

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation THE JOHN R AND ZELDA Z GRUBB CHARITABLE FOUNDATION		A Employer identification number 42-6521745	
Number and street (or P O box number if mail is not delivered to street address) 14914 BROOKVIEW DR		Room/suite	B Telephone number (see instructions) (515) 259-9293
City or town, state or province, country, and ZIP or foreign postal code URBANDALE, IA 503231728		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) \$ 12,663,260	J Accounting method <input type="checkbox"/> Cash <input checked="" 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	1,229	1,229	1,229	
	4 Dividends and interest from securities	274,995	274,995	274,995	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	16,661			
	b Gross sales price for all assets on line 6a 1,496,744				
	7 Capital gain net income (from Part IV, line 2)		16,661		
	8 Net short-term capital gain			1,392	
	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)	5,196,661	64,795	5,196,661	
	12 Total. Add lines 1 through 11	5,489,546	357,680	5,474,277	
	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages	2,711,531	0	2,711,531	0
	15 Pension plans, employee benefits	135,142	0	135,142	0
	16a Legal fees (attach schedule)	51,864	0	51,864	0
	b Accounting fees (attach schedule)	110,437	0	103,887	6,550
	c Other professional fees (attach schedule)	207,455	0	207,455	0
	17 Interest	42	42	42	0
	18 Taxes (attach schedule) (see instructions)	285,057	0	282,295	0
	19 Depreciation (attach schedule) and depletion	178,173	0	178,173	
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	1,560,840	45,026	1,515,814	0
	24 Total operating and administrative expenses. Add lines 13 through 23	5,240,541	45,068	5,186,203	6,550
	25 Contributions, gifts, grants paid	409,019			409,019
	26 Total expenses and disbursements. Add lines 24 and 25	5,649,560	45,068	5,186,203	415,569
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-160,014			
	b Net investment income (if negative, enter -0-)		312,612		
c Adjusted net income (if negative, enter -0-)				288,074	

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	1,928,863	342,997	342,997
	2 Savings and temporary cash investments	881,924	572,053	572,053
	3 Accounts receivable ▶ <u>334,230</u>			
	Less allowance for doubtful accounts ▶ _____	279,827	334,230	334,230
	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	35,762	22,893	22,893
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____			
Less accumulated depreciation (attach schedule) ▶ _____				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)	5,993,970	8,053,464	8,215,587	
14 Land, buildings, and equipment basis ▶ <u>6,554,113</u>				
Less accumulated depreciation (attach schedule) ▶ <u>3,399,357</u>	3,239,538	3,154,756	3,154,756	
15 Other assets (describe ▶ _____)	92,936	20,744	20,744	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	12,452,820	12,501,137	12,663,260	
Liabilities	17 Accounts payable and accrued expenses	553,326	490,395	
	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 ▶ _____)	41,535	49,434	
	23 Total liabilities (add lines 17 through 22)	594,861	539,829	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	11,857,959	11,961,308	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances (see instructions)	11,857,959	11,961,308		
31 Total liabilities and net assets/fund balances (see instructions) .	12,452,820	12,501,137		

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	11,857,959
2 Enter amount from Part I, line 27a	2	-160,014
3 Other increases not included in line 2 (itemize) ▶ _____	3	490,002
4 Add lines 1, 2, and 3	4	12,187,947
5 Decreases not included in line 2 (itemize) ▶ _____	5	226,639
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	11,961,308

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 PUBLICLY TRADED SECURITIES		2016-10-31	2017-10-09
b PUBLICLY TRADED SECURITIES		2016-01-25	2017-12-31
c PUBLICLY TRADED SECURITIES		2016-12-31	2017-12-31
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 220,778		219,386	1,392
b 1,275,582		1,260,697	14,885
c 384			384
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			1,392
b			14,885
c			384
d			
e			

2 Capital gain net income or (net capital loss)	2	16,661
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	1,392

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))
2016	402,912	7,785,694	0 051750
2015	394,590	7,999,776	0 049325
2014	405,797	7,858,986	0 051635
2013	334,786	7,504,808	0 044610
2012	267,685	7,353,733	0 036401

2 Total of line 1, column (d)	2	0 233721
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 046744
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	8,162,845
5 Multiply line 4 by line 3	5	381,564
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	3,126
7 Add lines 5 and 6	7	384,690
8 Enter qualifying distributions from Part XII, line 4	8	415,569

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	3,126
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	3,126
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	3,126
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	5,688
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	0
7	Total credits and payments. Add lines 6a through 6d.	7	7,188
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0
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	4,062
11	Enter the amount of line 10 to be Credited to 2018 estimated tax <input type="checkbox"/> 4,062 Refunded <input type="checkbox"/>	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 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? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Yes
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Yes
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> IA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	Yes
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Yes	
14	The books are in care of JOHN W GRUBB Telephone no (515) 259-9293			

Located at **14914 BROOKVIEW DRIVE URBANDALE IA** ZIP+4 **50323**


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 2017, 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"/> 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 2017? <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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/> 2b			
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2017 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 2017). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 2017? 4b			No

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

5a	<p>During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(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</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(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</p> <p>(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</p>			
b	<p>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</p> <p>Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> </p>	5b		
c	<p>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</p> <p><i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i></p>			
6a	<p>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</p>			
b	<p>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</p> <p><i>If "Yes" to 6b, file Form 8870</i></p>	6b		No
7a	<p>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</p>			
b	<p>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</p>	7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(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
JOHN W GRUBB 14914 BROOKVIEW DRIVE URBANDALE, IA 50323	PRESIDENT, SECRETARY 1 00	0	0	0

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

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
KRISTIN DUNLAP 116 REIMER ST ELKADER, IA 52043	ADMINISTRATOR 40 00	72,407	1,075	0
BRYAN SPILDE 1400 W MAIN ST MCGREGOR, IA 52157	RN 40 00	69,474	0	0
LORI VLAZNY 116 REIMER ST ELKADER, IA 52043	RN 40 00	66,909	0	0
ALLISON BAHR 1400 W MAIN ST MCGREGOR, IA 52157	D O N 40 00	60,148	2,470	0
NICOLE HAMILTON 1400 W MAIN ST MCGREGOR, IA 52157	RN 40 00	51,036	3,520	0
Total number of other employees paid over \$50,000. ►				0

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
HEALTH CARE OF IOWA INC 5925 DRY CREEK LN NE CEDAR RAPIDS, IA 52402	ADMINISTRATION	284,937
MILLENNIUM REHAB AND CONSULTING 4725 MERLE HAY RD DES MOINES, IA 50322	SKILLED THERAPIES	276,462
DIVERSACARE LLC 5925 DRY CREEK LN NE CEDAR RAPIDS, IA 52402	CONSULTING	227,554
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 OPERATES 2 NURSING HOMES FOR THE ELDERLY WITH APPROXIMATELY 124 BEDS	5,063,873
2	
3	
4	

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	6,975,624
b	Average of monthly cash balances.	1b	1,311,528
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	8,287,152
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	8,287,152
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	124,307
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	8,162,845
6	Minimum investment return. Enter 5% of line 5.	6	408,142

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	
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	

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	415,569
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	415,569
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	3,126
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	412,443

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013.				
c From 2014.				
d From 2015.				
e From 2016.				
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).				
d Applied to 2017 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
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—see instructions				
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 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 applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a				
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.				

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 2017, enter the date of the ruling. **1997-01-29**

b Check box to indicate whether the organization is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	288,074	389,285	399,989	392,949	1,470,297
b 85% of line 2a	244,863	330,892	339,991	334,007	1,249,752
c Qualifying distributions from Part XII, line 4 for each year listed	415,569	404,460	398,956	406,634	1,625,619
d Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	415,569	404,460	398,956	406,634	1,625,619
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					0
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)	5,842,170	5,530,246	5,710,028	5,165,291	22,247,735
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).	5,840,778	5,400,326	5,411,271	5,167,510	21,819,885
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income	352,624	-38,105	183,895	180,603	679,017

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 email address of the person to whom applications should be addressed

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

c Any submission deadlines

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	409,019
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

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	NURSING HOMES					4,432,559
b	ASSISTED LIVING					702,758
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments.					
3	Interest on savings and temporary cash investments			14	1,229	
4	Dividends and interest from securities.			14	274,995	
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.			14	59,739	
8	Gain or (loss) from sales of assets other than inventory			14	16,661	
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue					
a	OTHER					1,605
b						
c						
d						
e						
12	Subtotal Add columns (b), (d), and (e). . .		0		352,624	5,136,922
13	Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)			13		5,489,546

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

[illegible]

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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.		
	*****	2018-11-15	*****
	Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	TERRY MERFELD		2018-11-15		P00454267
	Firm's name ► EIDE BAILLY LLP				Firm's EIN ► 45-0250958
Firm's address ► 666 WALNUT ST STE 1450 DES MOINES, IA 503093918				Phone no (515) 244-0266	

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>				
ALZHEIMER'S ASSOCIATION 1730 28TH STREET WEST DES MOINES, IA 50266	NONE	PC	DONATION TO GENERAL FUND FOR ALZHEIMER'S CARE, SUPPORT AND RESEARCH	2,500
AMERICAN HEART ASSOCIATION 5000 WESTOWN PKWY STE 340 WEST DES MOINES, IA 50266	NONE	PC	DONATION OF FUNDS FOR GENERAL OPERATING OF HEART AND CIRCULATORY SYSTEM DISEASES, DISORDERS	1,000
ANIMAL RESCUE LEAGUE OF CENTRAL IOWA 5452 NE 22ND STREET DES MOINES, IA 50313	NONE	PC	ANIMAL PROTECTION AND WELFARE - PREVENTION OF CRUELTY TO ANIMALS	2,500
Total 				409,019
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>				
ASPCA ASPCA GIFT PROCESSING CENTER WASHINGTON, DC 200777127	NONE	PC	DONATION TO GENERAL FUND FOR ANIMAL CRUELTY PREVENTION	1,000
BARRETT BOESEN FOUNDATION 475 SE ALICES ROAD SUITE D WAUKEE, IA 50263	NONE	PC	DONATED TO CAUSES THAT IMPROVE AND ENRICH THE LIVES OF CHILDREN IN THE LOCAL COMMUNITY	3,000
BLANK CHILDREN'S HOSPITAL 1200 PLEASANT STREET DES MOINES, IA 50309	NONE	PC	FUNDING FOR BLANK CHILDREN'S HOSPITAL PROGRAMS INCLUDING - CHILD LIFE AND THE CENTER FOR ADVOCACY & OUTREACH	75,000
Total ► 3a				409,019

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>				
BOYS & GIRLS CLUB OF GREATER SCOTTSDALE 10533 E LAKEVIEW DRIVE SCOTTSDALE, AZ 85258	NONE	PC	DONATION TO GENERAL FUND FOR OPERATING BENEFITING CHILDREN WITHIN THE SCOTTSDALE AREA	1,000
CELEBRITY FIGHT NIGHT 2111 E HIGHLAND AVE SUITE 135 PHOENIX, AZ 85016	NONE	PC	EVENT THAT RAISES FUNDS FOR THE BARROW NEUROLOGICAL FOUNDATION IN PHOENIX	47,000
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 503142329	NONE	PC	DONATION TO GENERAL FUND TO PROVIDE SAFE, LOVING HOMES FOR ABANDONED, NEGLECTED AND "UNWANTED" CHILDREN IN IOWA	10,000
Total ► 3a				409,019

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>				
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 503142329	NONE	PC	DONATION TO GENERAL FUND TO PROVIDE SAFE, LOVING HOMES FOR ABANDONED, NEGLECTED AND "UNWANTED" CHILDREN IN IOWA	5,000
DRAKE UNIVERSITY ATHLETICS 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	NONE	PC	SECOND ANNUAL RAISE THE PURSE EVENT - RAISING FUNDS TO STUDENT ATHLETES	1,500
EASTER SEALS IOWA 401 NE 66THS AVENUE DES MOINES, IA 50313	NONE	PC	PROVIDES EXCEPTIONAL SERVICES TO ENSURE THAT ALL PEOPLE WITH DISABILITIES OR SPECIAL NEEDS AND THEIR FAMILIES HAVE EQUAL OPPORTUNITIES TO LIVE, LEARN, WORK AND PLAY IN THEIR COMMUNITIES	5,000
Total ▶ 3a				409,019

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>				
EASTER SEALS IOWA 401 NE 66THS AVENUE DES MOINES, IA 50313	NONE	PC	PROVIDES EXCEPTIONAL SERVICES TO ENSURE THAT ALL PEOPLE WITH DISABILITIES OR SPECIAL NEEDS AND THEIR FAMILIES HAVE EQUAL OPPORTUNITIES TO LIVE, LEARN, WORK AND PLAY IN THEIR COMMUNITIES	5,000
EDGEWATER5508 NW 88TH STREET JOHNSTON, IA 50131	NONE	PC	DONATION TO HEALTH HELP SUPPORT SERVICES AND REHABILITATE	2,500
FESTIVAL OF TREES & LIGHTS 1440 INGERSOLL AVENUE DES MOINES, IA 50309	NONE	PC	FUNDING FOR BLANK CHILDREN'S HOSPITAL PROGRAMS INCLUDING - CHILD LIFE AND THE CENTER FOR ADVOCACY & OUTREACH	9,590
Total ▶ 3a				409,019

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>				
FOOD BANK OF IOWA 2220 E 17TH STREET DES MOINES, IA 503162114	NONE	PC	FOOD BANKS/PANTRIES - SUPPLY GOODS, FOOD, AND OTHER SERVICES TO POOR	600
FOOD BANK OF IOWA 2220 E 17TH STREET DES MOINES, IA 503162114	NONE	PC	FOOD BANKS/PANTRIES - SUPPLY GOODS, FOOD, AND OTHER SERVICES TO POOR	600
HABITAT FOR HUMANITYPO BOX 6439 AMERICUS, GA 317096439	NONE	PC	DONATION TO GENERAL FUND - HELPS FAMILIES BY PROVIDING SHELTER, CREATING STABILITY	2,500
Total ▶ 3a				409,019

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
HOPS FOR HOSPICE - UNITY POINT HEALTH FOUNDATION 1415 WOODLAND AVE SUITE E-200 DES MOINES, IA 50309	NONE	PC	PROVIDE COMFORT, SELF RESPECT, AND PEACE FOR PEOPLE IN FINAL STAGES OF LIFE	3,000
HOYT SHERMAN PLACE 1501 WOODLAND AVE DES MOINES, IA 50309	NONE	PC	RAISE FUNDS FOR HISTORICAL HOYT SHERMAN PLACE, GENERAL FUNDING FOR UPKEEP AND MODIFICATIONS	1,200
IOWA GOLDEN GLOVES 2510 E OVID AVENUE DES MOINES, IA 50317	NONE	PC	DONATION TO GENERAL FUND FOR IOWA AND NATIONAL GOLDEN GLOVES TOURNAMENT EXPENSES ARE FOR MEMBERS AND PUBLIC BENEFITS	3,000
Total ► 3a				409,019


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
IOWA HEALTH CARE ASSOCIATION FOUNDATION 1775 - 90TH STREET WEST DES MOINES, IA 502661563	NONE	PC	DONATION TO GENERAL FUND FOR HEALTH CARE SCHOLARSHIPS	25,000
IOWA HISTORICAL FOUNDATION IOWA DEPT OF CULTURAL AFFAIRS DES MOINES, IA 50319	NONE	PC	SUPPORTS NEW PROGRAMS, EXHIBITS, AND INITIATIVES OF THE STATE HISTORICAL SOCIETY	1,000
IOWA STATE FAIRP O BOX 57130 DES MOINES, IA 50317	NONE	PC	A GENERAL CONTRIBUTIONS TO THE BLUE RIBBON FOUNDATION TO HELP IMPROVE THE BEAUTY OF THE FAIRGROUNDS AND ENABLE BUILDING RENOVATIONS	4,296
Total 				409,019
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
IOWA STATE FAIRP O BOX 57130 DES MOINES, IA 50317	NONE	PC	A GENERAL CONTRIBUTIONS TO THE BLUE RIBBON FOUNDATION TO HELP IMPROVE THE BEAUTY OF THE FAIRGROUNDS AND ENABLE BUILDING RENOVATIONS	5,048
JUDICIAL WATCHPO BOX 96234 WASHINGTON, DC 200906234	NONE	PC	SUPPORTS THE CHECKS AND BALANCES WITHIN A JUDICIAL SYSTEM	1,000
MAYO CLINICPO BOX 450 ALBERT LEA, MN 560079849	NONE	PC	DONATION TO GENERAL FUND - PROVIDES GENERAL HEALTH AND REHABILITATIVE SERVICES	1,500
Total ▶ 3a				409,019

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>				
PUPPY JAKE FOUNDATION P O BOX 12220 DES MOINES, IA 50312	NONE	PC	DONATION TO FUND THE SERVICES PROVIDED TO PROMOTE THE INDEPENDENCE OF VETERANS	2,500
PUPPY JAKE FOUNDATION P O BOX 12220 DES MOINES, IA 50312	NONE	PC	DONATION TO FUND THE SERVICES PROVIDED TO PROMOTE THE INDEPENDENCE OF VETERANS	2,500
SALVATION ARMYPO BOX 1687 DES MOINES, IA 503051687	NONE	PC	DONATION TO GENERAL FUND TO PROVIDE BASIC HUMAN SERVICES TO THOSE IN NEED	1,000
Total ► 3a				409,019

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>				
SALVATION ARMYPO BOX 1687 DES MOINES, IA 503051687	NONE	PC	DONATION TO GENERAL FUND TO PROVIDE BASIC HUMAN SERVICES TO THOSE IN NEED	1,000
SCIENCE CENTER OF IOWA 401 W MARTIN LUTHER KING JR PKWY DES MOINES, IA 50309	NONE	PC	DONATION TO THE GENERAL FUND TO PROVIDE A SCIENCE AND TECHNOLOGY MUSEUM	7,500
ST LUKE'S HEALTH CARE FOUNDATION 855 A AVE NE STE 105 CEDAR RAPIDS, IA 524025060	NONE	PC	DONATION TO GENERAL FUND - PROVIDES GENERAL HEALTH AND REHABILITATIVE SERVICES	50,000
Total ► 3a				409,019

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>				
STRANDS OF STRENGTH 520 SOUTH 18TH STREET WEST DES MOINES, IA 50265	NONE	PC	RAISE YOUR PURSE EVENT - RAISES FUNDS FOR DISEASES, DISORDERS, MEDICAL DISCIPLINES	2,400
STRANDS OF STRENGTH 520 SOUTH 18TH STREET WEST DES MOINES, IA 50265	NONE	PC	RAISE YOUR PURSE EVENT - RAISES FUNDS FOR DISEASES, DISORDERS, MEDICAL DISCIPLINES	5,000
TERRACE HILL PARTNERSHIP C/O ALLISON KLEIS WEST DES MOINES, IA 50266	NONE	PC	RAISE FUNDS FOR HISTORICAL TERRACE HILL GOVERNORS MANSION, GENERAL FUNDING FOR UPKEEP AND MODIFICATIONS	5,000
Total 3a				409,019

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>				
TERRACE HILL PARTNERSHIP C/O ALLISON KLEIS WEST DES MOINES, IA 50266	NONE	PC	RAISE FUNDS FOR HISTORICAL TERRACE HILL GOVERNORS MANSION, GENERAL FUNDING FOR UPKEEP AND MODIFICATIONS	2,500
TERRACE HILL PARTNERSHIP C/O ALLISON KLEIS WEST DES MOINES, IA 50266	NONE	PC	RAISE FUNDS FOR HISTORICAL TERRACE HILL GOVERNORS MANSION, GENERAL FUNDING FOR UPKEEP AND MODIFICATIONS	5,935
VARIETY CLUB 505 - 5TH AVENUE SUITE 310 DES MOINES, IA 50309	NONE	PC	DONATION TO GENERAL FUND TO PROVIDE AID/SERVICES TO THE HANDICAP	250
Total 				409,019
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>				
VARIETY CLUB 505 - 5TH AVENUE SUITE 310 DES MOINES, IA 50309	NONE	PC	DONATION TO GENERAL FUND TO PROVIDE AID/SERVICES TO THE HANDICAP	100,000
WAUKEE PUBLIC LIBRARY FRIENDS FOUNDATION P O BOX 68 WAUKEE, IA 50263	NONE	PC	DONATION OF FUNDS FOR GENERAL OPERATING OF EDUCATIONAL INSTITUTIONS AND RELATED ACTIVITIES	500
WAUKEE PUBLIC LIBRARY FRIENDS FOUNDATION P O BOX 68 WAUKEE, IA 50263	NONE	PC	DONATION TO GENERAL FUND FOR EDUCATIONAL PURPOSE AND RELATED ACTIVITIES	100
Total 3a				409,019

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>				
WOUNDED WARRIOR PROJECT NATIONAL PROCESSING CENTER TOPEKA, KS 666758541	NONE	PC	HUMAN SERVICES - EMERGENCY ASSISTANCE - FOOD, CLOTHING, CASH	1,000
YOUTH HOMES OF MID-AMERICA PO BOX 39 JOHNSTON, IA 50131	NONE	PC	DONATION TO GENERAL FUND TO BATTLE MENTAL HEALTH ISSUES	1,500
Total ▶ 3a				409,019

TY 2017 Accounting Fees Schedule

Name: THE JOHN R AND ZELDA Z GRUBB
CHARITABLE FOUNDATION

EIN: 42-6521745

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	103,887	0	103,887	0
TAX PREPARATION	6,550	0	0	6,550

TY 2017 Investments - Other Schedule

Name: THE JOHN R AND ZELDA Z GRUBB
CHARITABLE FOUNDATION

EIN: 42-6521745

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
OTHER INVESTMENTS	AT COST	8,053,464	8,215,587

TY 2017 Legal Fees Schedule

Name: THE JOHN R AND ZELDA Z GRUBB
CHARITABLE FOUNDATION

EIN: 42-6521745

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	51,864	0	51,864	0

TY 2017 Other Assets Schedule

Name: THE JOHN R AND ZELDA Z GRUBB
CHARITABLE FOUNDATION

EIN: 42-6521745

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
BASIS OF LIFE INSURANCE	27,971	0	0
CSV LIFE INSURANCE	59,563	18,104	18,104
PREPAID INCOME TAX	5,402	2,640	2,640

TY 2017 Other Decreases Schedule

Name: THE JOHN R AND ZELDA Z GRUBB
CHARITABLE FOUNDATION

EIN: 42-6521745

Description	Amount
BOOK TAX DIFFERENCE AVISTA K-1	69,979
NON-DEDUCTIBLE DUES	1,601
NON-DEDUCTIBLE DONATIONS	4,114
PY ADJUSTMENT	150,945

TY 2017 Other Expenses Schedule

Name: THE JOHN R AND ZELDA Z GRUBB
CHARITABLE FOUNDATION

EIN: 42-6521745

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERTISING	33,840	0	33,840	0
BUSINESS EXPENSE	2,060	0	2,060	0
BUSINESS TRAVEL	23,268	0	23,268	0
DIETARY	209,729	0	209,729	0
DUES & LICENSES	14,336	0	14,336	0
EMPLOYEE RECRUITMENT	18,780	0	18,780	0
INCONTINENT CARE	3,528	0	3,528	0
INSURANCE	46,431	0	46,431	0
INVESTMENT FEES	30,358	30,358	0	0
LINEN AND BEDDING	2,744	0	2,744	0

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LIFE INSURANCE	97,927	0	97,927	0
MANAGEMENT FEE	29,335	14,668	14,667	0
OFFICE EXPENSE	76,317	0	76,317	0
PURCHASED SERVICES	21,660	0	21,660	0
REPAIRS & MAINTENANCE	86,080	0	86,080	0
SNF SUPPLIES & THERAPIES	336,372	0	336,372	0
STAFF EDUCATION	19,209	0	19,209	0
SUPPLIES	190,311	0	190,311	0
TELEPHONE	13,787	0	13,787	0
UTILITIES	189,840	0	189,840	0

Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
WORKMENS COMPENSATION	114,928	0	114,928	0

TY 2017 Other Income Schedule

Name: THE JOHN R AND ZELDA Z GRUBB
CHARITABLE FOUNDATION

EIN: 42-6521745

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
NET INVESTMENT INCOME FROM K-1 ACTIVITIES	53,872	58,928	53,872
UBS FINANCIAL SERVICES - CAPITAL GAIN DIVIDENDS	5,867	5,867	5,867
NURSING HOMES	4,432,559		4,432,559
ASSISTED LIVING	702,758		702,758
OTHER	1,605		1,605

TY 2017 Other Increases Schedule

Name: THE JOHN R AND ZELDA Z GRUBB
CHARITABLE FOUNDATION

EIN: 42-6521745

Description	Amount
ADDITIONAL BOOK DEPRECIATION IN EXCESS OF TAX DEPRECIATION	13,845
BOOK TAX DIFFERENCE PIMCO OFFSHORE K-1	9,297
BOOK TAX DIFFERENCE PIMCO ONSHORE K-1	16,371
ACCRUED VACATION	5,413
BOOK TAX DIFFERENCE PE PREMIER BLACKSTONE ENERGY K-1	1,481
BOOK TAX DIFFERENCE UBS FINANCIAL SERVICES 1099	24,178
ROUNDING	2
HPC MILLENNIUM	419,415

TY 2017 Other Liabilities Schedule

Name: THE JOHN R AND ZELDA Z GRUBB
CHARITABLE FOUNDATION

EIN: 42-6521745

Description	Beginning of Year - Book Value	End of Year - Book Value
DEPOSITS	41,535	49,434

TY 2017 Other Professional Fees Schedule

Name: THE JOHN R AND ZELDA Z GRUBB
CHARITABLE FOUNDATION

EIN: 42-6521745

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NURSING HOME MANAGEMENT & OTHER	207,455	0	207,455	0

TY 2017 Taxes Schedule

Name: THE JOHN R AND ZELDA Z GRUBB
CHARITABLE FOUNDATION

EIN: 42-6521745

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX ON INVESTMENT	2,762	0	0	0
PAYROLL	192,272	0	192,272	0
PROPERTY	90,023	0	90,023	0