CHARITABLE FOUNDATION  
C/O FIRST CITIZENS NATIONAL BANK

**EIN:** 42-1280907

| Category   | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|------------|--------|--------------------------|------------------------|---------------------------------------------|
| RSM US LLP | 3,915  | 2,936                    |                        | 979                                         |

**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2016 Depreciation Schedule**

**Name:** BERTHA STEBENS CHARITABLE FOUNDATION  
C/O FIRST CITIZENS NATIONAL BANK  
**EIN:** 42-1280907

| Description of Property | Date Acquired | Cost or Other Basis | Prior Years' Depreciation | Computation Method | Rate / Life (# of years) | Current Year's Depreciation Expense | Net Investment Income | Adjusted Net Income | Cost of Goods Sold Not Included |
|-------------------------|---------------|---------------------|---------------------------|--------------------|--------------------------|-------------------------------------|-----------------------|---------------------|---------------------------------|
| LAND                    | 1987-04-01    | 347,080             |                           | L                  |                          | 0                                   | 0                     |                     |                                 |
| TILE                    | 1987-04-01    | 1,000               | 1,000                     | 150DB              | 15 0000000000000         | 0                                   | 0                     |                     |                                 |
| TILE                    | 1987-04-01    | 14,000              | 14,000                    | 150DB              | 15 0000000000000         | 0                                   | 0                     |                     |                                 |
| TILE                    | 1997-12-10    | 22,294              | 22,294                    | 150DB              | 15 0000000000000         | 0                                   | 0                     |                     |                                 |
| TILE                    | 1998-11-12    | 31,877              | 31,877                    | 150DB              | 15 0000000000000         | 0                                   | 0                     |                     |                                 |
| TILE                    | 2004-12-18    | 1,165               | 925                       | 150DB              | 15 0000000000000         | 69                                  | 78                    |                     |                                 |
| TILE                    | 2012-12-20    | 45,494              | 13,988                    | 150DB              | 15 0000000000000         | 3,151                               | 3,033                 |                     |                                 |
| TILE                    | 2013-09-27    | 38,203              | 8,805                     | 150DB              | 15 0000000000000         | 2,940                               | 2,547                 |                     |                                 |

**TY 2016 General Explanation Attachment**

**Name:** BERTHA STEBENS CHARITABLE FOUNDATION  
C/O FIRST CITIZENS NATIONAL BANK  
**EIN:** 42-1280907

**General Explanation Attachment**

| Identifier | Return Reference         | Explanation                                              |                                                                                                                                                                                                                                                                            |
|------------|--------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | OFFICERS<br>COMPENSATION | FORM 990-PF, PART<br>I, LINE 13 AND PART<br>VIII, LINE 1 | CONSISTENT WITH IRS INSTRUCTIONS, LEGAL FEES PAID TO WINSTON AND BYRNE<br>PC AND BROWN KINSEY FUNKHOUSER & LANDER PLC HAS BEEN REPORTED AS<br>OFFICER COMPENSATION TO HAROLD WINSTON AND SCOTT BROWN MR WINSTON<br>DID NOT RECEIVE DIRECT COMPENSATION FROM THE FOUNDATION |

**TY 2016 Investments Corporate Bonds Schedule**

**Name:** BERTHA STEBENS CHARITABLE FOUNDATION  
C/O FIRST CITIZENS NATIONAL BANK

**EIN:** 42-1280907

| <b>Name of Bond</b>     | <b>End of Year Book Value</b> | <b>End of Year Fair Market Value</b> |
|-------------------------|-------------------------------|--------------------------------------|
| BANK AMER CORP 6.05%    | 10,000                        | 11,511                               |
| DELL COMPUTER CORP 7.1% | 15,000                        | 16,575                               |
| GEORGIA PACIFIC         | 9,950                         | 13,224                               |
| ESC LEHMAN BROS HLD     | 3,238                         | 299                                  |
| MN SLM CORP 6.0%        | 20,000                        | 15,628                               |

**TY 2016 Investments Corporate Stock Schedule****Name:** BERTHA STEBENS CHARITABLE FOUNDATION

C/O FIRST CITIZENS NATIONAL BANK

**EIN:** 42-1280907

| <b>Name of Stock</b>       | <b>End of Year Book Value</b> | <b>End of Year Fair Market Value</b> |
|----------------------------|-------------------------------|--------------------------------------|
| AT & T                     | 28,560                        | 39,000                               |
| ALTRIA GROUP               | 22,839                        | 64,970                               |
| AMEREN CORP                | 0                             | 0                                    |
| AMERICAN ELEC PWR INC      | 10,815                        | 17,635                               |
| DUKE ENERGY HLDG           | 5,047                         | 14,130                               |
| EXELON CORP                | 11,300                        | 38,340                               |
| FIRSTENERGY CORP COM       | 0                             | 0                                    |
| NEW YORK COMMUNITY BANCORP | 0                             | 0                                    |
| SOUTHERN CO COM            | 9,216                         | 19,172                               |
| SPECTRA ENERGY             | 0                             | 0                                    |
| VERIZON COMMUNICATIONS     | 15,711                        | 24,200                               |
| XCEL ENERGY INC            | 17,659                        | 47,310                               |
| WEC ENERGY GROUP INC       | 37,318                        | 51,497                               |

**TY 2016 Investments Government Obligations Schedule**

**Name:** BERTHA STEBENS CHARITABLE FOUNDATION  
C/O FIRST CITIZENS NATIONAL BANK

**EIN:** 42-1280907

**US Government Securities - End  
of Year Book Value:**

3,335

**US Government Securities - End  
of Year Fair Market Value:**

3,702

**State & Local Government  
Securities - End of Year Book  
Value:**

30,329

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

31,062

**TY 2016 Investments - Land Schedule****Name:** BERTHA STEBENS CHARITABLE FOUNDATION

C/O FIRST CITIZENS NATIONAL BANK

**EIN:** 42-1280907

| <b>Category/ Item</b> | <b>Cost/Other Basis</b> | <b>Accumulated Depreciation</b> | <b>Book Value</b> | <b>End of Year Fair Market Value</b> |
|-----------------------|-------------------------|---------------------------------|-------------------|--------------------------------------|
| LAND                  | 347,080                 | 0                               | 347,080           |                                      |
| TILE                  | 1,000                   | 1,000                           | 0                 |                                      |
| TILE                  | 14,000                  | 14,000                          | 0                 |                                      |
| TILE                  | 22,294                  | 22,294                          | 0                 |                                      |
| TILE                  | 31,877                  | 31,877                          | 0                 |                                      |
| TILE                  | 1,165                   | 994                             | 171               |                                      |
| TILE                  | 45,494                  | 17,139                          | 28,355            |                                      |
| TILE                  | 38,203                  | 11,745                          | 26,458            |                                      |

**TY 2016 Investments - Other Schedule**

**Name:** BERTHA STEBENS CHARITABLE FOUNDATION  
C/O FIRST CITIZENS NATIONAL BANK  
**EIN:** 42-1280907

| <b>Category/ Item</b>           | <b>Listed at Cost or FMV</b> | <b>Book Value</b> | <b>End of Year Fair Market Value</b> |
|---------------------------------|------------------------------|-------------------|--------------------------------------|
| DWS HIGH INCOME TR              | AT COST                      | 0                 | 0                                    |
| FEDERATED EMERG MKT DEBT FUND A | AT COST                      | 0                 | 0                                    |
| TEMPLETON GLOBAL INCOME FUND    | AT COST                      | 0                 | 0                                    |
| COLUMBIA STRATEGIC INCOME FD A  | AT COST                      | 30,325            | 25,195                               |
| LORD ABBETT INTL DIV INC FD C   | AT COST                      | 53,071            | 42,746                               |
| PUTNAM HIGH YIELD CL A          | AT COST                      | 20,000            | 12,378                               |
| B P AMOCO SPONSORED ADR         | AT COST                      | 16,147            | 14,056                               |

**TY 2016 Legal Fees Schedule**

**Name:** BERTHA STEBENS CHARITABLE FOUNDATION  
C/O FIRST CITIZENS NATIONAL BANK

**EIN:** 42-1280907

| Category        | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|-----------------|--------|--------------------------|------------------------|---------------------------------------------|
| NYEMASTER GOODE | 2,984  | 2,238                    |                        | 746                                         |

**TY 2016 Other Expenses Schedule**

**Name:** BERTHA STEBENS CHARITABLE FOUNDATION  
C/O FIRST CITIZENS NATIONAL BANK

**EIN:** 42-1280907

**Other Expenses Schedule**

| Description | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|-------------|--------------------------------------|--------------------------|------------------------|---------------------------------------------|
| COURT COSTS | 10                                   | 10                       |                        | 0                                           |
| AGENT FEE   | 8                                    | 8                        |                        | 0                                           |
| INSURANCE   | 1,011                                | 1,011                    |                        | 0                                           |

**TY 2016 Other Professional Fees Schedule**

**Name:** BERTHA STEBENS CHARITABLE FOUNDATION  
C/O FIRST CITIZENS NATIONAL BANK

**EIN:** 42-1280907

| Category             | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|----------------------|--------|--------------------------|------------------------|---------------------------------------------|
| FIRST CITIZENS TRUST | 8,074  | 6,056                    |                        | 2,018                                       |

**TY 2016 Taxes Schedule**

**Name:** BERTHA STEBENS CHARITABLE FOUNDATION  
C/O FIRST CITIZENS NATIONAL BANK

**EIN:** 42-1280907

| Category          | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|-------------------|--------|--------------------------|------------------------|---------------------------------------------|
| FOREIGN TAXES     | 16     | 16                       |                        | 0                                           |
| REAL ESTATE TAXES | 9,676  | 9,676                    |                        | 0                                           |