

For calendar year 2016, or tax year beginning 12-01-2016, and ending 11-30-2017

Name of foundation PHYLLIS PERRY HULTON EDUCATIONAL TRUST %JAMES BOWMAN		A Employer identification number 42-6526655	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 1635		Room/suite	B Telephone number (see instructions) (641) 691-0434
City or town, state or province, country, and ZIP or foreign postal code MARSHALLTOWN, IA 50158		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 3,192,896	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	119,530	119,530		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	59,335			
	b Gross sales price for all assets on line 6a _____ 72,888				
	7 Capital gain net income (from Part IV, line 2)		59,335		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	178,865	178,865		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	2,360	0		0
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	2,513	0		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	605	0		0
	24 Total operating and administrative expenses. Add lines 13 through 23	5,478	0		0
	25 Contributions, gifts, grants paid	121,000			121,000
	26 Total expenses and disbursements. Add lines 24 and 25	126,478	0		121,000
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	52,387			
	b Net investment income (if negative, enter -0-)		178,865		
	c Adjusted net income(if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing	3,362	1,885	1,885
	2	Savings and temporary cash investments	118,676	55,337	55,337
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	1,076,127	1,062,574	2,470,506
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	514,969	645,725	665,168
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,713,134	1,765,521	3,192,896	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	1,713,134	1,765,521	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	0	0	
30	Total net assets or fund balances (see instructions)	1,713,134	1,765,521		
31	Total liabilities and net assets/fund balances (see instructions) .	1,713,134	1,765,521		

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	1,713,134
2	Enter amount from Part I, line 27a	2	52,387
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	1,765,521
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	1,765,521

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a 2, 165SH PFIZER	P	1993-10-19	2017-09-07
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 72,888		13,553	59,335
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			59,335
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	59,335
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	105,000	2,829,244	0 037112
2014	104,425	2,841,897	0 036745
2013	103,300	2,942,873	0 035102
2012	104,000	2,703,053	0 038475
2011	99,600	2,402,549	0 041456
2 Total of line 1, column (d)			0 188890
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			0 037778
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			3,145,001
5 Multiply line 4 by line 3			118,812
6 Enter 1% of net investment income (1% of Part I, line 27b)			1,789
7 Add lines 5 and 6			120,601
8 Enter qualifying distributions from Part XII, line 4			121,000

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	1,789
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	1,789
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	1,789
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	3,433
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	3,433
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1,644
11	Enter the amount of line 10 to be Credited to 2017 estimated tax <input type="checkbox"/> 1,644 Refunded <input type="checkbox"/>	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? 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	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Yes	
14	The books are in care of JAMES R BOWMAN Telephone no (641) 691-0434			

Located at **24 E MAIN STREET MARSHALLTOWN IA** ZIP+4 **50158**

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list the years ▶ 2015, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	2b	Yes	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016). <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		No

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

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

[illegible]

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

[illegible]

Total number of other employees paid over \$50,000.	0
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Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 **Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ►		0

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SCHOLARSHIP GRANTS - A MINIMUM OF 40 AWARDS GIVEN EACH YEAR	121,000
2	
3	
4	

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	0
c	Fair market value of all other assets (see instructions).	1c	3,192,894
d	Total (add lines 1a, b, and c).	1d	3,192,894
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	3,192,894
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	47,893
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,145,001
6	Minimum investment return. Enter 5% of line 5.	6	157,250

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

1	Minimum investment return from Part X, line 6.	1	157,250
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	1,789
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	1,789
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	155,461
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	155,461
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	155,461

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	121,000
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	121,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	1,789
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	119,211

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				155,461
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			131,707	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.				
c From 2013.				
d From 2014.				
e From 2015.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 121,000				
a Applied to 2015, but not more than line 2a			121,000	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2016 distributable amount.				0
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions			10,707	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				155,461
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2012.				
b Excess from 2013.				
c Excess from 2014.				
d Excess from 2015.				
e Excess from 2016.				

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

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

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ 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

PHYLLIS PERRY HULTON TRUST ATTN PAT
PO BOX 1635
MARSHALLTOWN, IA 50158
(641) 485-3087

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

NAME & SS # OF APPLICANT, HIGH SCHOOL GRADUATED FROM, COLLEGE OR TECH SCHOOL YOU PLAN TO ATTEND, HIGH SCHOOL TRANSCRIPTS AND FINANCIAL PLANS

c Any submission deadlines

APRIL 1ST OF SCHOOL YEAR COMMENCING IN SEPTEMBER APPLICATIONS AVAILABLE IN JANUARY

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

NONE

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	121,000
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .			14	119,530	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					59,335
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e). .		0		119,530	59,335
13 Total. Add line 12, columns (b), (d), and (e).			13		178,865

(See worksheet in line 13 instructions to verify calculations)

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
--	--	------------	-----------

1a(1)	No
-------	----

1a(1)		No
1a(2)		No

1b(1)	No
--------------	-----------

1b(1)	No
--------------	-----------

1b(2)		No
--------------	--	-----------

1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)		No
--------------	--	-----------

1b(6)		No
--------------	--	-----------

1c		No
-----------	--	-----------

[illegible]

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

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

Sign	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.

**Sign
Here**

* * * * *

2018-02-19

* * * * *

Signature of officer or trustee

Date _____

Title

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

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's Signature

Date _____

Check if self-employed ☐

PTIN

P00147679

Firm's name ► BOWMAN & MILLER PC

Firm's EIN ► 20-0436277

Firm's address ► 24 EAST MAIN STREET

Phone no (641) 753-9337

MARSHALLTOWN, IA 50158

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
H VICTOR HELLBERG	TRUSTEE 0 00	0	0	0
204 N 18TH STREET MARSHALLTOWN, IA 50158				
NAN BENSON	TRUSTEE 0 00	0	0	0
2325 JESSUP AVENUE STATE CENTER, IA 50247				
JULIE LANG	TRUSTEE 0 00	0	0	0
605 ELMWOOD DR MARSHALLTOWN, IA 50158				
STEVE STORJOHANN	TRUSTEE 0 00	0	0	0
1209 GLENWOOD TERRACE MARSHALLTOWN, IA 50158				
CATHY UNDERHILL	TRUSTEE 0 00	0	0	0
605 WILLOW LANE LEGRAND, IA 50142				

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


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JUAN ANDRADE 5 N 19TH ST MARSHALLTOWN, IA 50158	NONE	I	EDCATIONAL	1,000
ANDREW ASH 2861 250TH ST MARSHALLTOWN, IA 50158	NONE	I	EDCATIONAL	1,000
ABIGAIL ATCHER 204 2ND AVE LAUREL, IA 50141	NONE	I	EDUCATIONAL	1,000
JERULYNN CABRERA ALVIZ 1319 E NEVADA MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
JOHATHAN BAKER 100 E CLINTON ST LEGRAND, IA 50142	NONE	I	EDUCATIONAL	1,000
Total ▶ 3a				121,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GRACE BANDSTRA 2785 270TH ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
LEAH BARKEMA 703 TUCKER TRAIL CONRAD, IA 50621	NONE	I	EDUCATIONAL	1,000
SHANNON BREJA 1951 HART AVE STATE CENTER, IA 50247	NONE	I	EDUCATIONAL	1,000
SAMANTHA BRITNALL 2507 S 8TH ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONALEducational	1,000
REGAN BENBOW 214 PARK AVE MELBOURNE, IA 50162	NONE	I	EDUCATIONAL	1,000
Total ► 3a				121,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KALEY BURCHLAND 3351 YATES AVE GILMAN, IA 50106	NONE	I	EDUCATIONAL	1,000
WHITNEY CANADAY 207 WAUCONDA RD MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
CASSIDY BLACKFORD 1112 E OLIVE ST MARSHALLTOWN, IA 50158	NONE	I	EDCATIONAL	1,000
AUSTIN CASE 3310 LILY LANE MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
SHELBY BRENNECKE 2001 S 3RD AVE PL MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
Total 3a				121,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
IAN BUCHWALD 710 N 4TH ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
KYLIE CRIPPS 2405 EVERGREEN CR STATE CENTER, IA 50247	NONE	I	EDUCATIONAL	1,000
CARRINGTON CURPHY 201 N ELM ST GILMAN, IA 50106	NONE	I	EDUCATIONAL	1,000
BREEANN DARROW 103 LINCOLN VALLEY DR STATE CENTER, IA 50247	NONE	I	EDUCATIONAL	1,000
KAYLEE CLEMENS 511 W LINN ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
Total ▶ 3a				121,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALARIE CARVEN 2425 EVERGREEN AVE STATE CENTER, IA 50247	NONE	I	REFUND EDUCATIONAL SCHOLORSHIPS FROM PRIOR YEAR	1,000
JENNIFER DIAZ 610 E ANSON MARSHALLTOWN, IA 50158	NONE	I	EDCATIONAL	1,000
MICHAH DANIEL 2205 BITTERSWEET MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
GRACE DOUGHERTY 8567 N 115TH AVE E LAUREL, IA 50141	NONE	I	EDUCATIONAL	1,000
JENNIFER DAVIS 1644 140TH ST CLEMONS, IA 50051	NONE	I	EDUCATIONAL	1,000
Total 3a				121,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NATE DEBONDT 206 E JULIAN ST LEGRAND, IA 50142	NONE	I	EDUCATIONAL	1,000
KARA DEVENNEY 301 BRYNGELSON MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
MARY MARGARETTE DRUMMER 507 GREENBRIER LN MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
IMMACULATE EDWIN 1104 NE 8TH LN ANKENY, IA 50021	NONE	I	EDUCATIONAL	1,000
NYADOAR GATWECH 1601 MARION ST APT 1-4 MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
Total 				121,000
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ABIGAIL GRAHAM 2 N 2ND AVE APT 506 MARSHALLTOWN, IA 50158	NONE	I	EDCATIONAL	1,000
MEGAN ELLIS 707 N 4TH ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
MEGAN EMERSON 206 THUNDERBIRD MARSHALLTOWN, IA 50158	NONE	I	EDCATIONAL	1,000
MADELYN GREEN PO BOX 542 STATE CENTER, IA 50247	NONE	I	EDUCATIONAL	1,000
IRENE FIERROS 306 1ST AVE S STATE CENTER, IA 50247	NONE	I	EDUCATIONAL	1,000
Total ▶ 3a				121,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NINA FORD 1322 W MAIN ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
HALEY FYE 3956 D AVE GILMAN, IA 50106	NONE	I	EDUCATIONAL	1,000
SYDNEY GREWELL 2331 OAK PARK RD MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
MARGARITA GARCIA 106 S 4TH ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
ALEXANDER HALBLOOM 502 4TH ST SE STATE CENTER, IA 50247	NONE	I	EDUCATIONAL	1,000
Total ▶ 3a				121,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MALORY HENZE 1564 MEYER AVE MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
GABRIELLE GERKE 213 7TH ST NE STATE CENTER, IA 50247	NONE	I	EDUCATIONAL	1,000
ALLISON HILLEMAN 1505 200TH ST STATE CENTER, IA 50247	NONE	I	EDUCATIONAL	1,000
FRANK IOLE 11 N 11TH ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
SYDNEY JOHNSON 2201 GARY CT MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
Total 3a				121,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COLTON HANKE 2557 250TH ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
AARON HAUSER 2303 S 8TH ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
CORNELIA HAYES 2225 160TH ST FORT DODGE, IA 50501	NONE	I	EDUCATIONAL	1,000
KARA KACMARYNSKI 1207 S 2ND ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
DANIELLE KELLOGG 504 E DAWN ST LEGRAND, IA 50142	NONE	I	EDUCATIONAL	1,000
Total ▶ 3a				121,000


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MICHAELA HUEY 604 THUNDERBIRD MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
KASSANDRA KERN PO BOX 143 STATE CENTER, IA 50247	NONE	I	EDUCATIONAL	1,000
ANALISA IOLE 11 N 11TH ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
JENNA JAECKEL 1715 W LINCOLN WAY MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
TREVOR LEWIS 1115 S 1ST ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
Total 3a				121,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SYDNEY MANN 4051/2 N 3RD AVE MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
KELLIE MATNEY 7 N 20TH ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
JENNIFER MAYER 706 MAIN ST MARSHALLTOWN, IA 50158	NONE	I	EDCATIONAL	1,000
ANTHONY KRAMER 514 REYNOLDS RD MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
CHLOE KUEHNER 1814 WIESE GARDEN RD MARSHALLTOWN, IA 50158	NONE	I	EDCATIONAL	1,000
Total ▶ 3a				121,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JORDAN MCANULTY 3259 ABBOTT AVE MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
MEGAN MCCRARY 3674 HWY T47 MONTOUR, IA 50173	NONE	I	EDUCATIONAL	1,000
MANUEL HUERTA LEMOS 414 SWAYZE ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
MEGAN MCHENRY 1706 FREMONT MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
CLAY MARTIN 412 N 2ND ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
Total ▶ 3a				121,000


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MEGAN MESSINA 72779 210TH ST COLO, IA 50056	NONE	I	EDUCATIONAL	1,000
CASSIE MAYER 612 W BOONE ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
ASHLEIGH METZGER 517 SW 6TH ST STATE CENTER, IA 50247	NONE	I	EDUCATIONAL	1,000
COLE NEEDHAM 605 NEEDHAM DR MELBOURNE, IA 50162	NONE		REFUND OF EDUCATIONAL SCHOLORSHIP	1,000
RIDGE NENNIG 2025 EDGEBROOK MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
Total ▶ 3a				121,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JOSH MORROW 2005 190TH ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
KADIE OSGOOD 3907 ROSS RD AMES, IA 50014	NONE	I	EDUCATIONAL	1,000
MCKAYLEE PALMER 611 W BOONE ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
KAITLYN NICHOLS 408 1ST AVE N STATE CENTER, IA 50247	NONE	I	EDUCATIONAL	1,000
JUSTIN PARKER 2813 KNAPP AVE MELBOURNE, IA 50162	NONE	I	EDUCATIONAL	1,000
Total ▶ 3a				121,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DANIELA OCHOA 511 W BOONE MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
SARAH PIPPIN 2244 THREE BRIDGES RD MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
ANDREW PORTER 1267 140TH ST ST ANTHONY, IA 50239	NONE	I	EDUCATIONAL	1,000
AMANDA PAXTON 3007 PARKER AVE LAUREL, IA 50141	NONE	I	EDUCATIONAL	1,000
LINDSEY RICKEN 2432 PARKER AVE MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
Total 				121,000
3a				


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JACOB PIPPEN 2244 THREE BRIDGES RD MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
NICOLE RIEMENSCHNEIDER 404 3RD AVE SE STATE CENTER, IA 50247	NONE	I	EDUCATIONAL	1,000
GEORGIA PORTER 2068 310TH ST MELBOURNE, IA 50162	NONE		REFUND OF EDUCATIONAL SCHOLORSHIP	1,000
JENNIFER RENDEROS 203 N 16TH ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
BREANNA SAWYER 2631 AVE C COUNCIL BLUFFS, IA 50503	NONE	I	EDUCATIONAL	1,000
Total 3a				121,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RILEY SCHLICHTE 506 BUTLER AVE MELBOURNE, IA 50162	NONE	I	EDUCATIONAL	1,000
CARRIE SCHMIDT 1509 SANFORD AVE MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
COURTNEY SCHMIDT 1509 SANFORD AVE MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
AMANDA SCHULER 2039 DURHAM AVE STATE CENTER, IA 50247	NONE	I	EDUCATIONAL	1,000
HOLLY ROSELAND 3364 250TH ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
Total ▶ 3a				121,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
REBECCA SCHWARTZENBURG 6409 HILLCREST RD SW CEDAR RAPIDS, IA 52404	NONE	I	EDUCATIONAL	1,000
ANTHONY SMITH 1311 LARKFIELD CT MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
MADISON SOGGE 2018 CAMPBELL DR MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
DAYANA CARRERA SAERZ 511 W BOONE MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
TABITHA STEFFENSEN 3644 HIGHWAY T-47 MONTOUR, IA 50173	NONE	I	EDUCATIONAL	1,000
Total 				121,000
3a				


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ABIGAIL STONE 308 HARRISON DR MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
HANNAH STONE 308 HARRISON DR MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
MADISON STONEWALL 3182 270TH ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
MORGAN STONEWALL 3182 270TH ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
HALEY STORY 1557 YATES AVE MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
Total ▶ 3a				121,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MAGGIE TAFT 2439 BINFORD AVE STATE CENTER, IA 50247	NONE	I	EDUCATIONAL	1,000
KAYDEE SILVA 109 N 2ND AVE MARSHALLTOWN, IA 50158	NONE	I	EDCATIONAL	1,000
SHAY SLIFKA 2828 COOPER AVE STATE CENTER, IA 50247	NONE	I	EDCATIONAL	1,000
ELIZABETH SIMPSON 401 2ND ST NW STATE CENTER, IA 50247	NONE	I	EDUCATIONAL	1,000
KAYLEE STORJAHANN 2107 180TH ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
Total 3a				121,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SARAH TAYLOR 110 BOHEN ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
EMILEE UPAH 2840 VANCE AVE MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
NAOMI TELLEZ 708 1/2 E MAIN ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
SHELBY TICHY PO BOX 846 LAUREL, IA 50141	NONE	I	EDUCATIONAL	1,000
MATTHEW VANDERGIIFT 2607 RIDGE RD MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
Total 				121,000
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BRENDA VEGA 306 INNES BLVD MARSHALLTOWN, IA 50158	NONE	I	EDCATIONAL	1,000
MEGAN TRUE 403 2ND ST SW STATE CENTER, IA 50247	NONE	I	EDUCATIONAL	1,000
BAILEY WILDT 206 THUNDERBIRD MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
DORIAN TWEDT 3304 MAIN ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
PEYTON WILLIAMS 617 THUNDERBIRD MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
Total ▶ 3a				121,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ELIJAH WEST 705 W CHURCH ST MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
NICOLE WOLKEN 309 SUNSET LN MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
MORGAN VAN STAALDUINE 1619 LAFAYETTE ALBION, IA 50005	NONE	I	EDUCATIONAL	1,000
MADELYN VAWTER PO BOX 161 STATE CENTER, IA 50247	NONE	I	EDUCATIONAL	1,000
EMILY WEST 1222 MARSHALL DR MARSHALLTOWN, IA 50158	NONE	I	EDUCATIONAL	1,000
Total ▶ 3a				121,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DARLENE WALTEMEYER 2439 BINFORD AVE STATE CENTER, IA 50247	NONE	I	EDUCATIONAL	1,000
Total 				121,000
3a				

TY 2016 Accounting Fees Schedule

Name: PHYLLIS PERRY HULTON EDUCATIONAL TRUST
%JAMES BOWMAN

EIN: 42-6526655

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEES	2,360	0		0

TY 2016 Investments Corporate Stock Schedule

Name: PHYLLIS PERRY HULTON EDUCATIONAL TRUST
%JAMES BOWMAN

EIN: 42-6526655

Name of Stock	End of Year Book Value	End of Year Fair Market Value
SAGEPOINT	1,062,574	2,470,506

TY 2016 Investments - Other Schedule

Name: PHYLLIS PERRY HULTON EDUCATIONAL TRUST
%JAMES BOWMAN

EIN: 42-6526655

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
SAGEPOINT	AT COST	645,725	665,168

TY 2016 Other Expenses Schedule

Name: PHYLLIS PERRY HULTON EDUCATIONAL TRUST
%JAMES BOWMAN

EIN: 42-6526655

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE EXPENSE	605	0		0

TY 2016 Taxes Schedule

Name: PHYLLIS PERRY HULTON EDUCATIONAL TRUST
%JAMES BOWMAN

EIN: 42-6526655

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PRIVATE FOUNDATION TAX EXPENSE	2,513	0		0