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2017

OMB No 1545-0052

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

		ndar year 2017, or tax year begin	ning 01-01-20	17 , a	nd er	nding 12-31-		
		indation ND HELEN ERTL FAMILY FOUNDATION					entification number	•
						20-3663610		
Number and street (or P O box number if mail is not delivered to street address) Room/suite 507 13TH AVENUE SE						B Telephone number (see instructions) (563) 875-8579		
		, state or province, country, and ZIP or foreign p , IA 52040	ostal code			C If exemption	application is pending	g, check here
i Ch	neck al	Final return	Initial return of a f Amended return Name change	former public charity		2 Foreign or	ganizations, check he ganizations meeting k here and attach cor	► L the 85%
I Ch	neck tv	pe of organization Section 501(c)(3		oundation			indation status was to n 507(b)(1)(A), checl	
_		4947(a)(1) nonexempt charitable trust		private foundation		under section	11 307(b)(1)(A), clied	Cilere - —
of '	year <i>(f</i>	rom Part II, col (c),	Other (specify)	✓ Cash ☐ Accru	ıal		ition is in a 60-month n 507(b)(1)(B), check	
Pa	rt I	Analysis of Revenue and Expen of amounts in columns (b), (c), and (d) may n equal the amounts in column (a) (see instructi	ot necessarily	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	d (attach	192,958	3			(casii basis ciii)
	2	schedule) Check ▶ ☐ If the foundation is not requ	ured to attach					
		Sch B			<u> </u>			
	3	Interest on savings and temporary cash Dividends and interest from securities	investments	5,665	-	5,665	5,665	
	4 5a	Gross rents		31,798	1	31,798	31,798	
	b	Net rental income or (loss)	}					
<u>e</u>	6a	Net gain or (loss) from sale of assets not	on line 10	39,762				
Revenue	ь	Gross sales price for all assets on line 6a	39,762					
ž	7	Capital gain net income (from Part IV, lin	· · · · · · · · · · · · · · · · · · ·			39,762		
	8	Net short-term capital gain						
	9	Income modifications			<u> </u>			
	10a b	Gross sales less returns and allowances Less Cost of goods sold						
	C	Gross profit or (loss) (attach schedule)						
	11	Oth						
	12	Total. Add lines 1 through 11		270,183		77,225	37,463	
	13	Compensation of officers, directors, trust		270,100	<u> </u>	77,223	37,703	
	14				1		0	
^	15	Pension plans, employee benefits						
56	16a	Legal fees (attach schedule)	 					
= E	b	Accounting fees (attach schedule)	ļ.	1,505	5	1,505	0	(
Operating and Administrative Expenses	_ c	Other professional fees (attach schedule)		13,609		13,609	0	
e <u>×</u>	17	Interest	,	10,000	1	10,005		
2	18	Taxes (attach schedule) (see instructions	.,					
<u> </u>	19	Depreciation (attach schedule) and deple	· .					
Ē	20	Occupancy	-					
7	21	Travel, conferences, and meetings						
<u> </u>	22	Printing and publications						
ਹ ਹਾ	23	Other expenses (attach schedule)		114		114	0	(
	24	Total operating and administrative e	ļ.	<u> </u>			_	
: •		Add lines 13 through 23	· ·	15,228	3	15,228	0	(
5	25	Contributions, gifts, grants paid		87,450	 	,		87,450
	26	Total expenses and disbursements. A	Add lines 24 and	102,678		15,228	0	87,450
	27	Subtract line 26 from line 12		102,070	+	15,220	3	07,430
	a	Excess of revenue over expenses and disbursements	d	167,505	5			
	ь	Net investment income (if negative, el	nter -0-)			61,997		
	С	Adjusted net income(If negative, enter	·-0-)				37,463	
or	Paner	work Reduction Act Notice, see instru	ctions			Cat No. 11289Y	Eor	m QQN_DF (2017

888,730

1,473,407

1,473,407

1,473,407

1,473,407

1,153,210

1,640,912

1,640,912

1,640,912

1,640,912

2

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1,473,407

1,640,912

1.640.912 Form **990-PF** (2017)

0

167,505

1,490,617

1,978,319

		,
		,
•	(

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9

10a

b

C

11

12

13

14

15

16

17

18

19

20

21 22

23

24

25

26

28

29

31

Part III

2

Liabilities

Balances

Fund

ŏ

Assets 27

Net 30 Pledges receivable

Less allowance for doubtful accounts ▶

Less allowance for doubtful accounts ▶

Receivables due from officers, directors, trustees, and other

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶ □

and complete lines 24 through 26 and lines 30 and 31.

Less accumulated depreciation (attach schedule)

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Unrestricted . . .

Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) .

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) > ____

disqualified persons (attach schedule) (see instructions)

Other notes and loans receivable (attach schedule) ▶

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here ▶ ✓

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Page **3**

List and describe t 2-story brick ware	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1 a CAPITAL GAINS DIVIDEN	DS		Р		
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) r (loss)) minus (g)
a 3	9,762				39,76
b					
С					
d					
e					
Complete only for assets	showing gain in column (h) and own	ned by the foundation	on 12/31/69	(I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col (ı) (յ), ıf any	col (k), but not	h) gain minus less than -0-) or om col (h))
a					39,76
b					
С					
d					
e					
		ons) If (loss), enter -0	Part I, line 7	3	39,762
	Under Section 4940(e) for Re				
ror optional use by domestic pr	invate roundations subject to the sec	cion 4340(a) tax on ne	et investment incon	ile)	
f section 4940(d)(2) applies, le	ave this part blank				
f "Yes," the foundation does no	e section 4942 tax on the distributab t qualify under section 4940(e) Do	not complete this part			es 🗸 No
	ount in each column for each year,	see instructions before	making any entrie		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab		(d) Distribution rati (col (b) divided by c	ol (c))
2016	69,878		1,507,375		0 046357
2015	60,336		1,375,699		0 043858
2014	54,709		1,221,545		0 044787
2013	41,200		1,011,254		0 040741
2012	27,879		769,789	1	0 036216
2 Total of line 1, column (c	•		2		0 211959
number of years the foun	for the 5-year base period—divide t dation has been in existence if less t ncharitable-use assets for 2017 from	han 5 years 🔒 .	, or by the		0 042392 1,848,964
5 Multiply line 4 by line 3		•	5		78,381
. , , ,	ent income (1% of Part I, line 27b)		6		620
					79,001
	ons from Part XII, line 4 ,				87,450
	ater than line 7, check the box in Pa			ng a 1% tax rate Se	

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

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

and Contractors					
1 List all officers, directors, truste	es, fo	oundation managers ar	nd their compensation		T
(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
JOSEPH ERTL		CTOR	0	C	0
P O BOX 327	1 00				
DYERSVILLE, IA 52040 HELEN ERTL	DIRE	CTOR	0	0) 0
P O BOX 327	1 00	.c.roit			,
DYERSVILLE, IA 52040			:	:	
2 Compensation of five highest-pa	ıa er	nployees (other than ti	nose included on line 1	Contributions to	ne, enter NONE.
(a) Name and address of each employee pa more than \$50,000	aid	Title, and average hours per week (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE					
		-			
		1			
		1			
Total number of other employees paid ov	er \$5	0,000			0
3 Five highest-paid independent co	ontra	ctors for professional	services (see instructi	ons). If none, enter "NON	E".
(a) Name and address of each perso	n pai	d more than \$50,000	(b) Typ	e of service	(c) Compensation
NONE			_		
			-		
			-		
			1		
Total number of others receiving over \$50					0
Part IX-A Summary of Direct (
List the foundation's four largest direct charitable organizations and other beneficiaries served, con				nation such as the number of	Expenses
1 PROVIDED SUPPORT TO EACH OF THE	FOR	TY NINE INSTITUTIONS	SELECTED TOTAL CONTR	RIBUTIONS FOR 2017	
\$87,450					0
2					
2					
3					
4					
Part IX-B Summary of Program	m-R	elated Investments	(see instructions)		_
Describe the two largest program-related inve	estme	nts made by the foundation d	uring the tax year on lines 1	and 2	Amount
1					
2					
All other program-related investments	See	Instructions			
3					
Total. Add lines 1 through 3 .					0

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2

3a 3h

4

5

87.450

86.830

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620

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

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

income Enter 1% of Part I. line 27b (see instructions).

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

1 Distributable amount for 2017 from Part XI, line 7

a Enter amount for 2016 only.

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. 4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

5 Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b 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. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must

(If an amount appears in column (d), the

6 Enter the net total of each column as

be distributed in 2018 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) 8 Excess distributions carryover from 2012 not

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

indicated below:

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

2 Undistributed income, if any, as of the end of 2017

23,370

68,458

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0

(d)

2017

(c)

2016

64,080

64,080

Page 9

b Total for prior years

a From 2012. **b** From 2013. . . . c From 2014. . . d From 2015. e From 2016.

rm	99	0-P	۲ (201	./)	
Pa	rt	XΙ	П		Uı	nd

PF (20	017)		
• • •	Undistributed Income (see instruc	ctions)	
		(a)	(b)

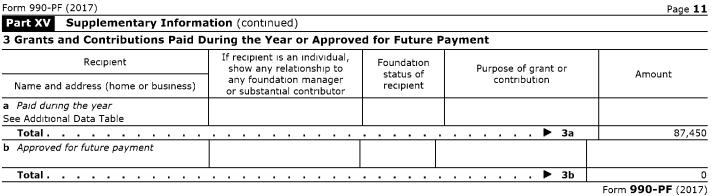
Corpus

0

0

Years prior to 2016

(20	017)	
	Undistributed Income (see instructions)	



nter gross	amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
2 Membe	and contracts from government agencies rship dues and assessments.					
Intere invest	st on savings and temporary cash ments			14	5,665	
	ds and interest from securities			14	31,798	
	tal income or (loss) from real estate					
	financed property					
	ntal income or (loss) from personal property					
	nvestment income.					
B Gain d	r (loss) from sales of assets other than					
	ory			14	39,762	
	ome or (loss) from special events profit or (loss) from sales of inventory	+				
	evenue a					
е			0		77 225	
e 2 Subtota	al Add columns (b), (d), and (e).		0		77,225	
e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu	lations)		13	· · · · · · · · · · · · · · · · · · ·	
e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	ed importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which	lations) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	ed importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	ed importantly to	
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e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	ed importantly to	77,225

orm 990-PF (Pa	ge 13
Part XVII	Information Re Exempt Organiz		nsfers To a	and Transaction	ons and Relation	nships With None	charitable		
	ganization directly or in- Code (other than sectio	directly engage					n 501	Yes	No
	rom the reporting foun					-			
(1) Cash.							1a(1)		No
(2) Other	assets						. 1a(2)		No
b Other trans									
	of assets to a nonchari	•	-				. 1b(1)		No
	ases of assets from a n						. 1b(2)		No
	ıl of facılıtıes, equipmen bursement arrangemen	•					. 1b(3)		No No
	or loan guarantees.						. 1b(5)		No
	mance of services or m						1b(6)		No
	facilities, equipment, m	•	-				. 1c		No
of the good in any tran	ver to any of the above ds, other assets, or servisaction or sharing arra	vices given by t ngement, show	the reporting to the column (d	foundation If the i) the value of the	foundation receive goods, other asse	d less than fair mark ts, or services receive	et value ed		
(a) Line No	(b) Amount involved	(c) Name of no	ncharitable exei	mpt organization	(d) Description of	transfers, transactions, a	and sharing arra	ngemen	ts
				-					
				+					
2a Is the foun	dation directly or indire	ectly affiliated v	vith, or relate	d to, one or more	tax-exempt organi	zations			
described i	n section 501(c) of the	Code (other th	ian section 50	1(c)(3)) or in sec	tion 527?		. 🗆 Yes	✓	No
b If "Yes," co	omplete the following so		1						
	(a) Name of organization	ın	(E) Type of organizat	ion	(c) Description of	of relationship		
of my which	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, corr							
Sign Here	*****			2018-04-26	*****		May the IRS di return with the prepa		
, s	Signature of officer or to	rustee		Date	Title		below (see instr)?	✓ Yes	□ _{No}
	Print/Type preparer's	name P	reparer's Sigr	nature	Date	Check if self-	TIN	0010	
Paid	RICHARD R RUNDE	E CPA			2018-04-26	employed ▶ □	P00139	,3TO	
Preparer Use Only	Firm's name ► HON	KAMP KRUEGER	R & CO PC			Fı	ırm's EIN ▶42	-09461	155
•	Firm's address ▶ P O BOX 699								

DUBUQUE, IA 520040699

Phone no (563) 556-0123

Form 990PF Part XV Line 1a	- List any managers of the foundatio	n who have contributed	more than 2% of the total
contributions received by the	foundation before the close of any	tax year (but only if the	y have contributed more
than \$5,000).			

JOSEPH ERTL

HELEN ERTL

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AQUIN CATHOLIC ELEMENTARY SCHOOL NONE PC PROVIDE SUPPORT 1,000 608 3RD AVE NW CASCADE, IA 52033 ARCHBISHOP HENNESSY CATHOLIC NONE PC 500 PROVIDE SUPPORT SCHOOL

1623 300TH AVE DYERSVILLE, IA 52040				
BECKMAN CATHOLIC HIGH SCHOOL 1325 9TH ST SE DYERSVILLE, IA 52040	NONE	PC	PROVIDE SUPPORT	11,750
BI-COUNTY AMBULANCE 1603 6TH STREET SE DYERSVILLE, IA 52040	NONE	PC	PROVIDE SUPPORT	300
BOYS & GIRLS CLUB OF GREATER DUBUQUE 1299 LOCUST ST DUBUQUE, IA 52001	NONE	PC	PROVIDE SUPPORT	250

Total . 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, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CARNEGIE STOUT PUBLIC LIBRARY NONE PC PROVIDE SUPPORT 1.500 360 W 11TH STREET DUBUQUE, IA 52001 NONE PC 1,500 CATHOLIC CHARITIES OF THE PROVIDE SUPPORT ARCHDIOCESE OF DUBUQUE

DUBUQUE, IA 52003				
CLARITY CLINIC3365 HILLCREST ROAD DUBUQUE, IA 52001	NONE	PC	PROVIDE SUPPORT	1,200
DUBUQUE COUNTY RIGHT TO LIFE 2205 CARTER ROAD DUBUQUE, IA 52001	NONE	PC	PROVIDE SUPPORT	400

DUBUQUE, IA 52001				
DUBUQUE COUNTY RIGHT TO LIFE 2205 CARTER ROAD DUBUQUE, IA 52001	NONE	PC	PROVIDE SUPPORT	41
DYERSVILLE AREA FOOD PANTRY	NONE	PC	PROVIDE SUPPORT	2.

2205 CARTER ROAD DUBUQUE, IA 52001				
DYERSVILLE AREA FOOD PANTRY 13406 BLACK HILLS ROAD	NONE	PC	PROVIDE SUPPORT	25

2205 CARTER ROAD DUBUQUE, IA 52001				
DYERSVILLE AREA FOOD PANTRY	NONE	PC	PROVIDE SUPPORT	

DYERSVILLE AREA FOOD PANTRY 13406 BLACK HILLS ROAD DYERSVILLE, IA 52040	NONE	PC	PROVIDE SUPPORT	250

DYERSVILLE AREA FOOD PANTRY 13406 BLACK HILLS ROAD	NONE	PC	PROVIDE SUPPORT	
DYERSVILLE, IA 52040				

Total . . 87,450 За

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	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
DYERSVILLE AREA PARKS & RECREATION 340 1ST AVE E DYERSVILLE, IA 52040	NONE	PC	PROVIDE SUPPORT	500	
DYERSVILLE FIRE DEPARTMENT 1503 6TH STREET SE DYERSVILLE, IA 52040	NONE	PC	PROVIDE SUPPORT	500	
DYERSVILLE GRADE LEVEL READING 1100 16TH AVE CT SE DYERSVILLE, IA 52040	NONE	PC	PROVIDE SUPPORT	250	
EARLVILLE FIRE DEPARTMENT P O BOX 385 EARLVILLE, IA 52041	NONE	PC	PROVIDE SUPPORT	250	
ENGENEERING EXCELLENT FUND PO BOX 4550 IOWA CITY, IA 52244	NONE	PC	PROVIDE SUPPORT	250	

87,450 За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ENGLERT CIVIC THEATER INC NONE PC PROVIDE SUPPORT 250 221 E WASHINGTON STREET IOWA CITY, IA 52240 NONE PC 2,800 EOHSJ NORTHERN LIEUTENANCY PROVIDE SUPPORT D O BOY 237

HAMEL, MN 55340				
FARLEY FIRE DEPARTMENT 103 2ND AVENUE NW FARLEY, IA 52046	NONE	PC	PROVIDE SUPPORT	250
FINLEY HOSPITAL 350 N GRANDVIEW AVENUE DUBUQUE, IA 52001	NONE	PC	PROVIDE SUPPORT	500
FOUNDRY EDUCATION FOUNDATION	NONE	PC	PROVIDE SUPPORT	250

1695 N PENNY LANE SCHAUMBURG, IL 60173

Total .

3a

PC PROVIDE SUPPORT

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
GUTTENBERG FIRE DEPARTMENT 210 PEARL STREET GUTTENBERG, IA 52052	NONE	PC	PROVIDE SUPPORT	500
GUTTENBERG MUNICIPAL HOSPITAL 200 MAIN ST GUTTENBERG, IA 520520550	NONE	PC	PROVIDE SUPPORT	6,500
IGNITE COLLABORATIVE INITIATIVE 4425 NORTH GRANITE REEF ROAD SCOTTSDALE, AZ 85251	NONE	PC	PROVIDE SUPPORT	250
INNER VISIONS HEALTH CARE 1355 50TH ST SUITE 400 WEST DES MOINES, IA 50266	NONE	PC	PROVIDE SUPPORT	500

200 MAIN ST GUTTENBERG, IA 520520550				
IGNITE COLLABORATIVE INITIATIVE 4425 NORTH GRANITE REEF ROAD SCOTTSDALE, AZ 85251	NONE	PC	PROVIDE SUPPORT	25
INNER VISIONS HEALTH CARE	NONE	PC	PROVIDE SUPPORT	50

NONE

PC

PROVIDE SUPPORT

500

87,450

KNIGHTS OF COLUMBUS

100 THOMAS ST SE CASCADE, IA 52033

> Total . 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, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LA SALLE CATHOLIC SCHOOL NONE PC PROVIDE SUPPORT 500

HOLY CROSS, IA 52053				
MANCHESTER FIRE DEPARTMENT 400 E MAIN STREET MANCHESTER, IA 52057	NONE	PC	PROVIDE SUPPORT	

835 CHURCH STREET

ANCHESTER, IA 52057				
AYO CLINIC200 FIRST ST SW OCHESTER, MN 55905	NONE	PC	PROVIDE SUPPORT	

MAYO CLINIC200 FIRST ST SW ROCHESTER, MN 55905	NONE	PC	PROVIDE SUPPORT	
MERCY MEDICAL CENTER- DUBUQUE 250 MERCY DRIVE	NONE	PC	PROVIDE SUPPORT	

MAYO CLINIC200 FIRST ST SW ROCHESTER, MN 55905	NONE	PC	PROVIDE SUPPORT	
MERCY MEDICAL CENTER- DUBUQUE 250 MERCY DRIVE DUBUQUE, IA 52001	NONE	PC	PROVIDE SUPPORT	

250

500

500

MERCY MEDICAL CENTER- DUBUQUE 250 MERCY DRIVE DUBUQUE, IA 52001	NONE	PC	PROVIDE SUPPORT	
MERCY MEDICAL CENTER	NONE	DC.	DROVIDE SUBBORT	

250 MERCY DRIVE DUBUQUE, IA 52001				
MERCY MEDICAL CENTER 1111 3RD ST SW	NONE	PC	PROVIDE SUPPORT	

B0B0Q02,11(32001				
MERCY MEDICAL CENTER 1111 3RD ST SW DYERSVILLE, IA 52040	NONE	PC	PROVIDE SUPPORT	
	l .	ı	ı	

MERCY MEDICAL CENTER 1111 3RD ST SW DYERSVILLE, IA 52040	NONE	PC	PROVIDE SUPPORT	
		•		

T-4-1			_	0.7
1111 3RD ST SW DYERSVILLE, IA 52040				
MERCY MEDICAL CENTER	NONE	l PC	PROVIDE SUPPORT	

DYERSVILLE, IA 52040		
Total	 	 87,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NEW VIENNA FIRE DEPARTMENT NONE PC PROVIDE SUPPORT 250 7271 COLUMBUS STREET NEW VIENNA, IA 52065 NEWMAN CATHOLIC STUDENT CENTER NONE PC 1,000 PROVIDE SUPPORT U OF I 104 E JEFFERSON STREET IOWA CITY, IA 52245

NICC COMMUNITY COLLEGE 8342 NICC DRIVE PEOSTA, IA 52068	NONE	PC	PROVIDE SUPPORT	250
REGIONAL MEDICAL CENTER 709 W MAIN ST MANCHESTER, IA 52057	NONE	PC	PROVIDE SUPPORT	1,000
RURAL IOWA COMMUNITY FOOD PANTRY 602 3RD STREET SE DYERSVILLE, IA 52040	NONE	PC	PROVIDE SUPPORT	1,000

Total . 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, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SETON CATHOLIC SCHOOL NONE PC PROVIDE SUPPORT 1,000 210 2ND AVE SE FARLEY, IA 52046 SISTERS OF ST FRANCIS NONE PC 250 PROVIDE SUPPORT 3390 WINDSOR AVENUE DUBUQUE, IA 52001 ST FRANCIS XAVIER CHURCH NONE PC PROVIDE SUPPORT 20,500 104 3RD STREET SW DYERSVILLE, IA 52040 ST FRANCIS XAVIER SCHOOL NONE PC FUND PRIVATE EDUCATION 15,750 203 2ND ST SW DYERSVILLE, IA 52040

PC

PROVIDE SUPPORT

500

87,450

NONE

ST JOSEPH'S CHURCH

206 W OAK STREET GARNAVILLO. IA 52049

Total . .

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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ST MARY'S CHURCH 119 WEST FAYETTE STREET MANCHESTER, IA 52057	NONE	PC	PROVIDE SUPPORT	3,000
ST STEPHEN THE WITNESS CATHOLIC STUDENT CENTER 1019 W 23RD STREET CEDAR FALLS, IA 50613	NONE	PC	PROVIDE SUPPORT	750
ST MARY SCHOOL701 ROUTE 35 NORTH EAST DUBUQUE, IL 61025	NONE	PC	PROVIDE SUPPORT	500
ST RAPHAEL CATHOLIC CHURCH 231 BLUFF STREET DUBUQUE, IA 52001	NONE	PC	PROVIDE SUPPORT	500
STONEHILL FRANCISCAN SERVICES 3485 WINDSOR AVENUE DUBUQUE, IA 52001	NONE	PC	PROVIDE SUPPORT	250

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year STUART KELLOGG ENDOWED NONE PC PROVIDE SUPPORT 3,000 **SCHOLARSHIP** 825 E SPEER BLVD STE 100-D

DENVER, CO 80218				
WAVE OF THE FUTURE 228 W LEXINGTON STREET BALTIMORE, MD 21201	NONE	PC	PROVIDE SUPPORT	1,000
WIKIMEDIA FOUNDATION 1 MONTGOMERY STREET SUITE 1600	NONE	PC	PROVIDE SUPPORT	250

BALTIMORE, MD 21201				
WIKIMEDIA FOUNDATION 1 MONTGOMERY STREET SUITE 1600 SAN FRANCISCO, CA 94104	NONE	PC	PROVIDE SUPPORT	250
WORTHINGTON FIRE DEPARTMENT 216 1ST AVENUE WEST	NONE	PC	PROVIDE SUPPORT	250

1 MONTGOMERY STREET SUITE 1600 SAN FRANCISCO, CA 94104				
WORTHINGTON FIRE DEPARTMENT 216 1ST AVENUE WEST	NONE	PC	PROVIDE SUPPORT	2

WORTHINGTON FIRE DEPARTMENT 216 1ST AVENUE WEST	NONE	PC	PROVIDE SUPPORT	25
WORTHINGTON, IA 52078				

216 1ST AVENUE WEST WORTHINGTON, IA 52078		
Total	 	 87,450

WORTHINGTON, IA 52078		
Total	 	87,450

efile GRAPHIC print - DO NOT P	PROCESS As Filed	d Data -		DL	N: 93491131009088		
TY 2017 Accounting Fees Schedule							
I	Name: JOSEPH AND HELEN ERTL FAMILY FOUNDATION						
1	EIN: 20-366	53610					
Accounting Fees Schedule	Accounting Fees Schedule						
Category	Amount		vestment come	Adjusted Net Income	Disbursements for Charitable Purposes		

1,505

ACCOUNTING FEES

Υ	2017	Investments	Corporate	Stock Sched	lule

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

AMERICAN TRUST STOCK FUND

TANGER FACTORY OUTLET COMMON STOCK

Name: JOSEPH AND HELEN ERTL FAMILY FOUNDATION

ETNI. 20 2662610

EIN: 20-3003010						
Name of Stock	End of Year Book	En				
	Value	N				

1,149,210

4,000

nd of Year Fair Market Value

1,469,409

21,208

DLN: 93491131009088

efile GRAPHIC print - DO NOT PROCESS	As Filed Data - DLN: 93491131009088						
TY 2017 Other Expenses Schedule							
Name: JOSEPH AND HELEN ERTL FAMILY FOUNDATION							
EIN: 20-3663610							
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

MISCELLANEOUS

Name: JOSEPH AND HELEN ERTL FAMILY FOUNDATION EIN: 20-3663610						
Category Amount Net Investment Adjusted Net Disbursements Income Income for Charitable						

13,609

13,609

Purposes

FIDUCIARY FEES

efile GRAPHIC print - [OO NOT PROCESS	As Filed Data -				DLN: 93491131009088	
Schedule B		Schedu	ale of Contributo	rs		OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	ibout Schedule B (F	tach to Form 990, 990-EZ, or 990-PF lle B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>				
Name of the organizati JOSEPH AND HELEN ERTI		N			Employer id	dentification number	
Organization type (che	eck one)				20-3663610		
	,						
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)() (enter number) o	rganization				
	☐ 4947(a)(1	1) nonexempt char	rtable trust not treated as	s a private founda	tion		
	☐ 527 politi	cal organization					
Form 990-PF	✓ 501(c)(3)	exempt private fo	undation				
	☐ 4947(a)(²	4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation							
			PF that received, during t omplete Parts I and II So				
Special Rules							
under sections 5 received from ar	509(a)(1) and 170(b)	(1)(A)(vi), that che uring the year, total	g Form 990 or 990-EZ that cked Schedule A (Form s al contributions of the gre plete Parts I and II	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that	
during the year,	total contributions of	f more than \$1,000	or (10) filing Form 990 o Dexclusively for religious animals Complete Parts	, charitable, scient			
during the year, If this box is che purpose Don't o	contributions exclus cked, enter here the complete any of the p	eively for religious, total contributions parts unless the G o	or (10) filing Form 990 of charitable, etc., purposes that were received during eneral Rule applies to the or more during the year.	s, but no such con ng the year for an ns organization be	tributions tota exclusively re cause it recei	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>	
990-EZ, or 990-PF), but	t it must answer "No	on Part IV, line 2	le and/or the Special Rul , of its Form 990, or chec t it doesn't meet the filing	k the box on line	H of its		
For Paperwork Reduction A for Form 990, 990-EZ, or 99		ructions	Cat No 30613X	Schedu	ıle B (Form 990	, 990-EZ, or 990-PF) (2017)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number JOSEPH AND HELEN ERTL FAMILY FOUNDATION 20-3663610 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 SCALE MODELSJOSEPH L ERTL INC Person **Payroll** 502 5TH ST NW \$ 192,958 Noncash DYERSVILLE, IA52040 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)