



Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing . . . . .			
	2	Savings and temporary cash investments . . . . .	52,020	57,838	57,838
	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) . . . . .	10,597	9,483	10,517
	c	Investments—corporate bonds (attach schedule) . . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	62,617	67,321	68,355	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/></b> <b>and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds . . . . .	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	62,617	67,321	
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	62,617	67,321		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	62,617	67,321		

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	62,617
2	Enter amount from Part I, line 27a . . . . .	2	4,704
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3 . . . . .	4	67,321
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	67,321

**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 )
<b>1 a</b> DNP SELECT INCOME FD INC	P		
<b>b</b> CAPITAL GAINS DIVIDENDS	P		
<b>c</b>			
<b>d</b>			
<b>e</b>			

(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)
<b>a</b> 1,133		1,087	46
<b>b</b> 11			11
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
<b>a</b>			46
<b>b</b>			11
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	<b>2</b>	57
<b>3</b> 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		<b>3</b>	

**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	206,601	72,018	2 868741
2015	166,590	54,064	3 081348
2014	286,073	76,053	3 761495
2013	125,104	124,681	1 003393
2012	126,782	94,510	1 341467
<b>2</b> Total of line 1, column (d)			<b>2</b> 12 056444
<b>3</b> 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			<b>3</b> 2 411289
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			<b>4</b> 74,001
<b>5</b> Multiply line 4 by line 3			<b>5</b> 178,438
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 0
<b>7</b> Add lines 5 and 6			<b>7</b> 178,438
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 221,477

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

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	0
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	0
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	0
<b>6</b>	Credits/Payments		
<b>a</b>	2017 estimated tax payments and 2016 overpayment credited to 2017	<b>6a</b>	33
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	33
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>	<b>10</b>	33
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> <b>▶</b> 33 <b>Refunded</b> <b>▶</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <b>▶</b> \$ _____ 0 (2) On foundation managers <b>▶</b> \$ _____ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>▶</b> \$ _____ 0		
<b>2</b> 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	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	Yes
<b>7</b> 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 . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> 1A _____		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	<b>8b</b>	Yes
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? If "Yes," complete Part XIV . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

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

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<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>			
<b>16</b>	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 <b>▶</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

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

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

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input 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? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> <b>1b</b>			
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? <input type="checkbox"/> <b>1c</b>			<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
<b>a</b>	At the end of tax year 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 <b>▶ 20____, 20____, 20____, 20____</b>			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/> <b>2b</b>			
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶ 20____, 20____, 20____, 20____</b>			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If "Yes," did it have excess business holdings in 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 <b>3b</b>			
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <b>4a</b>			<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? <b>4b</b>			<b>No</b>

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

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

**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
See Additional Data Table				

**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	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

**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
NONE		

**Total** number of others receiving over \$50,000 for professional services. . . . . **0****Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	

**Total.** Add lines 1 through 3. . . . . **0**

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	10,480
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	64,648
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	75,128
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	75,128
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	1,127
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	74,001
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	3,700

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

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	3,700
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	0
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	3,700
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	3,700
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	3,700

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	221,477
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	221,477
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	221,477

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



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				3,700
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .				122,056
<b>b</b> From 2013. . . . .				118,870
<b>c</b> From 2014. . . . .				282,270
<b>d</b> From 2015. . . . .				163,887
<b>e</b> From 2016. . . . .				203,000
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	890,083			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 221,477				
<b>a</b> Applied to 2016, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2017 distributable amount. . . . .				3,700
<b>e</b> Remaining amount distributed out of corpus	217,777			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,107,860			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .	122,056			
<b>9</b> <b>Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a . . . . .	985,804			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .				118,870
<b>b</b> Excess from 2014. . . . .				282,270
<b>c</b> Excess from 2015. . . . .				163,887
<b>d</b> Excess from 2016. . . . .				203,000
<b>e</b> Excess from 2017. . . . .				217,777

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

<b>1a</b> 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. . . . . ▶					
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<b>2a</b> 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) 2017	(b) 2016	(c) 2015	(d) 2014	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

<b>1 Information Regarding Foundation Managers:</b>	
<b>a</b> 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>b</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	
<b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>	
Check here <input type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.	
<b>a</b> The name, address, and telephone number or e-mail address of the person to whom applications should be addressed JOAN RICE 242 TOWER PARK DRIVE WATERLOO, IA 50701 (319) 233-1900	
<b>b</b> The form in which applications should be submitted and information and materials they should include APPLICATIONS FOR GRANTS ARE AVAILABLE AT THE OFFICES OF LINCOLN SAVINGS BANK	
<b>c</b> Any submission deadlines APPLICATIONS ARE REVIEWED AS RECEIVED ON A QUARTERLY BASIS ALL TIMES ARE SPECIFIED ON THE GRANT	
<b>d</b> Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors GRANTS ARE MADE ONLY TO TAX QUALIFIED ORGANIZATIONS WITH IN THE GEOGRAPHIC MARKETS SERVED BY LINCOLN SAVINGS BANK	

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	219,259
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	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	
Enter gross amounts unless otherwise indicated				
<b>1</b> Program service revenue				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g Fees and contracts from government agencies				
<b>2</b> Membership dues and assessments. . . . .				
<b>3</b> Interest on savings and temporary cash investments . . . . .				
		14	975	
<b>4</b> Dividends and interest from securities. . . . .				
		14	341	
<b>5</b> Net rental income or (loss) from real estate				
a Debt-financed property. . . . .				
b Not debt-financed property. . . . .				
<b>6</b> Net rental income or (loss) from personal property				
<b>7</b> Other investment income. . . . .				
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .				
		18	57	
<b>9</b> Net income or (loss) from special events				
<b>10</b> Gross profit or (loss) from sales of inventory				
<b>11</b> Other revenue a _____				
b _____				
c _____				
d _____				
e _____				
<b>12</b> Subtotal. Add columns (b), (d), and (e). . . . .				
	0		1,373	0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .				
		13		1,373

## 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**

<b>1</b> 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?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</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 <b>(d)</b> 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

<b>Sign Here</b>	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.		
	***** Signature of officer or trustee	2018-12-03 Date	***** Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JULIE ELIAS				P00241120
	Firm's name <b>►</b> RSM US LLP				Firm's EIN <b>►</b> 42-0714325
	Firm's address <b>►</b> 201 FIRST ST SE SUITE 800 CEDAR RAPIDS, IA 52401				Phone no. (319) 298-5333

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
MILT DAKOVICH	TRUSTEE 0 50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
JEFFREY DRALLE	TRUSTEE 0 50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
MIKE PETERSON	TRUSTEE 0 50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
STEVE BROUWER	TRUSTEE 0 50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
ERICK SKOVGARD	TRUSTEE 0 50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
DAVID DEEDS	TRUSTEE 0 50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
SCOTT BUSH	TRUSTEE 0 50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
DENNY PRESNALL	TRUSTEE 0 50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
SALLY HOLLIS	TRUSTEE 0 50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
LINDA ALLEN	TRUSTEE 0 50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
STEVE TSCHERTER	TRUSTEE (UNTIL 12/2017) 0 50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AHRENS PARK FOUNDATION 1510 PENROSE ST GRINNELL, IA 50112	NONE	PC	GENERAL OPERATING	5,000
ALLEN COLLEGE1990 HEALTH ST WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	5,000
ALLEN HEALTH FOUNDATION 1825 LOGAN AVENUE WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	330
<b>Total . . . . . ▶</b> <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALLEN MEMORIAL HOSPITAL CORP 1825 LOGAN AVENUE WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	3,000
ALTERNATIVES PREGNANCY CENTER 1006 DECATHLON DR WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	1,500
AMERICAN CANCER SOCIETY 225 N MICHIGAN AVE 1210 CHICAGO, IL 60601	NONE	PC	GENERAL OPERATING	1,096
<b>Total . . . . . ▶</b> <b>3a</b>				219,259



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN HEART ASSOCIATION 1035 N CENTER PT RD STE B HIAWATHA, IA 52233	NONE	PC	GENERAL OPERATING	148
AMERICAN RED CROSS 6300 ROCKWELL DR NE CEDAR RAPIDS, IA 52402	NONE	PC	GENERAL OPERATING	740
AMVET POST 101934 IRVING ST CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	2,500
<b>Total . . . . . ▶</b> <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
ANKENY COMMUNITY FOUNDATION 410 W 1ST ST ANKENY, IA 500231557	NONE	PC	GENERAL OPERATING	4,000
ANKENY DOLLARS FOR SCHOLARS 406 SW SCHOOL STREET ANKENY, IA 50023	NONE	PC	DOLLARS FOR SCHOLARS	1,000
ANKENY KIWANIS CLUB FOUNDATION 504 W 1ST ST ANKENY, IA 50023	NONE	PC	GENERAL OPERATING	3,000
<b>Total . . . . . ▶</b> <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
APLINGTON VOLUNTEER FIRE DEPARTMENT 722 10TH ST APLINGTON, IA 50604	NONE	PC	GENERAL OPERATING	1,000
APLINGTON-PARKERSBURG DOLLARS FOR SCHOLARS PO BOX 669 PARKERSBURG, IA 50665	NONE	PC	DOLLARS FOR SCHOLARS	1,000
ASPIRE THERAPEUTIC RIDING PROGRAM 8100 KIMBALL AVE WATERLOO, IA 50702	NONE	PC	GENERAL OPERATING	740
<b>Total . . . . . ▶</b> <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BACK TO SCHOOL PROJECT C/O RUTH ORTH PO BOX 2334 WATERLOO, IA 50704	NONE	PC	GENERAL OPERATING	1,949
BIG BROTHERS BIG SISTERS OF NORTHEAST IOWA 2530 UNIVERSITY AVE STE 8 WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	7,056
BOYS & GIRLS CLUB OF CEDAR VALLEY 515 LIME ST WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	953
<b>Total . . . . . ▶</b> <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOYS & GIRLS CLUB OF CENTRAL IOWA 1421 WALKER ST DES MOINES, IA 50316	NONE	PC	GENERAL OPERATING	1,500
BUTLER COUNTY CONSERVATION BOARD 28727 TIMBER RD CLARKSVILLE, IA 50619	NONE	PC	GENERAL OPERATING	600
CAMP HERTKO HOLLOW 501 GRAND AVENUE DES MOINES, IA 50309	NONE	PC	GENERAL OPERATING	1,000
<b>Total . . . . .</b> <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CATHOLIC CHARITIES 420 6TH STREET SE CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING	550
CEDAR BEND HUMANE SOCIETY INC 1166 W AIRLINE HWY WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	4,743
CEDAR FALLS COMMUNITY SCHOOLS FOUNDATION 602 MAIN STREET CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	455
<b>Total . . . . .</b> ► <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CEDAR VALLEY HOSPICE 2101 KIMBALL AVE STE 401 WATERLOO, IA 50702	NONE	PC	GENERAL OPERATING	1,252
CEDAR VALLEY UNITED WAY 425 CEDAR ST STE 300 WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	252
CHILDREN AND FAMILIES OF IOWA 1111 UNIVERSITY AVE DES MOINES, IA 50314	NONE	PC	GENERAL OPERATING	1,500
<b>Total . . . . . ▶</b> <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHILDREN'S CANCER CONNECTION 2708 GRAND AVE DES MOINES, IA 50312	NONE	PC	GENERAL OPERATING	500
CHRISTIAN COMMUNITY DEVELOPMENT DBA HOUSE OF HOPE 1744 2ND AVE SE CEDAR RAPIDS, IA 52403	NONE	PC	GENERAL OPERATING	2,000
CITY OF ALLISON 410 NORTH MAIN STREET ALLISON, IA 50602	NONE	GOV	GENERAL OPERATING	5,000
<b>Total . . . . .</b> ► <b>3a</b>				219,259



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF HUDSON525 JEFFERSON ST HUDSON, IA 50643	NONE	GOV	GENERAL OPERATING	5,000
COMMUNITY FOUNDATION OF NORTHEAST IOWA 425 CEDAR ST STE 310 WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	2,000
CONSUMER CREDIT COUNSELING SERVICES OF NEIA 1003 W 4TH ST WATERLOO, IA 50702	NONE	PC	GENERAL OPERATING	500
<b>Total . . . . .</b> <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COURAGE LEAGUE SPORTS 4405 121ST ST URBANDALE, IA 50323	NONE	PC	GENERAL OPERATING	2,500
COVENANT FOUNDATION - LORI'S DREAM TEAM ENDOWMENT 3421 W 9TH STREET WATERLOO, IA 50702	NONE	PC	GENERAL OPERATING	7,500
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON RD BETHESDA, MD 20814	NONE	PC	GENERAL OPERATING	1,250
<b>Total . . . . .</b> ► <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DALLAS COUNTY CONSERVATION BOARD 14851 K AVE PERRY, IA 50220	NONE	PC	GENERAL OPERATING	1,500
DES MOINES ARE RELIGIOUS COUNCIL 1435 MULBERRY ST DES MOINES, IA 50309	NONE	PC	GENERAL OPERATING	1,000
DES MOINES EUROPEAN HERITAGE ASSN 37 LIBERTY BELL BLVD DES MOINES, IA 50327	NONE	PC	GENERAL OPERATING	500
<b>Total . . . . .</b> ▶ <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DO BETTER BE BETTER185 FAIRWAY DR DIKE, IA 50624	NONE	PC	GENERAL OPERATING	500
EASTER SEALS2920 30TH ST DES MOINES, IA 50310	NONE	PC	GENERAL OPERATING	8,275
EVERYBODY WINS IOWA 901 WALNUT ST 640 DES MOINES, IA 50309	NONE	PC	GENERAL OPERATING	1,000
<b>Total . . . . . ▶</b> <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FATHER BRUNKAN CHARITY FUND ST MARY CATHOLIC CHURCH PO BOX 480 GREENE, IA 506360480	NONE	PC	GENERAL OPERATING	225
FRIENDS OF THE FAMILY 5250 N PARK PL NE 105 CEDAR RAPIDS, IA 52402	NONE	PC	GENERAL OPERATING	500
FRIENDS OF THE IOWA VETERANS CEMETERY 34024 VETERANS MEMORIAL DR ADEL, IA 50003	NONE	PC	GENERAL OPERATING	1,500
<b>Total . . . . . ▶</b> <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FRIENDS OF THE LIBRARY 450 5TH AVENUE SE CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING	25
G-R DAYCARE LITTLE REBELS LEARNING CTR 120 CEDAR STREET REINBECK, IA 506691418	NONE	PC	GENERAL OPERATING	250
GIRL SCOUTS OF GREATER IOWA 10715 HICKMAN RD URBANDALE, IA 50322	NONE	PC	GENERAL OPERATING	50
<b>Total . . . . .</b> ► <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GLADBROOK-REINBECK COMMUNITY SCHOOLS 300 CEDAR ST REINBECK, IA 50669	NONE	GOV	GENERAL OPERATING	1,616
GLADBROOK-REINBECK DOLLARS FOR SCHOLARS 300 CEDAR ST REINBECK, IA 50669	NONE	PC	DOLLARS FOR SCHOLARS	2,000
GMG FOUNDATION306 PARK ST GARWIN, IA 50632	NONE	PC	GENERAL OPERATING	1,000
<b>Total . . . . .</b> ► <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GRANDVIEW CHRISTIAN SCHOOL 2905 NE 46TH AVE DES MOINES, IA 50317	NONE	GOV	GENERAL OPERATING	3,000
GREATER CEDAR VALLEY ALLIANCE FOUNDATION RIVER PLAZA BUILDING 10 W 4TH ST WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	5,000
GREATER DENVER ACTIVITIES FOUNDATION PO BOX 509 DENVER, IA 50622	NONE	PC	GENERAL OPEARTING	2,000
<b>Total . . . . .</b> ► <b>3a</b>				219,259



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GREATER DES MOINES HABITAT FOR HUMANITY 2200 E EUCLID AVE DES MOINES, IA 50317	NONE	PC	GENERAL OPERATING	2,500
GREENE AREA CHAMBER 220 NORTH CHESTNUT JEFFERSON, IA 50129	NONE	GOV	GENERAL OPERATING	90
GREENE FIREFIGHTERS ASSN 213 N 2ND ST GREENE, IA 50636	NONE	GOV	GENERAL OPERATING	30
<b>Total . . . . .</b> ► <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GREENE PUBLIC LIBRARY 231 W TRAER ST GREENE, IA 50636	NONE	GOV	GENERAL OPERATING	2,000
GREENE VOLUNTEER AMBULANCE SERVICE 213 N 2ND ST GREENE, IA 50636	NONE	GOV	GENERAL OPERATINGGENERAL OPERATING	80
GRINNELL NEWBURG DOLLARS FOR SCHOLARS PO BOX 344 GRINNELL, IA 50112	NONE	PC	DOLLARS FOR SCHOLARS	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
GRINNELL REGIONAL MEDICAL CENTER 210 4TH AVE GRINNELL, IA 50112	NONE	PC	GENERAL OPERATING	5,000
GRUNDY CENTER HIGH SCHOOL 1301 12TH ST GRUNDY CENTER, IA 50638	NONE	GOV	GENERAL OPERATING	1,000
GRUNDY CO MEMORIAL HOSPITAL 201 E J AVE GRUNDY CENTER, IA 50638	NONE	PC	GENERAL OPERATING	3,000
<b>Total . . . . . ▶</b> <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HARTMAN RESERVE NATURE CENTER 657 RESERVE DR CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	216
HAWKEYE COMMUNITY COLLEGE 1501 EAST ORANGE ROAD WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	5,000
HAWKEYE COMMUNITY COLLEGE FOUNDATION 1501 EAST ORANGE ROAD PO BOX 8015 WATERLOO, IA 50704	NONE	PC	GENERAL OPERATING	1,000
<b>Total . . . . .</b> <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
HUDSON EDUCATION FUND 245 S WASHINGTON HUDSON, IA 50643	NONE	PC	GENERAL OPERATING	1,000
IOWA JOBS FOR AMERICA'S GRADUATES 1111 9TH STREET SUITE 268 DES MOINES, IA 50314	NONE	PC	GENERAL OPERATING	2,500
JESUP SCHOOLS531 PROSPECT ST JESUP, IA 50648	NONE	GOV	GET BACK ON THE TRACK CAMPAIGN	840
Total . . . . . ▶ 3a				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JUNIOR ACHIEVEMENT OF EASTERN IOWA INC 425 CEDAR ST STE 300 WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	2,341
JUVENILE DIABETES RESEARCH FOUNDATION 1026 A AVE NE CEDAR RAPIDS, IA 52402	NONE	PC	GENERAL OPERATING	88
KIDQUEST DAYCARE427 NASH ST APLINGTON, IA 50604	NONE	PC	GENERAL OPERATING	2,100
<b>Total . . . . .</b> ▶ <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LINK CHRISTIAN COMMUNITY DEVELOPMENT 715 E 4TH STREET WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	500
LOCAL FOODS CONNECTION 405 E WASHINGTON ST IOWA CITY, IA 52240	NONE	PC	GENERAL OPERATING	500
LUTHERAN SERVICES IN IOWA INC 904 W 4TH ST WATERLOO, IA 50702	NONE	PC	GENERAL OPERATING	500
<b>Total . . . . .</b> ► <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MAGICAL MIX KIDS 721 SHIRLEY STREET CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	240
MAYFLOWER COMMUNITY SENIOR LIVING 616 BROAD ST GRINNELL, IA 50112	NONE	PC	GENERAL OPERATING	1,000
NASHUA COMMUNITY FOUNDATION 612 GREELEY ST NASHUA, IA 50658	NONE	GOV	GENERAL OPERATING	1,000
<b>Total . . . . .</b> ► <b>3a</b>				219,259



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NORTH BUTLER HIGH SCHOOL 201 NORTH 5TH STREET GREENE, IA 50636	NONE	GOV	SCHOLARSHIP FUND	2,000
NORTH BUTLER SPORTS COMPLEX 201 N 5TH ST GREENE, IA 50636	NONE	GOV	GENERAL OPERATING	4,000
NORTH SHORE BOAT CLUB FOR ISLAND PARK BEACH HOUSE PO BOX 253 CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	21,500
<b>Total . . . . .</b> ► <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NORTH STAR COMMUNITY SERVICE INC 3420 UNIVERSITY AVE 100 WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	1,000
NORTHEAST IOWA AREA AGENCY ON AGING 2101 KIMBALL AVE STE 320 WATERLOO, IA 50702	NONE	PC	GENERAL OPERATING	1,070
NORTHEAST IOWA FOOD BANK 106 E 11TH ST WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	530
<b>Total . . . . .</b> ► <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NORTHEAST IOWA TURNAROUND AWARDS 209 FOREST AVE WATERLOO, IA 50702	NONE	PC	GENERAL OPERATING	1,000
PEO CHAPTER CC3700 GRAND AVENUE DES MOINES, IA 50312	NONE	PC	GENERAL OPERATING	50
PANTHER SCHOLARSHIP FUND 1227 W 27TH ST CEDAR FALLS, IA 50614	NONE	PC	GENERAL OPERATING	1,150
<b>Total . . . . . ▶</b> <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
POLK COUNTY HOUSING TRUST FUND 108 3RD ST 350 DES MOINES, IA 50309	NONE	PC	GENERAL OPERATING	2,500
POWESHIEK ANIMAL SHELTER LEAGUE 4167 20TH ST GRINNELL, IA 50112	NONE	PC	GENERAL OPERATING	500
QUOTA INTERNATIONAL OF WATERLOO PO BOX 1261 WATERLOO, IA 50704	NONE	PC	GENERAL OPERATING	1,000
<b>Total . . . . . ▶</b> <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
REINBECK DAYCARE120 CEDAR STREET REINBECK, IA 50669	NONE	PC	GENERAL OPERATING	4,250
RETRIEVING FREEDOM1152 230TH ST WAVERLY, IA 50677	NONE	PC	GENERAL OPERATING	1,840
SALVATION ARMY OF WATERLOOCEDAR FALLS 218 LOGAN AVE WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	360
<b>Total . . . . . ▶</b> <b>3a</b>				219,259


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SOUTH TAMA HIGH SCHOOL 1715 HARDING ST TAMA, IA 52339	NONE	GOV	DOLLARS FOR SCHOLARS	1,000
SOUTH TAMA MUSIC1715 HARDING ST TAMA, IA 52339	NONE	PC	GENERAL OPERATING	1,000
SPREAD THE CAREPO BOX 82 CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	3,000
<b>Total . . . . . ▶</b> <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST FRANCIS MANOR2021 4TH AVE GRINNELL, IA 50112	NONE	PC	GENERAL OPERATING	1,000
TAMA COUNTY DAYCARE 1301 OVERLOOK DR TAMA, IA 52339	NONE	PC	GENERAL OPERATING	500
TOLEDO COMMUNITY THEATRE GUILD S CHURCH ST TOLDEDO, IA 52342	NONE	PC	GENERAL OPERATING	2,000
<b>Total . . . . . ▶</b> <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNI FOUNDATION1227 W 27TH ST CEDAR FALLS, IA 50614	NONE	PC	GENERAL OPERATING	900
UNIVERSITY OF NORTHERN IOWA 1227 W 27TH ST CEDAR FALLS, IA 50614	NONE	PC	GENERAL OPERTING	1,000
VOLUNTEER CENTER OF CEDAR VALLEY 2101 KIMBALL AVE STE 136 WATERLOO, IA 50702	NONE	PC	GENERAL OPERATING	5,300
<b>Total . . . . . ▶</b> <b>3a</b>				219,259



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
WARTBUG COLLEGE 100 WARTBURG BLVD WAVERLY, IA 50677	NONE	PC	GENERAL OPERATING	3,000
WATERLOO COMMUNITY PLAYHOUSE 224 COMMERCIAL ST WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	1,000
WATERLOO DEVELOPMENT CORP 10 W 4 ST STE 310 WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WATERLOO KIWANIS CLUBPO BOX 1502 WATERLOO, IA 50704	NONE	PC	GENERAL OPERATING	120
WATERLOO SCHOOLS FOUNDATION 201 TOWER PARK DR WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	2,500
WATERLOO VISITING NURSES 2530 UNIVERSITY AVE WATERLOO, FL 50701	NONE	PC	GENERAL OPERATING	360
<b>Total</b> . . . . . 				219,259
<b>3a</b>				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WATERLOO WEST BPA 1516 WASHINGTON ST WATERLOO, IA 50702	NONE	GOV	GENERAL OPERATING	80
WATERLOO-CEDAR FALLS SYMPHONY GALLAGHER BLUEDORN PAC CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	500
WINNEBAGO COUNCIL BOY SCOUTS 2929 AIRPORT BLVD WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	750
<b>Total . . . . . ▶</b> <b>3a</b>				219,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WOUNDED WARRIOR PROJECT PO BOX 758517 TOPEKA, KS 66675	NONE	PC	GENERAL OPERATING	1,480
YOUTH EMERGENCY SERVICES & SHELTER 918 SE 11TH STREET DES MOINES, IA 50309	NONE	PC	GENERAL OPERATING	1,000
YWCA OF BLACK HAWK COUNTY 425 LAFAYETTE ST WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	3,439
<b>Total . . . . .</b> ► <b>3a</b>				219,259

**TY 2017 Accounting Fees Schedule****Name:** LSB FOUNDATION**EIN:** 20-1653464**Accounting Fees Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	2,500	1,250		1,250

## TY 2017 Investments Corporate Stock Schedule

**Name:** LSB FOUNDATION

**EIN:** 20-1653464

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCK	9,483	10,517

**TY 2017 Other Expenses Schedule****Name:** LSB FOUNDATION**EIN:** 20-1653464**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS EXPENSE	39	19		20

**TY 2017 Other Professional Fees Schedule****Name:** LSB FOUNDATION**EIN:** 20-1653464

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FIDUCIARY FEES	1,874	937		937



<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)  Department of the Treasury Internal Revenue Service	<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>	OMB No 1545-0047  <b>2017</b>
	<b>Name of the organization</b> LSB FOUNDATION	<b>Employer identification number</b> 20-1653464

Organization type (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> LSB FOUNDATION	<b>Employer identification number</b> 20-1653464
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<b>Part I</b> <b>Contributors</b> (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LINCOLN SAVINGS BANK 508 MAIN ST REINBECK, IA 50669	\$ 163,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
2	WESTERN HOME COMMUNITIES 5300 S MAIN ST CEDAR FALLS, IA 50613	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
3	EAGLE VIEW PARTNERS 200 STATE STREET SUITE 202-Z CEDAR FALLS, IA 50613	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
4	REED CRAFT 912 COLBY ROAD WATERLOO, IA 50701	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )



<b>Name of organization</b> LSB FOUNDATION	<b>Employer identification number</b> 20-1653464
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<b>Part III</b>	<b>Exclusively</b> religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
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