efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93491008002019 OMB No 1545-0052 **Return of Private Foundation** 2017 Department of the Treasury or Section 4947(a)(1) Trust Treated as Private Foundation Internal Revenue Service 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. Inspection For calendar year 2017, or tax year beginning 12-01-2017 , and ending 11-30-2018 A Employer identification number ALLISON EVERETT PEARSON FOUNDATION 42-6122181 Number and street (or P O box number if mail is not delivered to street address) CLINTON NATIONAL BK 235 6TH AVE S B Telephone number (see instructions) (563) 243-1243 City or town, state or province, country, and ZIP or foreign postal code CLINTON, IA 52732 ${f C}$ If exemption application is pending, check here ☐ Initial return ☐ Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here ☐ Final return Amended return 2 Foreign organizations meeting the 85% b c d e (g) Gain or (loss) (e) plus (f) minus (g) Depreciation allowed Cost or other basis Gross sales price plus expense of sale (or allowable) a See Additional Data Table b d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus (k) (i) Adjusted basis Excess of col (1) col (k), but not less than -0-) or FMV as of 12/31/69 as of 12/31/69 Losses (from col (h)) over col (j), if any a See Additional Data Table b d e If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 2 51,129 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 -0in Part I. line 8 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 Yes V No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

2013

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions

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

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

(a) (c) Net value of noncharitable-use assets Base period years Calendar Adjusted qualifying distributions

| _ | _ | _ | _ | |
|---|---|---|---|--|

| - | - | - | - | - |
|---|---|---|---|---|
| | | | | |

| - |
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| |

60,000

58,000

year (or tax year beginning in)

Distribution ratio

| _ | _ | |
|---|---|--|
| | | |

(b) divided by col

4

5

6

1,075,087 2016 60.591

0.0

2015 59,000 1,052,851 2014 1,094,405 59.636

Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the

|) | 5 | 6 | |
|---|---|---|--|

359 0 056038

(d)

1,116,763

0 273835

0 054492

0 053219

0 053727

0 054767 1,078,615 59,073

710

59,783 62,000

6 Enter 1% of net investment income (1% of Part I, line 27b) 8 Enter qualifying distributions from Part XII, line 4

number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5

8 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

| Form 990- | PF (2017) | | | | | Page 2 |
|---------------|--------------------|---|------------------------------|-------------------|----------------|-----------------------|
| Part II | Balance Sheets | Attached schedules and amount | ts in the description column | Beginning of year | | of year |
| | Cl | should be for end-of-year amou | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| 1 | | t-bearing | | | -5 | |
| 2 | | orary cash investments . | | | | |
| 3 | Accounts receivabl | le 🕨 | | | | |
| | Less allowance fo | r doubtful accounts 🕨 | | | | |
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| Form | 990-PF (2017) | | F | age 5 |
|------------|--|----------|--------------------|--------------|
| Par | rt VII-A Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | |
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | No |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had | | | |
| | advisory privileges? If "Yes," attach statement (see instructions) | 12 | | No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A | 13 | Yes | |
| 14 | The books are in care of ▶CLINTON NATIONAL BANK Telephone no ▶(563) 2 | 43-124 | 13 | |
| | Located at ▶235 SIXTH AVENUE SOUTH CLINTON IA ZIP+4 ▶5273 | 32 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here | | • | |
| 16 | At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over | | Yes | No |
| | a bank, securities, or other financial account in a foreign country? | 16 | | No |
| | 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 ▶ | | | |
| Par | rt 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. | | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly) | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes 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)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | |
| | If the foundation agreed to make a grant to or to employ the official for a period | | | |
| h | after termination of government service, if terminating within 90 days) | | | |
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| H Che | eck type of organization Section 501(c)(3) exempt private foundation E If private foundation status was to under section 507(b)(1)(A), checking the company of the compan | | :ed ▶ | |
| □s | ection 4947(a)(1) nonexempt charitable trust Other taxable private foundation | | | |
| | r market value of all assets at end J Accounting method 🗹 Cash 🗌 Accrual F If the foundation is in a 60-month | ı termir | nation | |
| of y | rear (from Part II, col (c), under section 507(b)(1)(B), chec | |) | . Ц |
| line | 16)▶\$ 1,042,531 | | | |
| | (rare 1, column (d) must be on cash basis) | | | |
| Par | | | ısburser | |
| | of amounts in columns (b), (c), and (d) may not necessarily expenses per expense per expenses per expenses per expenses per expenses per expense per expenses per expenses per expenses per expenses per expense per expenses per expenses per expenses per expenses per expense per expenses per expenses per expenses per expenses per expense per expenses per expenses per expenses per expenses per expense per expenses per expenses per expenses per expenses per expense per expenses per expenses per expenses per expenses per expense per expenses per expenses per expenses per expenses per expense per expenses per expenses per expenses per expenses per expense per expenses per expenses per expenses per expenses per expense | f | or chari purpos | |
| Sair | e <u>qual the amounts in column (a) (see instructions)</u> books meetile meetile | l , | | 1 \ |

| Form | 990-PF (2 | 017) | | | Page 6 |
|----------|--------------|---|------------------|------|---------------|
| Pa | rt VII-B | Statements Regarding Activities for Which Form 4720 May Be Required | (Continue | ed) | |
| 5a | During th | e year did the foundation pay or incur any amount to | | | |
| | • • • | on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ince the outcome of any specific public election (see section 4955), or to carry | ☐ Yes | ✓ No | |
| | | rectly or indirectly, any voter registration drive? | П., | l | |
| | (3) Provi | de a grant to an individual for travel, study, or other similar purposes? | ☐ Yes | | |
| | (4) Provi | le a grant to an organization other than a charitable, etc , organization described | ☐ Yes | ✓ No | |
| | | tion 4945(d)(4)(A)? (see instructions) | ☐ Yes | ☑ No | |
| | educa | tional purposes, or for the prevention of cruelty to children or animals? | □ voc | ✓ No | |
| Ł | If a section | | <u>ال</u> , ا وه | | 1 1 |
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| Form 990-PF (2017) | | | | | | | |
|--------------------|--|--|--|--|--|--|--|
| Part VIII | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors | | | | | | |

| 1 List all officers, directors, trustee | s, fo | 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 | |
| CLINTON NATIONAL BANK | TRUS | | 5,743 | | 0 |
| 235 SIXTH AVENUE SOUTH | 2 00 | | | | |
| CLINTON, IA 52732 | <u> </u> | | : | :t:\ T f | WALLEY WALCONE !! |
| 2 Compensation of five highest-pai | d er | nployees (other than ti | nose included on line 1 | | ne, enter "NONE." |
| (a) Name and address of each employee pa more than \$50,000 | ıd | 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 | | | | | |
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| Total number of other employees paid over | er \$5 | 0,000 | | | |
| 3 Five highest-paid independent co | | | | | NE". |
| (a) Name and address of each persor | | | | e of service | (c) Compensation |
| NONE | | . , | | | |
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| Total number of others receiving over \$50 | ,000 | for professional services | | | |
| Part IX-A Summary of Direct C | | | | | |
| List the foundation's four largest direct charitable | | | ide relevant statistical inform | nation such as the number of | |
| organizations and other beneficiaries served, conf | eren | ces convened, research paper | s produced, etc | iddon bach as the named of | Expenses |
| 1 | | | | | |
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| Part IX-B Summary of Program | n-R | elated Investments | (see instructions) | | |
| Describe the two largest program-related inve | stme | nts made by the foundation d | uring the tax year on lines 1 | and 2 | Amount |
| 1 N/A | | | | | |
| 2 | | | | | |
| All others was | | | | | |
| All other program-related investments 3 | >ee | INSTRUCTIONS | | | |
| | | | | | |
| Total. Add lines 1 through 3 . | | | | | Form QQ0-DE (2017) |

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

3a 3h

4

5

62,000

61.290

Form 990-PF (2017)

710

Amounts set aside for specific charitable projects that satisfy the

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

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

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APPLICATION APPLICANTS MUST SUBMIT PROOF OF EXEMPTION UNDER IRC SECTION 501(C)(3) WITH A REQUEST FOR FUNDS

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

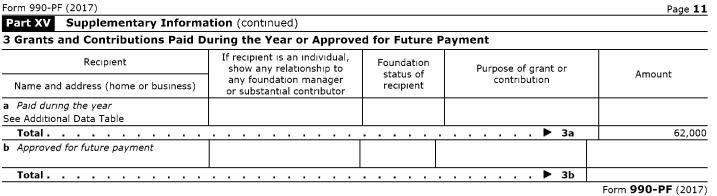
c Any submission deadlines

NONE

factors

LIMITED TO ORGANIZATIONS LOCATED IN THE IOWA COUNTIES OF CLINTON AND JACKSON

Form 9



| ter gross | amounts unless otherwise indicated | | siness income | Excluded by section | | (e) Related or exemp |
|---|--|--|-----------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| Program | service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions |
| | | | | | | |
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| | and contracts from government agencies | | | | | |
| | rship dues and assessments | | | | | |
| | st on savings and temporary cash | | | | | |
| | ments | | | 14 | 27,604 | |
| | tal income or (loss) from real estate | | | | 27,001 | |
| | financed property | | | | | |
| | ebt-financed property | | | | | |
| Net re | ntal income or (loss) from personal property | | | | | |
| Other II | nvestment income | | | | | |
| | r (loss) from sales of assets other than | | | _ | | |
| | ory | | | 18 | 51,129 | |
| | ome or (loss) from special events profit or (loss) from sales of inventory | | | | | |
| | evenue a | | | | | |
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| d e | | | | | | |
| d e Subtota | al Add columns (b), (d), and (e). | | | | 78,733 | |
| d e Subtota Total. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) | | | 13 | 78,733 | |
| d e Subtota Total. (See wo | Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Orksheet in line 13 instructions to verify calcul | lations) | | | · · · · · · · · · · · · · · · · · · · | |
| d e Subtota Total. (See wo | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated and the second activities to the second accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the second activity for which the accomplishment of the foundation's explain accomplishment of the foundation's explai | lations) e Accomplish income is reporte | ment of Exempled in column (e) of | pt Purposes F Part XVI-A contribu | ted importantly to | |
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| Subtota Total. See wo It XVI e No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated and the second activities to the second accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the second activity for which the accomplishment of the foundation's explain accomplishment of the foundation's explai | lations) e Accomplish income is reporte | ment of Exempled in column (e) of | pt Purposes F Part XVI-A contribu | ted importantly to | |
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| Subtota Total. (See wo | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated and the second activities to the second accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the second activity for which the accomplishment of the foundation's explain accomplishment of the foundation's explai | lations) e Accomplish income is reporte | ment of Exempled in column (e) of | pt Purposes F Part XVI-A contribu | ted importantly to | |
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| d e Subtota Total. (See wo It XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated and the second activities to the second accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the second activity for which the accomplishment of the foundation's explain accomplishment of the foundation's explai | lations) e Accomplish income is reporte | ment of Exempled in column (e) of | pt Purposes F Part XVI-A contribu | ted importantly to | |
| Subtota Total. (See wo | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated and the second activities to the second accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the second activity for which the accomplishment of the foundation's explain accomplishment of the foundation's explai | lations) e Accomplish income is reporte | ment of Exempled in column (e) of | pt Purposes F Part XVI-A contribu | ted importantly to | |
| d e Subtota Total. (See wo It XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated and the second activities to the second accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the second activity for which the accomplishment of the foundation's explain accomplishment of the foundation's explai | lations) e Accomplish income is reporte | ment of Exempled in column (e) of | pt Purposes F Part XVI-A contribu | ted importantly to | |
| d e Subtota Total. (See wo It XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated and the second activities to the second accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the second activity for which the accomplishment of the foundation's explain accomplishment of the foundation's explai | lations) e Accomplish income is reporte | ment of Exempled in column (e) of | pt Purposes F Part XVI-A contribu | ted importantly to | |
| d e Subtota Total. (See wo It XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated and the second activities to the second accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the second activity for which the accomplishment of the foundation's explain accomplishment of the foundation's explai | lations) e Accomplish income is reporte | ment of Exempled in column (e) of | pt Purposes F Part XVI-A contribu | ted importantly to | |
| d e Subtota Total. (See wo Irt XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated and the second activities to the second accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain and the second activity for which the accomplishment of the foundation's explain accomplishment of the foundation's explai | lations) e Accomplish income is reporte | ment of Exempled in column (e) of | pt Purposes F Part XVI-A contribu | ted importantly to | |

| orm 9 | 90-PF (20 | | | | | | | | | Pa | ge 13 |
|--------------|-----------------------|--|-----------------------|---------------|-------------------|---------------|-----------------------------|---------------------|----------------|----------------|--------------|
| Part | XVII | Information Re Exempt Organi | | fers To a | and Transact | ions and I | Relationships Wi | th Nonchari | table | | |
| | | nization directly or in de (other than sectio | | | | | | | | Yes | No |
| a Tra | nsfers fro | m the reporting foun | dation to a noncha | ırıtable exe | empt organizati | on of | | | | | |
| (1) | Cash. | | | | | | | | 1a(1) | | No |
| (2) | Other a | ssets | | | | | | | 1a(2) | | No |
| | er transa | | | | | | | | ļ., ,,, | | l |
| | | f assets to a nonchari | | | | | | | 1b(1) | | No |
| | | ses of assets from a n of facilities, equipmer | | | | | | | 1b(2) 1b(3) | | No No |
| | | rsement arrangemen | • | | | | | | 1b(3) | | No |
| | | r Ioan guarantees. | | | | · · · · | | | 1b(5) | | No |
| | | ance of services or m | | | | | | | 1b(6) | | No |
| ٠. | | icilities, equipment, n | | - | | | | | 1c | | No |
| of t | he goods ny transa | r to any of the above , other assets, or ser action or sharing arra | vices given by the | reporting t | foundation If t | ne foundatioi | n received less than f | aır market valı | | | |
| (a) Line | e No (| b) Amount involved | (c) Name of nonch | arıtable exer | mpt organization | (d) Desc | cription of transfers, tran | sactions, and sha | ring arrai | ngemen | its |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| des | cribed in | ation directly or indire section 501(c) of the aplete the following so (a) Name of organization | Code (other than | section 50 | | ection 527? | | scription of relati | ☐ Yes | ✓ | No |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Sign | of my which | penalties of perjury, knowledge and belief preparer has any kno | , it is true, correct | | plete Declaration | on of prepare | er (other than taxpay | er) is based on | | mation | n of |
| - 3 | ** | **** | | | 2018-12-20 | * | **** | inay t | 1113 al | u <i>33</i> (I | |

Here) return with the preparer shown Signature of officer or trustee Date Title

Paid

(see instr)? 🗹 Yes 🗆 No PTIN Print/Type preparer's name Preparer's Signature Date Check if self-P00079268 employed ightharpoonupJOHN S GILROY 2018-12-18 **Preparer** MINER GILROY AND MEADE CPA PC Firm's EIN ▶20-3457195 **Use Only** Firm's address ▶ 240 S MAIN ST Phone no (563) 652-5143 MAQUOKETA, IA 52060

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, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date sold Date acquired P—Purchase (mo, day, yr) (mo, day, yr) D-Donation BANK OF NOVA SCOTIA Ρ 2014-06-03 2018-10-30 COCA COLA CO Р 2015-01-21 2018-11-01 FIDELITY ADV DIVIDEND GROWTH FD Р 2002-06-24 2018-04-16 FRANKLIN MUTUAL SHARES FD 74 Р 2018-04-16 Ρ FRANKLIN MUTUAL SHARES FD 74 2018-04-30 Ρ 2014-06-03 2018-10-24 TOYOTA MOTOR CREDIT Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Gain or (loss) (e) Gross sales price Depreciation allowed Cost or other basis (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 25,000 25,000 25.000 25,000 19,595 10,974 8,621 35,000 26,753 8,247 33,529 26,069 7,460 25,000 25,325 -325 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 (1) **(1)** Losses (from col (h)) (i) as of 12/31/69 (k) over col (1), if any 8.621 8,247 7.460 -325

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

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

| a Paid during the year | | | |
|---|------|-----------------------|-------|
| AMERICAN LEGION893 450TH AVE PRESTON, IA 52069 | NONE | WALK OF HONOR PROJECT | 2,000 |
| ASSOCIATE BENEVOLENT SOCIETY | NONE | HOLIDAY FOOD BASKETS | 2,500 |

| SSOCIATE BENEVOLENT SOCIETY 000 SOUTH 2ND STREET LINTON, IA 52732 | NONE | HOLIDAY FOOD BASKETS | 2,50 |
|---|------|----------------------|------|
| SIG BROTHER BIG SISTERS OF CLINTON | NONE | MENTORING PROGRAMS | 2,00 |

| <u>'</u> | | | |
|--|------|--------------------|-------|
| BIG BROTHER BIG SISTERS OF CLINTON 240 N BLUFF BLVD CLINTON, IA 52732 | NONE | MENTORING PROGRAMS | 2,000 |
| | | | |

Total . 3a

62,000

| orm 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 | | | | | | | |
| BRIDGEVIEW COMMUNITY MENTAL HEALTH CENTER 638 SOUTH BLUFF BLVD CLINTON, IA 52732 | NONE | | YWCA MEMBERSHIPS AND BUS PASSES | 4,000 | | | |
| COMMUNITY FOUNDATION OF JACKSON COUNTY 120 1/2 S MAIN STREET MAQUOKETA, IA 52060 | NONE | | SUMMER ADVENTURE LEARNING PROGRAM | 3,000 | | | |
| COMMUNITY FOUNDATION OF JACKSON COUNTY | NONE | | IMAGINATION LIBRARY PROJECT | 2,000 | | | |

| JACKSON COUNTY 120 1/2 S MAIN STREET MAQUOKETA, IA 52060 | | PROGRAM | · |
|--|------|-----------------------------|-------|
| COMMUNITY FOUNDATION OF JACKSON COUNTY 120 1/2 S MAIN STREET | NONE | IMAGINATION LIBRARY PROJECT | 2,000 |

| MAQUOKETA, IA 52060 | | | I |
|--|------|-----------------------------|-----|
| COMMUNITY FOUNDATION OF JACKSON COUNTY 120 1/2 S MAIN STREET | NONE | IMAGINATION LIBRARY PROJECT | 2,0 |

| COMMUNITY FOUNDATION OF JACKSON COUNTY 120 1/2 S MAIN STREET MAQUOKETA, IA 52060 | NONE | IMAGINATION LIBRARY PROJECT | 2,000 |
|---|------|-----------------------------|-------|
| | | | |

| 120 1/2 S MAIN STREET MAQUOKETA, IA 52060 | | |
|--|------|------------|
| Total | | 62,000 |

| MAQUOKETA, IA 52060 | | |
|---------------------|------|------------|
| Total | | 62,000 |

| Form 990PF Part XV Line 3 - Gran | ts and Contributions Paid | During the | Year or Approved for Future | Payment |
|---|---|-------------------------|------------------------------------|---------|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| COMMUNITY FOUNDATION OF JACKSON COUNTY 120 1/2 S MAIN STREET MAQUOKETA, IA 52060 | NONE | | PUBLIC LIBRARY ROOF REPLACEMENT | 5,000 |
| COMMUNITY FOUNDATION OF JACKSON COUNTY 120 1/2 S MAIN STREET MAQUOKETA IA 52060 | NONE | | KITCHEN FOR OUTREACH CENTER | 2,500 |

| 1 11 1 QUONE 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
|---|------|--------------------------------|-------|
| COMMUNITY FOUNDATION OF JACKSON COUNTY 120 1/2 S MAIN STREET MAQUOKETA, IA 52060 | NONE | KITCHEN FOR OUTREACH CENTER | 2,500 |
| EASTON VALLEY HIGH SCHOOL 321 SCHOOL ST PRESTON. IA 52069 | NONE | ONE SCHOLARSHIP | 1,000 |

3a

62,000

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 INFORMATION REFERRAL & NONE BACK PACK BUDDY PROGRAM 3.000 ASSISTANCE PROGRAM415 S 3RD ST

| CLINTON, IA 52732 | | | |
|---|------|----------------------|-------|
| NORTHEAST HIGH SCHOOL 3690 HWY 136 GOOSE LAKE, IA 52750 | NONE | ONE SCHOLARSHIP | 1,000 |
| OHNWARD FINE ARTS CENTER 1215 E PLATT ST | NONE | WIRELESS MICROPHONES | 3,000 |

| GOOSE LAKE, IA 52750 | | | | |
|--|----------|----------|----------------------|-------|
| OHNWARD FINE ARTS CENTER 1215 E PLATT ST MAQUOKETA, IA 52060 | NONE | | WIRELESS MICROPHONES | 3,000 |
| | <u> </u> | <u> </u> | <u> </u> | |

62,000 3a

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 | | | |
|--|------|-----------------------------|--|
| YWCA OF CLINTON IA317 7TH AVE S CLINTON, IA 52732 | NONE | BOILER REPLACEMENT FOR POOL | |
| COMMUNITY AMPLILANCE CEDVICE | NONE | LUCAC CUEST COMPRESSION | |

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

| COMMONITY AMBULANCE SERVICE .41 GRANT ST PRESTON, IA 52069 | NONE | SYSTEM | |
|--|------|--------------------------|--|
| CLINTON SUBSTANCE ABUSE COUNCIL | NONE | DRUG ENDANGERED CHILDREN | |

| PRESTON, IA 52069 | | | |
|--|------|--------------------------------------|--|
| CLINTON SUBSTANCE ABUSE COUNCIL 250 20TH AVE N STE 146 CLINTON, IA 52732 | NONE | DRUG ENDANGERED CHILDREN ALLIANCE | |

| CLINTON SUBSTANCE ABUSE COUNCIL 250 20TH AVE N STE 146 CLINTON, IA 52732 | NONE | DRUG ENDANGERED CHILDREN ALLIANCE | |
|--|------|--------------------------------------|--|

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| L NONE | DRUG ENDANGERED CHILDREN ALLIANCE | |
|--------|--------------------------------------|--|

10.544

3,500

3,000

| LINTON SUBSTANCE ABUSE COUNCIL N 50 20TH AVE N STE 146 LINTON, IA 52732 | NONE | | DRUG ENDANGERED CHILDREN ALLIANCE | |
|---|------|--|--------------------------------------|--|
|---|------|--|--------------------------------------|--|

| 50 20TH AVE N STE 146 CLINTON, IA 52732 | | ALLIANCE | · |
|--|------|----------|--------|
| Total | | | 62,000 |

| CLINTON, IA 52732 | | |
|-------------------|------|----------|
| Total | | 62,0 |

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

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

| FIRST UNITED PRESBYTERIAN CHURCH 400 5TH AVE S CLINTON, IA 52732 | NONE | NEW DOOR AND WATER HEATER | 2,000 |
|--|------|--------------------------------|-------|
| IZAAK WALTON LEAGUE OF AMERICA 4167 IA-136 | NONE | CLUBHOUSE ELECTRICAL UPDATE | 3,198 |

| IZAAK WALTON LEAGUE OF AMERICA 4167 IA-136 CLINTON, IA 52732 | NONE | CLUBHOUSE ELECTRICAL UPDATE | 3,198 |
|--|------|-----------------------------------|-------|
| LUTHERAN SERVICES IN IOWA 244 23RD AVE N CLINTON, IA 52732 | NONE | BEHAVIORAL HEALTH INTERVENTION | 2,000 |

| Total | | | 62,000 |
|--|------|-----------------------------------|--------|
| LUTHERAN SERVICES IN IOWA 244 23RD AVE N CLINTON, IA 52732 | NONE | BEHAVIORAL HEALTH INTERVENTION | 2,00 |
| CLINTON, IA 52732 | | | |

Total. 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MAQUOKETA LIBRARY CORPORATION NONE DOCUMENT STATION PROJECT 3,078

| 2998 126 S 2ND ST MAQUOKETA, IA 52060 | | | |
|---|------|-----------------|-------|
| PRINCE OF PEACE SCHOOLS 312 S 4TH ST CLINTON 14 52732 | NONE | SOFTWARE UPDATE | 1,680 |

| 312 S 4TH ST CLINTON, IA 52732 | NONE | SOFTWARE OFDATE | 1,080 |
|---|------|--|-------|
| ST STEPHENS FOOD BANK 3145 CEDAR CREST RIDGE | NONE | BACKPACK AND SCHOOL PANTRY PROGRAMS | 2,000 |

| CLINTON, IA 52/32 | | | |
|--|------|--|-------|
| ST STEPHENS FOOD BANK 3145 CEDAR CREST RIDGE DUBUQUE, IA 52003 | NONE | BACKPACK AND SCHOOL PANTRY PROGRAMS | 2,000 |
| | | | |

| DUBUQUE, IA 52003 | | TANTICI TROUBLES | 62,000 |
|---|------|-------------------------------------|--------|
| ST STEPHENS FOOD BANK 3145 CEDAR CREST RIDGE | NONE | BACKPACK AND SCHOOL PANTRY PROGRAMS | 2,000 |

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| efile GRAPHIC print - DO NOT PR | OCESS As Fil | ed Data - | | | DLN: 93491008002019 | | |
|--|--------------|-----------|------------------------|------------------------|---|--|--|
| TY 2017 Accounting Fees Schedule | | | | | | | |
| | | | | | | | |
| Name: ALLISON EVERETT PEARSON FOUNDATION | | | | | | | |
| EIN: 42-6122181 | | | | | | | |
| Accounting Fees Schedule | | | | | | | |
| Category | Amount | Net | t Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |

875

INDIRECT ACCOUNTING FEES

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491008002019 | | | |
|--|-----------------|---------------------|---------------------|--|--|--|
| TV 2017 Investments Cornoral | e Ronds Scho | dule | | | | |
| TY 2017 Investments Corporate Bonds Schedule | | | | | | |
| Name: / | ALLISON EVERET | Γ PEARSON FOUNDATIO | ON | | | |
| ETN | 12_6122181 | | | | | |

74,311

75,258

| EIIV: 42-0122101 | | |
|--------------------------------------|---------------------------|----------------------------------|
| Investments Corporate Bonds Schedule | | |
| Name of Bond | End of Year Book Value | End of Year Fair Market Value |
| | | |

CORPORATE BONDS

TY 2017 Investments - Other Schedule

Name: ALLISON EVERETT PEARSON FOUNDATION

EIN: 42-6122181

Investments Other Schedule 2

| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
|-------------------------------------|-----------------------|------------|----------------------------------|
| NORTHERN INST US GOVERNMENT SELECT | AT COST | 32,440 | 32,440 |
| NORTHERN INST US GOVERNMENT SELECT | AT COST | 298 | 298 |
| DEUTSCHE SHORT DURATION FUND CI S | AT COST | 19,816 | 19,120 |
| FEDERATED HIGH YIELD TRUST FD IS 77 | AT COST | 8,196 | 8,396 |
| FEDERATED MORTGAGE FUND CL IS 835 | AT COST | 21,534 | 20,135 |
| FEDERATED SHORT-INTER TOTAL RTN | | | |
| BOND FUND IS 63 | AT COST | 24,903 | 24,287 |
| FEDERATED TOTAL RTN BD FD CL IS 328 | AT COST | 22,438 | 21,338 |
| VANGUARD GNMA FD ADM 536 | AT COST | 8,490 | 8,190 |
| VANGUARD INTER-TERM BD INDEX | | | |
| FUND ADM SHS 5314 | AT COST | 24,500 | 22,677 |
| VANGUARD TOTAL BOND MKT INDEX | | | |
| ADM SHS 584 | AT COST | 24,085 | 24,713 |
| WESTERN ASSETCORE PLUS BOND FD CI I | AT COST | 23,000 | 21,477 |
| FRANKLIN MUTUAL SHARES FD 74, CL Z | AT COST | | |
| JP MORGAN INCOME BUILDER FD CL I | AT COST | 35,000 | 33,518 |
| T ROWE PRICE BALANCED FD CI I | AT COST | 6,000 | 5,886 |
| VANGUARD BALANCED INDEX FD | | | |
| ADM SHS 502 | AT COST | 33,000 | 33,675 |
| DEUTSCHE CORE EQUITY FUND CI S | AT COST | 23,338 | 31,817 |
| FEDERATED INDEX MAX-CAP FD CL IS 39 | AT COST | 6,637 | 2,985 |
| FEDERATED MDT LG CAP VALUE FD IS 22 | AT COST | 14,000 | 14,531 |
| FEDERATED MID-CAP INDEX FD IS 153 | AT COST | 18,486 | 25,828 |
| FEDERATED STRATEGIC VALUE DIV | | | |
| FD CL IS 662 | AT COST | 42,575 | 45,494 |
| FIDELITY ADV DIV GROWTH FD CI I 717 | AT COST | | |
| FIDELITY ADV EQUITY INCOME FD 80 | AT COST | 24,130 | 27,992 |
| FIDELITY ADV GROWTH OPPORT | | | |
| FD CI I 688 | AT COST | 9,821 | 18,712 |
| FIDELITY ADV STRATEGIC DIV & INCOME | | | |

Investments Other Schedule 2

| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
|-------------------------------------|-----------------------|------------|----------------------------------|
| FD CL I | AT COST | 19,000 | 19,590 |
| FIDELITY EQUITY DIV INC FUND 319 | AT COST | 18,005 | 20,147 |
| T ROWE PRICE CAP APPREC FUND CI I | AT COST | 37,611 | 70,799 |
| T ROWE PRICE MID CAP GROWTH FD CI I | AT COST | 13,952 | 33,985 |
| VANGUARD EQUITY INC FD 565 ADM SHS | AT COST | 26,000 | 27,849 |
| VANGUARD GROWTH INDX FD ADM SHS 509 | AT COST | 52,000 | 61,237 |
| VANGUARD INTL GROWTH FD ADM SHS 581 | AT COST | 13,475 | 14,604 |
| VANGUARD REIT INDEX FD ADM SHS 5123 | AT COST | 5,000 | 4,517 |
| VANGUARD TOTAL STOCK MKT INDEX ADM | | | |
| SHS FD 585 | AT COST | 30,526 | 75,428 |
| VANGUARD WELLESLEY INCOM FD ADM 527 | AT COST | 41,000 | 42,685 |
| VANGUARD WELLINGTON FD ADM 521 | AT COST | 43,467 | 56,014 |
| GE CAP RETAIL BK UT CD | AT COST | 25,022 | 25,000 |
| GOLDMAN SACHS BK CD | AT COST | 25,159 | 24,985 |
| T ROWE PRICE GLOBAL STOCK FUND | AT COST | 16,462 | 23,303 |
| BANK OF NOVA SCOTIA | AT COST | | |
| ROYAL BK CANADA | AT COST | 25,034 | 24,568 |

| efile GRAPHIC print - DO NOT PROCES | SS As Filed Data | - | DL | N: 93491008002019 | | |
|--|------------------|--------------------------|------------------------|---|--|--|
| TY 2017 Legal Fees Schedu | ile | | | | | |
| - | | | | | | |
| Name: ALLISON EVERETT PEARSON FOUNDATION | | | | | | |
| EIN: 42-6122181 | | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| INDIRECT LEGAL FEES | 1,137 | 1.137 | | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | Filed Data - DLN: 9349100800201 | | N: 93491008002019 | |
|--|---------------|---------------------------------|------------------------|---|--|
| TY 2017 Taxes Schedule | | | | | |
| | | | | | |
| Name: ALLISON EVERETT PEARSON FOUNDATION EIN: 42-6122181 | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| FOREIGN W/H TAX | 12 | 12 | | | |
| FEDERAL ESTIMATED TAX PAYMENTS | 326 | | | | |