DLN: 93491341006028

2017

OMB No 1545-0052

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

Department of the Treasury Internal Revenue Service

Form 990-PF

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

Open to Public Inspection

For	caler	ndar year 2017, or tax yea	r beginning 08-01-20)17 , aı	nd er	nding 07-31-	2018	
		undation				A Employer ide	entification numbe	r
		TEBENS CHARITABLE FOUNDATION T CITZENS NATIONAL BANK				42-1280907		
		d street (or P O box number if mail is n H STREET SW	not delivered to street address)	Room/suite		B Telephone nu	mber (see instruction	ns)
City	or town	n, state or province, country, and ZIP o	r foreign postal code			(641) 422-1600	1	
		Y, IA 50401	Toreign postar code			C If exemption	application is pendin	g, check here
G Cl	neck al	ll that apply	☐ Initial return of a	former public charity		D 1. Foreign or	ganizations, check he	ere . \square
		☐ Final return	Amended return				ganızatıons meeting	
		\square Address char	nge 🔲 Name change			test, chec	k here and attach co	mputation 🕨 🔲
H C	neck ty	pe of organization 🗹 Section	501(c)(3) exempt private	foundation			ındatıon status was t n 507(b)(1)(A), chec	
	Section	n 4947(a)(1) nonexempt charitabl	e trust 🔲 Other taxabl	e private foundation				
		ket value of all assets at end	J Accounting method	☑ Cash ☐ Accru	al		ition is in a 60-month	
		from Part II, col (c), \$ 3,854,736	Other (specify)	. h		under section	n 507(b)(1)(B), chec	k nere - —
			(Part I, column (d) must	ne on cash basis)			.	,
Pa	rt I	Analysis of Revenue and		(a) Revenue and	(ы)	Net investment	(c) Adjusted net	(d) Disbursements for charitable
		of amounts in columns (b), (c), and equal the amounts in column (a) (se		expenses per books	()	income	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc	, received (attach					(cash basis only)
		schedule)						
	2	Check ► ✓ If the foundation is Sch B	not required to attach					
	3	Interest on savings and tempora	ary cash investments					
	4	Dividends and interest from secu	urities	42,575	1	42,242		
	5a	Gross rents						
	ь	Net rental income or (loss)	-24,739					
Пe	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 3,623,608 Capital gain net income (from Part IV, line 2)		3,111,435	i			
Revenue	b							
æ	7					3,111,435		
	8	Net short-term capital gain .						
	9	Income modifications						
	10a	Gross sales less returns and allo	wances					
	b	Gross profit or (loss) (attach sch	Cost of goods sold					
	C		ledule)					
	11	Other income (attach schedule)		2.454.040		2 452 677		
	12	Total. Add lines 1 through 11		3,154,010		3,153,677		4 252
	13	Compensation of officers, directors Other employee salaries and wa	, ,	5,000	_	3,750		1,250
	14 15	Pension plans, employee benefit	_					
Expenses	16a	Legal fees (attach schedule)		13,606		10,205		3,401
<u> </u>	b	Accounting fees (attach schedule		3,300		2,475		825
EX	6	Other professional fees (attach s		12,365	-	9,274		3,091
and Administrative	17	Interest	,	12,303		3,2,1		5,551
rat	18	Taxes (attach schedule) (see ins		16,625	-	16,625		0
115	19	Depreciation (attach schedule) a	•	2,775		2,775		
Ē	20	Occupancy	·			<u> </u>		
Ă	21	Travel, conferences, and meetin						
D L	22	Printing and publications	=					
	23	Other expenses (attach schedule	e)	% 6,427	,	6,427		0
Operating	24	Total operating and administ	rative expenses.					
ber		Add lines 13 through 23		60,098	3	51,531		8,567
Ō	25	Contributions, gifts, grants paid		177,406				177,406
	26	Total expenses and disburses	ments. Add lines 24 and	227.50		F4 F04		105.033
	27	Subtract line 26 from line 12		237,504	-	51,531		185,973
	a	Excess of revenue over exper	nses and	2,916,506				
		disbursements		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	b	Net investment income (if neg	- , ,			3,102,146		
	C	Adjusted net income(if negation	ve, enter -U-)		1			1

Pa	rt II	Balance Sheets	Attached schedules and amounts in the description column	Beginning of year	End of	f year
			should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest	-bearing		2,716	2,716
	2	Savings and tempo	rary cash investments	7,800	1,894,037	1,894,037
	3	Accounts receivable	₽			
		Less allowance for	doubtful accounts			
	4	Pledges receivable				
		Less allowance for	doubtful accounts			
	5	Grants receivable .				
	6	Receivables due fro	om officers, directors, trustees, and other			
		disqualified persons	s (attach schedule) (see instructions)			
	7	Other notes and loa	ans receivable (attach schedule) ▶			_
		Less allowance for	doubtful accounts			
S	8	Inventories for sale	oruse			
Assets	9	Prepaid expenses a	nd deferred charges			
As	10a	Investments—U S	and state government obligations (attach schedule)	33,664	381,133	381,072
	ь	Investments—corpo	orate stock (attach schedule)	158,465	238,724	376,855
	С	Investments—corpo	orate bonds (attach schedule)	58,188	458,046	455,124
	11	Investments—land,	buildings, and equipment basis >			
		Less accumulated	depreciation (attach schedule) ▶	402,064		
	12	Investments-mort	gage loans			
	13	Investments—other	r (attach schedule)	119,543	723,019	744,932
	14	Land, buildings, an	d equipment basis ▶			
		Less accumulated	depreciation (attach schedule) ▶			
	15	Other assets (descr	nbe ▶)			
	16	Total assets (to be	e completed by all filers—see the			
		instructions Also, s	see page 1, item I)	779,724	3,697,675	3,854,736
	17	Accounts payable a	nd accrued expenses			
	18	Grants payable	. 			
es	19	Deferred revenue .	. 			
Liabilities	20	Loans from officers	, directors, trustees, and other disqualified persons			
lab	21	Mortgages and othe	er notes payable (attach schedule)			
۱ ا	22	Other liabilities (de	scribe >)			
	23	Total liabilities(ad	dd lines 17 through 22)	0	0	

Foundations that follow SFAS 117, check here ▶

e e	and complete lines 24 through 26 and lines 30 and 31.		
<u> </u>	Unrestricted		
24 25	Temporarily restricted		
26	Permanently restricted		
	Foundations that do not follow SFAS 117, check here 🕨 🗹		
ㅎ	and complete lines 27 through 31.		
27 28 29	Capital stock, trust principal, or current funds	0	0
Š 28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0
୍ଘ 29	Retained earnings, accumulated income, endowment, or other funds	779,724	3,697,675

779,724

779,724

3,697,675

3,697,675

1 2

3

4

5

6

779,724

1,500

55

2,916,506

3,697,730

3,697,675 Form **990-PF** (2017)

Total net assets or fund balances (see instructions)

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

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

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

Analysis of Changes in Net Assets or Fund Balances

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Net 30

31

Part III

2

3

4

5

Page **3**

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1aSee Addıtıonal Data Tabl	e				
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	l l	(g) other basis ense of sale	Gain o	h) r (loss)) minus (g)
a See Additional Data Tabl	e				
b					
С					
d					
e					
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	l l	(k) s of col (ı) l (ȝ), ıf any	col (k), but not	h) gain minus less than -0-) or om col (h))
a See Additional Data Tabl					
b					
С					
d					
e					
·	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	. ,)- }	3	3,111,435
Part V Qualification	Jnder Section 4940(e) for Re	educed Tax on Net	Investment In	come	
(For optional use by domestic p If section 4940(d)(2) applies, le Was the foundation liable for th	private foundations subject to the sec	ction 4940(a) tax on no ble amount of any year	et investment incom r in the base period	ne)	es 🗸 No
1 Enter the appropriate an	nount in each column for each year,	see instructions before	e making any entrie	s	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitat	ole-use assets	(d) Distribution rati (col (b) divided by c	
2016	202,477		3,965,582		0 051059
2015	215,503		3,604,517		0 059787
2014	132,887		3,441,039		0 038618
2013	156,563		3,444,888		0 045448
2012	149,668		3,497,812	ı	0 042789
2 Total of line 1, column (′		——		0 237701
number of years the four	o for the 5-year base period—divide ndation has been in existence if less incharitable-use assets for 2017 fron	than 5 years	, or by the		0 047540 3,832,822
		•	5		182,212
	ent income (1% of Part I, line 27b)		6		31,021
					213,233
	ions from Part XII, line 4 ,				185,973
	eater than line 7, check the box in Pa			ng a 1% tax rate Se	

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

7b

	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,
Dowt VIII	information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,
Lair Attt	and Contractors

1 List all officers, directors, truste	es, f	oundation managers an	d 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	
GARY BLODGETT	DIRE	CTOR	2,500	Compensation	0
1225 NORTH SHORE DRIVE CLEAR LAKE, IA 50428	0 60		2,333		
GREGORY C NICHOLAS	PRES	SIDENT/DIRECTOR	2,500	(0
2601 FOURTH ST SW MASON CITY, IA 50401	0 60	·	_,		
SCOTT BROWN	SECF	RETARY/DIRECTOR	0		0
214 N ADAMS MASON CITY, IA 50401	3 50				
2 Compensation of five highest-pa	id er	nployees (other than th	ose included on line 1	—see instructions). If no	ne, enter "NONE."
(a) Name and address of each employee pa more than \$50,000		Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE		-			
		-			
		1			
		-			
Total number of other employees paid ov	er \$5	<u> </u>			0
3 Five highest-paid independent co					E".
(a) Name and address of each perso	n pai	d more than \$50,000	(b) Type	e of service	(c) Compensation
NONE					
Total number of others receiving over \$50	0.000) for professional services			0
Part IX-A Summary of Direct					
List the foundation's four largest direct charitable	activ	ities during the tax year Inclu	de relevant statistical inform	ation such as the number of	Expenses
organizations and other beneficiaries served, con	feren	ces convened, research papers	produced, etc		0
2					
3					
4					
-					
Part IX-B Summary of Program	m-R	elated Investments (see instructions)	<u>'</u>	
Describe the two largest program-related inve	estme	nts made by the foundation du	iring the tax year on lines 1 a	and 2	Amount
1 NONE					0
2					
-					
All other program-related investments	See	ınstructions			
3	_				
Total Add lines 1 through 2					
Total. Add lines 1 through 3 .	•				0 Form 990-PF (2017)
					1 OITH 220-FF (201/)

2

3a 3h

4

5

185.973

185,973

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

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

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

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

3

4

5

b Total for prior years

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

e From 2016.

131,098

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0

(d)

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FORM 990-PF (2	017)
Part XIII	Undi

PF (20	017)
000	Undistributed Income (see instructions)

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.

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e.

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

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

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

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must 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.

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. . .

Subtract lines 7 and 8 from line 6a

indicated below:

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).

ibuted	Income	(see	ınstruc	tic

20.888 5,780

20.888

5.780

54.875

(a)

Corpus

26.668

54.875

81,543

81,543

0

(b)

Years prior to 2016

131,098

(c)

2016

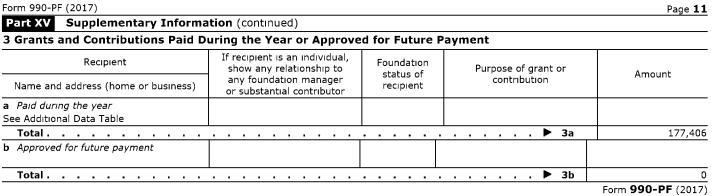
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

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

MAY 31

factors

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Enter gross amounts unless otherwise indic	cated Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a b					
c					
d					
e					
f					
g Fees and contracts from government2 Membership dues and assessments.					
3 Interest on savings and temporary ca	ısh				
4 Dividends and interest from securities.			14	42,575	
5 Net rental income or (loss) from real e					
a Debt-financed property.b Not debt-financed property.			16	-24,739	
6 Net rental income or (loss) from person	onal property		10	21,733	
7 Other investment income.8 Gain or (loss) from sales of assets other.	her than				
inventory			18	3,111,435	
9 Net income or (loss) from special even10 Gross profit or (loss) from sales of inverse.					
11 Other revenue a					
b					
c d					
a					
		0		3,129,271	0
12 Subtotal Add columns (b), (d), and (e 13 Total. Add line 12, columns (b), (d), a	e)			3,129,271	
L2 Subtotal Add columns (b), (d), and (e	e)		13		
1.2 Subtotal Add columns (b), (d), and (e 1.3 Total. Add line 12, columns (b), (d), a (See worksheet in line 13 instructions to the columns of the columns o	e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
Line No. Add columns (b), (d), and (e) Add line 12, columns (b), (d), a (See worksheet in line 13 instructions t Relationship of Acti Explain below how each active the accomplishment of the form	and (e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
Line No. Add columns (b), (d), and (e) Add line 12, columns (b), (d), a (See worksheet in line 13 instructions t Relationship of Acti Explain below how each active the accomplishment of the form	and (e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
Line No. Add columns (b), (d), and (e) Add line 12, columns (b), (d), a (See worksheet in line 13 instructions t Relationship of Acti Explain below how each active the accomplishment of the form	and (e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
Line No. Add columns (b), (d), and (e) Add line 12, columns (b), (d), a (See worksheet in line 13 instructions t Relationship of Acti Explain below how each active the accomplishment of the form	and (e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
Line No. Add columns (b), (d), and (e) Add line 12, columns (b), (d), a (See worksheet in line 13 instructions t Relationship of Acti Explain below how each active the accomplishment of the form	and (e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
Line No. Add columns (b), (d), and (e) Add line 12, columns (b), (d), a (See worksheet in line 13 instructions t Relationship of Acti Explain below how each active the accomplishment of the form	and (e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
Line No. Add columns (b), (d), and (e) Add line 12, columns (b), (d), a (See worksheet in line 13 instructions t Relationship of Acti Explain below how each active the accomplishment of the form	and (e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
Line No. Add columns (b), (d), and (e) Add line 12, columns (b), (d), a (See worksheet in line 13 instructions t Relationship of Acti Explain below how each active the accomplishment of the form	and (e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
12 Subtotal Add columns (b), (d), and (e 13 Total. Add line 12, columns (b), (d), a (See worksheet in line 13 instructions t Part XVI-B Relationship of Acti Line No. Explain below how each active the accomplishment of the form	and (e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
12 Subtotal Add columns (b), (d), and (e 13 Total. Add line 12, columns (b), (d), a (See worksheet in line 13 instructions t Part XVI-B Relationship of Acti Line No. Explain below how each active the accomplishment of the form	and (e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
12 Subtotal Add columns (b), (d), and (e 13 Total. Add line 12, columns (b), (d), a (See worksheet in line 13 instructions t Part XVI-B Relationship of Acti Line No. Explain below how each active the accomplishment of the form	and (e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
12 Subtotal Add columns (b), (d), and (e 13 Total. Add line 12, columns (b), (d), a (See worksheet in line 13 instructions t Part XVI-B Relationship of Acti Line No. Explain below how each active the accomplishment of the form	and (e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
12 Subtotal Add columns (b), (d), and (e 13 Total. Add line 12, columns (b), (d), a (See worksheet in line 13 instructions t Part XVI-B Relationship of Acti Line No. Explain below how each active the accomplishment of the form	and (e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
12 Subtotal Add columns (b), (d), and (e 13 Total. Add line 12, columns (b), (d), a (See worksheet in line 13 instructions t Part XVI-B Relationship of Acti Line No. Explain below how each active the accomplishment of the form	and (e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
12 Subtotal Add columns (b), (d), and (e 13 Total. Add line 12, columns (b), (d), a (See worksheet in line 13 instructions t Part XVI-B Relationship of Acti Line No. Explain below how each active the accomplishment of the form	and (e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
12 Subtotal Add columns (b), (d), and (e 13 Total. Add line 12, columns (b), (d), a (See worksheet in line 13 instructions t Part XVI-B Relationship of Acti Line No. Explain below how each active the accomplishment of the form	and (e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
Line No. Add columns (b), (d), and (e) Add line 12, columns (b), (d), a (See worksheet in line 13 instructions t Relationship of Acti Explain below how each active the accomplishment of the form	and (e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
12 Subtotal Add columns (b), (d), and (e 3 Total. Add line 12, columns (b), (d), a (See worksheet in line 13 instructions t Part XVI-B Relationship of Acti Line No. Explain below how each active the accomplishment of the form	and (e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	

orm 990-P	F (2017)						Pa	ge 13
Part XV	Information Re Exempt Organi		sfers To and Transacti	ons and Relati	onships With Noncl	naritable		
	organization directly or in	directly engage in	n any of the following with a nizations) or in section 527,			501	Yes	No
			arıtable exempt organizatio		_			
(1) Ca	sh					1a(1)		No
(2) Ot	her assets					1a(2)		No
b Other to	ransactions							
(1) Sa	les of assets to a nonchar	itable exempt org	anızatıon			1b(1)		No
			mpt organization			. 1b(2)		No
	ntal of facilities, equipmer	•				. 1b(3)	 	No
	imbursement arrangemen					1b(4)	 	No
	ans or loan guarantees. formance of convect or m					1b(5)	 	No No
			draising solicitations rassets, or paid employees.			1b(6) 1c		No
-		-	e the following schedule Co					NO
In any t	(b) Amount involved		n column (d) the value of the		sets, or services received		ngemen	ts
2a Is the f	oundation directly or indiv	active affiliated but	h, or related to, one or mor	a tay ayamat arga	nyzations			
describ	·	Code (other than	(b) Type of organiza	ction 527?		. Yes	✓	No
Sign o		, it is true, correc	ave examined this return, in t, and complete Declaration 2018-11-26		r than taxpayer) is base		rmatio	n of
Here)		with the prepa pelow	rer show	vn
	Signature of officer or t	rustee	Date	Title		see instr)?	✓ Yes	□ _{No}
	Print/Type preparer's	name Pre	parer's Signature	Date	Check if self-			
Paid	JULIE ELIAS				employed ▶ □	P0024	1120	
Prepare	_ I I I I I I I I I I I I I I I I I	US LLP			Fire	n's EIN ▶42	-07143	325

Firm's address ▶ 201 FIRST STREET SE SUITE 800

CEDAR RAPIDS, IA 52401

Phone no (319) 298-5333

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d							
	kınd(s) of property sold (e g , real e use, or common stock, 200 shs MLC	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)			
FHLMC 8 85			P	1996-11-15	2017-09-18		
FHLMC 9 0 PRINCIPAL PAYDO	WN	Р					
FHLMC 7 0 PRINCIPAL PAYDO	WN	P					
FHLMC 8 0 PRINCIPAL PAYDO	WN		P				
FHLMC 8 0 PRINCIPAL PAYDO	·WN		Р				
FED NATL MTGE 7 5 PRINCIPA	AL PAYDOWN		Р				
FED NATL MTGE 7 7 PRINCIPA	AL PAYDOWN		Р				
FED NATL MTG ASN 6 75			Р	1996-11-15	2018-03-05		
GOVT NATL MTGE 9 0 PRINCI	PAL PAYDOWN		Р				
GOVT NATL MTGE 10 5 PRINC	CIPAL PAYDOWN		Р				
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns e - h			
(e) Gross sales price	Depreciation allowed (f) (or allowable)		r other basis pense of sale	Gain or (loss) (h) (e) plus (f) minus (g)			
1,000			1,000				
20			20	0			
54			54	С			
38			38				
56			56	0			
73			73	C			
175			175				
1,000			960	4			
2			2				
1			1	0			
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns i - I			
Complete only for assets show	ving gain in column (h) and owned b	y the foundation	on 12/31/69	Gains (Col (h) gain minus col (k), but not less than -0-) or			
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69		ss of col(ı) ol(ʒ), ıf any		rom col (h))		
					0		
					0		
					0		
					0		
					0		
					0		
					0		
					40		
					0		
					0		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation GOVT NATL MTGE 9 5 PRINCIPAL PAYDOWN Р ESC LEHMAN BROS RETURN PRINCIPAL Ρ EXELON CORP Р 1996-11-15 2017-08-24 XCEL ENERGY Р 2005-02-24 2017-08-24 COLUMBIA STRATEGIC INCOME Ρ 1996-11-26 2018-05-02 Ρ LORD ABBETT INTL 1998-05-06 2018-05-02 Р PUTNAM HIGH YIELD 1998-02-10 2018-05-02 Р PUTNAM HIGH YIELD 1998-02-10 2018-05-02 Ρ 1987-04-01 LAND 2018-03-23 TILE Р 1987-04-01 2018-03-23 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 10 10 0 0 143 143 8,542 2,542 6,000 12,317 4.414 7,903 24,412 30,325 -5,913 44,062 53,071 -9,009 6,010 9,956 -3,9466,055 10,044 -3,989 2,439,687 347,080 2,092,607 7,010 1,000 1,000 7,010 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 0 0 6,000 7,903 -5,913 -9,009 -3,946-3,989 2,092,607 7,010

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation Р TILE TILE Ρ TILE Р TILE Р Ρ TILE Р TILE CAPITAL GAIN DISTRIBUTIONS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Depreciation allowed Gain or (loss) (e) Gross sales price Cost or other basis (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 98.145 14,000 14,000 98,145 22,294 22,294 156,290 156,290 223,470 31,877 31,877 223,470 8,167 1,028 1,165 8,030 318,931 18,557 45,494 291,994 267,818 13,068 38,203 242,683 120 120 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 98,145 156,290 223,470 8.030 291,994 242,683 120

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

BEST BUDDIES IOWA7648 HICKMAN RD DES MOINES, IA 50324	NONE	PC	PROGRAMS AT MC HIGH & JOHN ADAMS MIDDLE SCHOOL	3,000
a Paid during the year				

CARING PREGNANCY CENTER 830 15TH STREET SW MASON CITY, IA 50401	NONE	PC	STAFF TRAINING	3,000
CENTRAL GARDENS OF NORTH IOWA	NONE	PC	SUMMER CONCERT &	3,000

CENTRAL GARDENS OF NORTH IOWA 800 2ND AVENUE NORTH CLEAR LAKE, IA 50428	NONE	PC	SUMMER CONCERT & PERFORMANCE SERIES	3,000

800 2ND AVENUE NORTH CLEAR LAKE, IA 50428		PERFORMANCE SERIES	
Total	 		177,406

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

CENTRAL SPRINGS COMMUNITY SCHOOL 105 S EAST STREET MANLY, IA 50456	NONE	GOV	SEVEN \$500 SCHOLARSHIPS FOR STUDENTS	3,500
CHARLIE BROWN DAYCARE	NONE	PC	IMPROVEMENTS TWO	2 500

· · · · · = · / · · · · · · · · · ·				
CHARLIE BROWN DAYCARE 600 1ST ST NW STE 108 MASON CITY, IA 50401	NONE	PC	IMPROVEMENTS TWO LOCATIONS	2,500
CHORAL MUSIC GUILD1200 4TH SE	NONE	PC	FULL-SIZE GRAND PIANO FOR	5,000

CHARLIE BROWN DAYCARE 600 1ST ST NW STE 108 MASON CITY, IA 50401	NONE	PC	IMPROVEMENTS TWO LOCATIONS	2,500
CHORAL MUSIC GUILD1200 4TH SE MASON CITY, IA 50401	NONE	PC	FULL-SIZE GRAND PIANO FOR MASON CITY HIGH SCHOOL	5,000

600 1ST ST NW STE 108 MASON CITY, IA 50401			LOCATIONS	
CHORAL MUSIC GUILD1200 4TH SE MASON CITY, IA 50401	NONE	PC	FULL-SIZE GRAND PIANO FOR	5,0

CHORAL MUSIC GUILD1200 4TH SE MASON CITY, IA 50401	NONE	PC	FULL-SIZE GRAND PIANO FOR MASON CITY HIGH SCHOOL	5,000
1A30N CITT, IA 3040I				

MASON CITY, IA 50401	NONE	PC	MASON CITY HIGH SCHOOL	5,000
Total				177,406

MASON CITY, IA 50401	MASON CITY HIGH SCHOOL	I
Total	 	177,406

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CITY OF MASON CITY10 FIRST ST NW NONE GOV **EDUCATIONAL &** 1,000 MASON CITY, IA 50401 DEMONSTRATION COSTS FOR 9-7-48 SCHOOL DAY

CLEAR LAKE ARTS CENTER 17 S 4TH STREET CLEAR LAKE, IA 50428	NONE	PC	ARTS ALIVE! CAPITAL CAMPAIGN	20,000
CLEAR LAKE CLASSICAL INC	NONE	PC	TUITION ASSISTANCE	8,500

CLEAR LAKE CLASSICAL INC 1310 HWY 18 WEST CLEAR LAKE, IA 50428	NONE	PC	TUITION ASSISTANCE	8,500
Total				177,406

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CLEAR LAKE SCHOOL DISTRICT NONE GOV MIDDLE SCHOOL SENSORY 1.500 1601 3RD AVE N EQUIPMENT CLEAR LAKE, IA 50428 OΩ 00

COMMUNITY KITCHEN OF NORTH IOWA 606 N MONROE AVE MASON CITY, IA 50401	NONE	PC	WATER SOFTENER SYSTEM ANNUAL COSTS	1,500
CRISIS INTERVENTION SERVICES	NONE	PC	REPLACE SIDEWALK & PARKING LOT FOR ACCESSIBILITY	1,500

11110011 0111/111 00101			
CRISIS INTERVENTION SERVICES PO BOX 656 MASON CITY, IA 50401	NONE	 REPLACE SIDEWALK & PARKING LOT FOR ACCESSIBILITY	1,500

Total .

177,406 За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ELDERBRIDGE AGENCY ON AGING NONE PC. BENEFIT ENROLLMENT CENTER 3,000 22 N GEORGIA AVE 216 TO ASSIST CUSTOMERS WITH MASON CITY, IA 50401 ENROLLMENT ELMWOOD-ST JOSEPH CEMETERY NONE DC CEMETARY WALK 1 000

1224 S WASHINGTON AVE MASON CITY, IA 50401	NONE	FC	CEMETART WALK	1,000
FRANCIS LAUER YOUTH SERVICES 50 NORTH EISENHOWER	NONE	PC	MUSIC THERAPY ACTIVITIES	3,000

FRANCIS LAUER YOUTH SERVICES NONE PC MUSIC THERAPY ACTIVITIES 50 NORTH EISENHOWER					
MASON CITY, IA 50401	50 NORTH EISENHOWER	NONE	PC	MUSIC THERAPY ACTIVITIES	

FRANCIS LAUER YOUTH SERVICES	NONE	PC	MUSIC THERAPY ACTIVITIES	
50 NORTH EISENHOWER				İ
MASON CITY, IA 50401				İ

NONE	PC	MUSIC THERAPY ACTIVITIES	

50 NORTH EISENHOWER MASON CITY, IA 50401			

MASON CITY, IA 50401		
Total	 	177,406

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FRIENDS OF THE 45710 1ST NW NONE PC. EXTENSION OF CANNONBALL 2,500 MASON CITY, IA 50401 GARDENSPURCHASE INSTRUMENT FOR 5TH/6TH GRADERS

HEALTH FOR LIFE INC 22 N GEORGIA AVE 300 MASON CITY, IA 50401	NONE	PC	4 INITIATIVES	10,000
HABITAT FOR HUMANITY OF NORTH CENTRAL IOWA 1411 S TAFT AFE MASON CITY, IA 50401	NONE	PC	RESTORE ADDITIONAL SECURITY CAMERA	2,055

Total . 3a 177,406

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a rula during the year				
HEALTHY HARVEST OF NORTH IOWA PO BOX 16 MASON CITY, IA 50401	NONE	PC	KIDS ACTIVITIES TOOLKIT FOR 5 FARMER'S MARKETS	

a Paid during the year

3a

KCMR RADIO600 FIRST STREET NW MASON CITY, IA 50401	NONE	PC	DIGITAL BROADCAST EQUIPMENT/COMPUTERS	
LAKESIDE FESTIVALS LTD	NONE	PC	"SEVEN RIVERS BAND"	

LAKESIDE FESTIVALS LTD	NONE	PC	"SEVEN RIVERS BAND"	1,000
84 4 WINDS AVE			PERFORMANCE AT DIXIEFEST	-
CLEAR LAKE, IA 50428				

2.945

5,000

84 4 WINDS AVE CLEAR LAKE, IA 50428	NONE	PC	PERFORMANCE AT DIXIEFEST	1,000
		•	_	

84 4 WINDS AVE CLEAR LAKE, IA 50428		PERFORMANCE AT DIXIEFEST	· I
Total	 		177,406

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Foundation Purpose of grant or Recipient If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MACNIDER MUSEUM NONE PC. **FALL & SPRING PUPPET** 4.000 303 2ND STREET SW PERFORMANCES MASON CITY, IA 50401 ٦. F 000

FOUNDATION 308 SOUTH PENNSYLVANIA AVE MASON CITY, IA 50401	NONE	۲	HOUSE	5,000
MASON CITY FAMILY YMCA 1840 S MONROE AVE MASON CITY, IA 50401	NONE	PC	REPLACE 2 UPRIGHT BIKES	4,200

177,406

MASON CITY, IA 50401				
MASON CITY FAMILY YMCA 1840 S MONROE AVE MASON CITY, IA 50401	NONE	PC	REPLACE 2 UPRIGHT BIKES	4,20

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

a Paid during the year				
MASON CITY POLICE DEPARTMENT 78 GEORGIA AVENUE S	NONE	GOV	SOFT INTERVIEW ROOM PROJECT/REPLACE LIGHTS	4,385
MACONICITY IA FOAG1		I	ATTACHED TO BIELES	

·				
MASON CITY PUBLIC LIBRARY	NONE	GOV	SUMMER READING PROGRAM &	
225 2ND STREET SE			ELECTRIC BOOKMOBILE	
MASON CITY, IA 50401				

or substantial contributor

3a

225 2ND STREET SE MASON CITY, IA 50401	NONE	GOV	ELECTRIC BOOKMOBILE	
MEALS ON WHEELSEOF N MONROE AVE	NONE	PC	ASSISTANCE WITH MEALS	

MASON CITY, IA 50401				
MEALS ON WHEELS606 N MONROE AVE MASON CITY, IA 50401	NONE	PC	ASSISTANCE WITH MEALS	

Total			•	177 /06
MASON CITY, IA 50401				
MEALS ON WHEELS606 N MONROE AVE	NONE	PC	ASSISTANCE WITH MEALS	3,000

7,000

MASON CITY, IA 50401	NONE	PC	ASSISTANCE WITH MEALS	
Total				177 406

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

2.000

5,000

a Falu during the year				
NEWMAN CATHOLIC SCHOOL 2000 S MCKINLEY MASON CITY, IA 50401	NONE	PC	IPADS FOR PRE-K CIRRICULUM 2018-19 SCHOOL YEAR	

or substantial contributor

Daid during the year

3a

-				
NIACC808 US HIGHWAY 18W MASON CITY, IA 50401	NONE	PC	PLEDGE & SCHOLARSHIP	

MASON CITT, IA 30401			
NORTH CENTRAL IOWA AITC 65 STATE STREET	NONE	AG PROGRAMS/LITERACY IN CLASSROOMS	

NORTH CENTRAL IOWA AITC 65 STATE STREET GARNER, IA 50438	NONE	PC	AG PROGRAMS/LITERACY IN CLASSROOMS	3,000

55 STATE STREET GARNER, IA 50438	CLASSROOMS	
Total	 	177,406

		.	477.406
SARNER, IA 50438			
5 STATE STREET		CLASSROOMS	i

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
NORTH IOWA BAND FESTIVAL FOUNDATION 25 W STATE ST SUITE B MASON CITY, IA 50401	NONE	PC	THREE ITEMS FOR THE 80TH ANNUAL NORTH IA BAND FEST	8,000	
NORTH IOWA CASA PROGRAM 220 N WASHINGTON AVE	NONE	PC	CASA VOLUNTEER TRAINING, RETENTION, RECRUITMENT	2,000	

220 N WASHINGTON AVE MASON CITY, IA 50401	NONE	PC	RETENTION, RECRUITMENT	2,000
NORTH IOWA COMMUNITY ACTION CENTER 1190 BRIARSTONE DR STE 2	NONE	PC	HVAC UNIT REPLACEMENT	15,000

Total				177,406
CENTER 1190 BRIARSTONE DR STE 2 MASON CITY, IA 50401				
NORTH TOWA COMPONENT ACTION	NONE	- C	I TIVAC ONTI KEFEACEMENT	10,

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NORTH IOWA VOCATIONAL CENTER NONE PC PROGRAMS/OPERATIONS 2.000 1225 S HARRISON AVE SUPPORTING PEOPLE WITH DICABILITIES

MASON CITY, IA 50401			DISABILITIES	
NORTHERN LIGHTS ALLIANCE FOR THE HOMELESS 202 1ST STREET NW MASON CITY, IA 50401	NONE	PC	FOOD/BASIC NEEDS ITEMS	5,000
ONE VISION 1200 NORTH NINTH STREET WEST	NONE	PC	2 IPADS TO MEET NEEDS OF GROWING BUSINESS ENTITIES	1,000

	MASON CITY, IA 50401				
П	ONE VISION 1200 NORTH NINTH STREET WEST	NONE	PC	2 IPADS TO MEET NEEDS OF GROWING BUSINESS ENTITIES	1,00

ONE VISION	NONE	PC	2 IPADS TO MEET NEEDS OF	1,00
1200 NORTH NINTH STREET WEST CLEAR LAKE, IA 50428			GROWING BUSINESS ENTITIES	
CLLAN LANL, IA 30420				

177,406 За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year **OUR LOVING CHILDRENPO BOX 1703** NONE PC DOWNTOWN RENAISSANCE 2,000 MASON CITY, IA 50401

RIVER CITY SCULPTURES ON PARADE 9 N FEDERAL AVENUE MASON CITY, IA 50401	NONE	PC	BUILDING OUR BRAND MURAL PROJECT FOR BACKS OF BUILDINGS	2,500
RIVER CITY SOCIETY FOR HISTORIC PRESERVATION 530 1ST STREET NE	NONE	PC	HALF OF THE COST OF EXTENDING FENCE	3,321

177,406

RIVER CITY SOCIETY FOR HISTORIC PRESERVATION 530 1ST STREET NE MASON CITY, IA 50401	NONE	PC	HALF OF THE COST OF EXTENDING FENCE	3,32

Total .

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SALVATION ARMY NONE PC. **ELEMENTARY AFTER SCHOOL** 2.500 747 VILLAGE GREEN DRIVE **PROGRAM** MASON CITY, IA 50401 SOCIETY TO PRESERVE ANTIQUATED NONE PC REPLACEMENT OF FURNACE 2,000

TOWN STRUCTURES 420 PATRICK STREET DOUGHERTY, IA 50433				
STEBENS CHILDREN'S THEATRE 119 SECOND STREET NW	NONE	PC	SCHOLARSHIP PROGRAM	5,000

DOUGHERTY, IA 50433				
STEBENS CHILDREN'S THEATRE 119 SECOND STREET NW	NONE	PC	SCHOLARSHIP PROGRAM	5,0

NONE	PC	SCHOLARSHIP PROGRAM	5,0
			Ì
	NONE	NONE PC	NONE PC SCHOLARSHIP PROGRAM

STEBENS CHILDREN'S THEATRE	NONE	PC	SCHOLARSHIP PROGRAM	5,0
119 SECOND STREET NW				
MASON CITY, IA 50401				

3a

MASON CITY, IA 50401		
Total	 	 177,406

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
SWALEDALE VOLUNTEER FIRE DEPARTMENT 110 2ND ST S	NONE	PC	REPLACE CURRENT STRUCTURAL FIREFIGHTING PERSONAL PROTECTIVE	5,000

T-4-1			177.406
SWALEDALE, IA 50477			
110 2ND ST S		PROTECTIVE	
DEPARTMENT		FIREFIGHTING PERSONAL	

3a

SWALEDALE, IA 50477		PROTECTIVE	
Total			177.406

SWALEDALE, IA 504//		
Total	 	177.406

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data	-	DI	N: 93491341006028
TY 2017 Accounting Fe	es Sch	edule			_
	Name:	BERTHA STE	BENS CHARITA	BLE FOUNDATION	
		C/O FIRST C	CITZENS NATIO	NAL BANK	
	EIN:	42-1280907			
Accounting Fees Schedule					
Category	Ame	ount N	et Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

2,475

825

Category	Amount	Net Investment Income	Adjust Inco

3,300

RSM US LLP

TY 2017 Depreciation Schedule

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

Name: BERTHA STEBENS CHARITABLE FOUNDATION

C/O FIRST CITZENS NATIONAL BANK

	EIN: 42-1280907								
Description of Property	Date Acquired	Cost or Other Basıs	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
LAND	1987-04-01	347,080		L		0	0		
TILE	1987-04-01	1,000	1,000	150DB	15 000000000000	0	0		
TILE	1987-04-01	14,000	14,000	150DB	15 000000000000	0	0		
TILE	1997-12-10	22,294	22,294	150DB	15 000000000000	0	0		
TILE	1998-11-12	31,877	31,877	150DB	15 000000000000	0	0		
TILE	2004-12-18	1,165	994	150DB	15 000000000000	34	52		
TILE	2012-12-20	45,494	17,139	150DB	15 000000000000	1,418	2,022		
TILE	2013-09-27	38,203	11,745	150DB	15 000000000000	1,323	1,698		

DLN: 93491341006028

Name: BERTHA STEBENS CHARITABLE FOUNDATION

C/O FIRST CITZENS NATIONAL BANK EIN: 42-1280907

General Explanation Attachment						
	Identifier	Return Reference	Explanation			
		,				

OFFICERS FORM 990-PF, PART I, LINE 13 COMPENSATION AND PART VIII. LINE 1

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

CONSISTENT WITH IRS INSTRUCTIONS, LEGAL FEES PAID TO HEINY LAW FIRM HAS BEEN REPORTED AS OFFICER COMPENSATION

DLN: 93491341006028

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491341006028					
	•						
TV 2017 Investments Corporate Rends Schedule							

14 2017 Investments Corporate Bonds Schedule

Name: BERTHA STEBENS CHARITABLE FOUNDATION

C/O FIRST CITZENS NATIONAL BANK

FTN: 42-1280907

LIN. 42-1280907		
Investments Corporate Bonds Schedule		
Name of Bond	End of Year Book Value	End of Year Fair Market Value
BANK AMER CORP 6.05%	10,000	10,943
DELL COMPUTER CORP 7.1%	15,000	16,050
GEORGIA PACIFIC	9,950	12,467
ESC LEHMAN BROS HLD	3,096	147
MN SLM CORP 6.0%	20,000	16,457
GENERAL MTRS FINL CO 3.45%	150,000	148,913
MORGAN STANLEY BK 2.75	250,000	250,147

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491341006028

TY 2017 Investments Corporate Stock Schedule

Name: BERTHA STEBENS CHARITABLE FOUNDATION

C/O FIRST CITZENS NATIONAL BANK

---- 42 420000

EIN: 42-1280907		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
AT & T	28,560	31,970
ALTRIA GROUP	22,839	58,680
AMERICAN ELEC PWR INC	18,509	24,899
DUKE ENERGY HLDG	5,047	13,549
EXELON CORP	8,758	32,938
SOUTHERN CO COM	9,216	19,440
VERIZON COMMUNICATIONS	15,711	25,820
XCEL ENERGY INC	13,244	35,145
WEC ENERGY GROUP INC	37,318	54,277
BERKSHIRE HATHAWAY INC	79,522	80,137

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491341006028
TY 2017 Investments Government	nent Obligat	ions Schedule	
Name:	BERTHA STEB	ENS CHARITABLE FOUNDATION	
	C/O FIRST CIT	TZENS NATIONAL BANK	
EIN:	42-1280907		
US Government Securities - End of Year Book Value:		946	
US Government Securities - End of Year Fair Market Value:		1,017	
State & Local Government Securities - End of Year Book Value:		380,187	
State & Local Government Securities - End of Year Fair Market Value:		380,055	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491341006028

TY 2017 Investments - Other Schedule

Name: BERTHA STEBENS CHARITABLE FOUNDATION

C/O FIRST CITZENS NATIONAL BANK

EIN: 42-1	1280907						
Investments Other Schedule 2							
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value				
B P AMOCO SPONSORED ADR	AT COST	16,148	18,036				
ISHARES DJ US REAL ESTATE	AT COST	24,683	26,000				
ISHARE S&P MIDCAP 400 VALUE	AT COST	56,471	59,548				
ISHARE S&P MIDCAP 400 GROWTH	AT COST	55,715	58,109				
ISHARE DJ UTILITIES	AT COST	9,069	9,391				
ISHARE DJ CONSUMER SERVICES	AT COST	45,691	48,596				
ISHARE DJ ENERGY	AT COST	22,458	23,538				
ISHARE DJ FINANCIAL SECTOR	AT COST	65,529	67,588				
ISHARE DJ HEALTHCARE	AT COST	41,854	45,526				
ISHARE DJ INDUSTRIAL	AT COST	39,327	41,654				
ISHARE DJ CONSUMER GOODS	AT COST	23,328	24,651				
ISHARE DJ BASIC MATERIALS	AT COST	18,118	18,914				
ISHARE DJ TECH	AT COST	69,111	72,996				
ISHARE DJ TELECOM	AT COST	10,331	10,496				
ISHARE MSCI EAFE FUND	AT COST	160,030	156,702				
ETF VANGUARD EMERGING MARKETS	AT COST	65,156	63,187				

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLI	N: 93491341006028	
TY 2017 Legal Fees Schedu	ıle				
Name: BERTHA STEBENS CHARITABLE FOUNDATION C/O FIRST CITZENS NATIONAL BANK EIN: 42-1280907					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
NYEMASTER GOODE	12,426	9,320		3,106	
HEINY LAW FIRM	1,180	885		295	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 9349134100	6028
TY 2017 Other Decreases Sch	edule			
Name:	BERTHA STEB	ENS CHARITABLE FOUNDATIO	N	
	C/O FIRST CIT	TZENS NATIONAL BANK		
EIN:	42-1280907			
De	escription		Amount	
RETAINED EARNINGS ADJUSTMENT				55

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491341006028			
TY 2017 Other Expenses Schedule							
Name:	BERTHA STEBE	NS CHARITABLE	FOUNDATION				
	C/O FIRST CITZENS NATIONAL BANK						
EIN:	42-1280907						
Other Expenses Schedule							
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable			

Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
AGENT FEE	6	6		0	
DUES	750	750		0	

831

4,612

228

831

228

4,612

INSURANCE

FALL PLOWING

REFRESHMENTS AUCTION

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491341006028	
TY 2017 Other Increases Schedule				
Name:	BERTHA STEB	ENS CHARITABLE FOUNDATIO	N	
	C/O FIRST CIT	ΓZENS NATIONAL BANK		
EIN:	42-1280907			
Description		Amount		
RECOVERY OF PRIOR YEAR DISTRIBUTION		1,500		

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DL	N: 93491341006028	
TY 2017 Other Professional Fees Schedule					
Name: BERTHA STEBENS CHARITABLE FOUNDATION C/O FIRST CITZENS NATIONAL BANK EIN: 42-1280907					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FIRST CITIZENS TRUST	7,865	5,899		1,966	

3,375

1,125

4,500

FOUNDATION SOURCE

efile GRAPHIC print - DO NOT PROC	ESS As Filed Data	-	DL	N: 93491341006028	
TY 2017 Taxes Schedule					
Name: BERTHA STEBENS CHARITABLE FOUNDATION C/O FIRST CITZENS NATIONAL BANK EIN: 42-1280907					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FOREIGN TAXES	2	2		0	
EXCISE TAXES	330	330		0	
REAL ESTATE TAXES	16,293	16,293		0	