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2019

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

or	caler	ndar year 2019, or tax year beginning 01-01-20)19 , ar	nd ending 12-31-	-2019			
		Indation		A Employer id	entification numbe	er		
CH	ARITAE	ND THOMAS NELSON URBAN SR BLE FOUNDATION III		42-1441831	42-1441831			
		I street (or P.O. box number if mail is not delivered to street address) TER DRIVE	Room/suite	B Telephone nu	B Telephone number (see instructions)			
				(515) 288-604:	(515) 288-6041			
		n, state or province, country, and ZIP or foreign postal code S, IA 50312		C If exemption	application is pendin	g, check here		
a Ch	neck al	that apply:	former public charity	D 1. Foreign or	ganizations, check h	ere		
		Final return Amended return			rganizations meeting	▶ ∟		
		Address change Name change			k here and attach co			
1 Ch	eck tv	rpe of organization: Section 501(c)(3) exempt private to	foundation		undation status was			
		i i i i i i i i i i i i i i i i i i i	e private foundation	under secud	in 507(b)(1)(A), chec	ck nere		
			☑ Cash ☐ Accru	F If the found:	ation is in a 60-mont	h termination \Box		
of '	year (f	from Part II, col. (c), ▶\$ 1,336,335 (Part I, column (d) must			n 507(b)(1)(B), chec			
		Analysis of Davanus and Evnances (T. 111)		<u> </u>	T	4 B 50 L		
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc., received (attach schedule)						
	2	Check ► ✓ if the foundation is not required to attach Sch. B						
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities	56,144	42,290				
	5a	Gross rents						
•	b	Net rental income or (loss)						
Ĭ	6a	Net gain or (loss) from sale of assets not on line 10	3,586					
Revenue	b	Gross sales price for all assets on line 6a 200,378						
~	7	Capital gain net income (from Part IV, line 2)		3,586				
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances Less: Cost of goods sold						
	b	Gross profit or (loss) (attach schedule)						
	C		4 2,525	42,525				
	11							
	12	Total. Add lines 1 through 11	102,255	· ·				
	13	Compensation of officers, directors, trustees, etc.	0	0		(
	14	Other employee salaries and wages						
ses	15 16a	Pension plans, employee benefits				 		
Ē	_	A	96-1 4.635	1.625				
ΕΧΓ	b	Accounting fees (attach schedule)	1,635					
- 9	С	Other professional fees (attach schedule)	15,556	15,556		(
Operating and Administrative Expenses	17	Interest	06-1 242	212				
<u> </u>	18	Taxes (attach schedule) (see instructions)	213	213				
Ē	19	Depreciation (attach schedule) and depletion						
Ð	20	Occupancy						
ב ב	21	Travel, conferences, and meetings						
ਰ ~	22	Printing and publications						
	23	Other expenses (attach schedule)				-		
erai	24	Total operating and administrative expenses.	43.44	47.404				
<u>ಹ</u>	25	Add lines 13 through 23	17,404	•		(5.04)		
_	25	Contributions, gifts, grants paid	65,848			65,848		
	26	Total expenses and disbursements. Add lines 24 and 25	83,252	17,404		65,848		
	27	Subtract line 26 from line 12:						
	а	Excess of revenue over expenses and disbursements	19,003					
	b	Net investment income (if negative, enter -0-)	· .	70,997				
	С	Adjusted net income (if negative, enter -0-)						
_			I		ı			

Attached schedules and amounts in the description column

Beginning of year

1,306,085

-53,143

1,252,942

1,252,942

1,306,085

-34,140

1,271,945

1,271,945

1,252,942

1,271,945

1,271,945 Form **990-PF** (2019)

19,003

0

1

2

3 4

5

6

Page 2

1,336,335

End of year

Form 990-PF (2019)

Liabilities

Assets or Fund Balances

Net 29

2

3

21 22

23

24 25

26

27

28

30

Part III

Other liabilities (describe -_

and complete lines 24, 25, 29 and 30. Net assets without donor restrictions .

Net assets with donor restrictions .

and complete lines 26 through 30.

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

Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

	_	3 , ,	1	l '	1
	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 ▶			
S.	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)	98,642	98,642	79,679
	b	Investments—corporate stock (attach schedule)	669,707	575,437	603,566
	С	Investments—corporate bonds (attach schedule)	374,107	363,971	409,478
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	12	Investments—other (attach schedule)	73 536	⇔ I 146.419	156 136

14 Land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) 15 Other assets (describe 16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I) 1,252,942 1,271,945 17 Accounts payable and accrued expenses . 18 Grants payable 19 20 Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

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

Foundations that follow FASB ASC 958, check here

Page **3**

Capital Gallis	unu Losses	IOI TUX OII IIIVES	inche zheome					
		of property sold (e.g., ommon stock, 200 shs		(b) How acquire P—Purchase D—Donation		(c) Date acquired mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1 a PUBLICLY TRADED SEC	URITIES- WELLS	5 FARGO #5940-6933	}	Р		2019-01-01	2019-12-31	
b PUBLICLY TRADED SEC	URITIES- WELLS	5 FARGO #5940-6933	}	Р		2018-01-01	2019-12-31	
c PUBLICLY TRADED SEC	URITIES- BAIRD	#19539614		Р		2018-01-01	2019-12-31	
d CAPITAL GAINS DIVIDENDS								
(e) Gross sales price		(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale		(h) Gain or (loss) (e) plus (f) minus (g)		
a	22,607						447	
b 1	57,336			153,	572		3,764	
С	20,000				060		-1,060	
	435				-		435	
d	433				-		433	
e								
Complete only for asse	ts showing gain		<u> </u>				l)	
(i) F.M.V. as of 12/31/6	9	(j) Adjusted basis as of 12/31/69	Excess	(k) of col. (i) l. (j), if any		col. (k), bùt not	h) gain minus less than -0-) or om col.(h))	
a							447	
b							3,764	
c							-1,060	
d							435	
e								
 Capital gain net incom Net short-term capital If gain, also enter in P in Part I, line 8 	gain or (loss) a	s defined in sections	If (loss), enter -0- in I 1222(5) and (6): ons). If (loss), enter -0	·	} 2		3,586	
Part V Qualification	Under Section	on 4940(e) for Re	educed Tax on Net	Investment	Incon	ne		
(For optional use by domestic								
If section 4940(d)(2) applies,	•	•	culon 13 ro(a) tax on ne	e investment in	come.)			
Was the foundation liable for t If "Yes," the foundation does r	he section 4942	tax on the distributa	, ,	,	iod?	☐ Y	es 🔽 No	
1 Enter the appropriate a	mount in each o	column for each year;	see instructions before	making any en	tries.			
(a) Base period years Calendar year (or tax year beginning in)	Adjusted qu	(b) alifying distributions	(c) Net value of noncharitab	le-use assets	(c	(d) Distribution rati ol. (b) divided by c		
2018		93,881		1,276,041			0.073572	
2017		45,800		1,567,007			0.029228	
2016		66,630		1,345,993			0.049502	
2015		67,100		1,388,917			0.048311	
2014		61,600		1,491,874			0.041290	
2 Total of line 1, column	(d)				2		0.241903	
3 Average distribution rat				<u> </u>				
number of years the four forms of the four files of the four files of the files of	ındation has be	en in existence if less	than 5 years		3 4		0.048381 1,237,317	
5 Multiply line 4 by line 3					5		59,863	
6 Enter 1% of net investn	nent income (19	% of Part I, line 27b)		[6		710	
				🗀	7		60,573	
8 Enter qualifying distribu				<u> </u>	8		65,848	
If line 8 is equal to or g					_		e the Part VI	
						Г.	OOO DE (2010)	

Form	990-PF (201	<u>′</u>								F	age 6
Pai	rt VII-B	Statements Regard	ling	Activities for Which	Form 4720 May Be	Required (continu	ued)				
5a	During the y	ear did the foundation ہ	ay o	incur any amount to:						Yes	No
	(1) Carry or	n propaganda, or otherw	ise a	ttempt to influence legisl	ation (section 4945(e))?	□ ve	s 🗸	No			
	(2) Influence	te the outcome of any sp	pecific public election (see section 4955); or to carry								
	on, dire	ctly or indirectly, any vo	ter re	r registration drive?							
	(3) Provide	a grant to an individual	for tr	avel, study, or other sim	ilar purposes?	☐ Ye		No No			
		-		her than a charitable, etc tions	•		s 🗸	N.			
		,		eligious, charitable, scien ention of cruelty to childr	* **						
b				ny of the transactions fa		∟ Ye	s 🗸	No			
	•			nt notice regarding disas					5b		
	Organization	ns relying on a current n	otice	regarding disaster assist	ance check here		• 🗆	Ī			
С	If the answe	er is "Yes" to question 5a	a(4),	does the foundation clain	n exemption from the		ш				
	tax because	it maintained expenditu	ire re	sponsibility for the grant?	?	· · 🔲 Ye	_	No			
	If "Yes," atta	ach the statement requi	red b	Regulations section 53.	4945-5(d).	1e	s Ш	NO			
6a	Did the foun	dation, during the year,	rece	ive any funds, directly or	indirectly, to pay premiu	ıms on					
	a personal b	enefit contract?				· □ v-	s 🗸	N.			
b		dation, during the year, b, file Form 8870.	pay	premiums, directly or ind	lirectly, on a personal be	nefit contract?	· ·	NO	6b		No
7a		•	s the	foundation a party to a p	orohibited tax shelter tran	nsaction?	s 🗸				
b	•			roceeds or have any net		⊔ Ye	s ⊻ 	No	7b		
8				960 tax on payment(s) o							
	excess para	chute payment during th	ne ye	ar?		· · □ v-	s 🗸	N.			
				ers, Directors, Trust					rees.		
Pai		nd Contractors		,	,	ge.e,g, .		,	,		
1	List all offic	ers, directors, truste	es. fo	undation managers ar	nd their compensation.	See instructions					
				b) Title, and average	(c) Compensation (If	(d) Contributions	s to	(5)			
	(a) Nam	e and address	`	hours per week	not paid, enter	employee benefit pla	ns and			se acc Iowano	
				devoted to position	-0-)	deferred compens		<u> </u>			
	THY JOHN URBA	N .	TRUS 2.00	IEE	0		0	1			0
	OSTER DRIVE MOINES, IA 503	312									
HEAT	HER URBAN HO	LTZMAN	TRUS	TEE	0		0				0
	OSTER DRIVE		0.50								
	MOINES, IA 503										
	EW BERK URBA	N	TRUS 0.50	IEE	0		0				0
	OSTER DRIVE MOINES, IA 503	312									
TONI	OSTER URBAN		TRUS	TEE	0		0				0
	OSTER DRIVE		1.00								
	40INES, IA 503			ployees (other than t		:	T6		W	NONE	71
	Compensat	ion of five nignest-pa	ia en	ipioyees (other than ti	lose included on line 1	(d) Contribution		ne, en	iter i	NONE.	
(a)		dress of each employee e than \$50,000	paid	(b) Title, and average hours per week devoted to position	(c) Compensation	employee bene plans and defer compensation	fit ed			se acco	
NON	 E										
Tota	I number of o	ther employees paid ov	er \$5	0,000		 •					0
		1 , 1 =			-			Forr	n 99 0	D-PF	2019)

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional servic	es (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 rele organizations and other beneficiaries served, conferences convened, research papers produ		r of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see i	nstructions)	
Describe the two largest program-related investments made by the foundation during the	<u> </u>	Amount
1	,	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		• o
Total Add Mico Landagn 5		Form 990-PF (2019)

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

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

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

6

1

2

3

4

5

b

Part XII

6

7

1a

1b

2

3a 3b

4

5

61.156

65,848

65,848

65,138

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710

10 Analysis of line 9: a Excess from 2015. b Excess from 2016. c Excess from 2017.

d Excess from 2018.

e Excess from 2019.

Forr	n 990-PF (2019)				Page 9
P	art XIIII Undistributed Income (see instruct	tions)	_	_	
		(a)	(b)	(c) 2018	(d)
	Bistoilestable and court for 2010 forms Bank VI. line 7	Corpus	Years prior to 2018	2018	2019 61,156
1	Distributable amount for 2019 from Part XI, line 7				61,136
	Undistributed income, if any, as of the end of 2019:			0	
a	Enter amount for 2018 only.		0	U	
b	Total for prior years: 20, 20, 20		U		
3	Excess distributions carryover, if any, to 2019:				
a b	From 2014				
C	From 2016				
d	From 2017				
	From 2018 619				
	Total of lines 3a through e	619			
	Qualifying distributions for 2019 from Part				
_	XII, line 4: ► \$ 65,848				
а	Applied to 2018, but not more than line 2a			0	
	Applied to undistributed income of prior years		0		_
_	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election	0			
	required—see instructions)				
	Applied to 2019 distributable amount				61,156
	Remaining amount distributed out of corpus	4,692			
5	Excess distributions carryover applied to 2019.	0			0
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	5,311			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0		
С	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		
d	Subtract line 6c from line 6b. Taxable amount				_
	—see instructions		0		
е	Undistributed income for 2018. Subtract line				
	4a from line 2a. Taxable amount—see			0	
£	instructions				
•	lines 4d and 5 from line 1. This amount must				
	be distributed in 2020				0
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)	0			
8	Excess distributions carryover from 2014 not	_			_
	applied on line 5 or line 7 (see instructions)	0			
9	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	5,311			
10	Analysis of line 9:	<u>'</u>			

619

2

NONE

For	m 990-PF (2019)					Page 10
	Part XIV Private Operating Fou	ndations (see instru	uctions and Part V	'II-A, question 9)		
1a	If the foundation has received a ruling or foundation, and the ruling is effective for					
b	Check box to indicate whether the organiz	zation is a private opera	ating foundation des	cribed in section \Box	4942(j)(3) or	4942(j)(5)
2a		Tax year		Prior 3 years		(-) T-4-1
	income from Part I or the minimum investment return from Part X for each	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
b	year listed	_				
	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
С	"Support" alternative test—enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section)					

assets at any time during the Information Regarding Foundation Management		ructions.)						
Supplementary Information	Supplementary Information (Complete this part only if the foundation had \$5,000 or more in							
(4) Gross investment income								
(3) Largest amount of support from an exempt organization								
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)								
on securities loans (section 512(a)(5)), or royalties)								

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).) 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. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🗹 if the foundation only makes contributions to preselected charitable organizations and does not accept

unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under

other conditions, complete items 2a, b, c, and d. See instructions a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

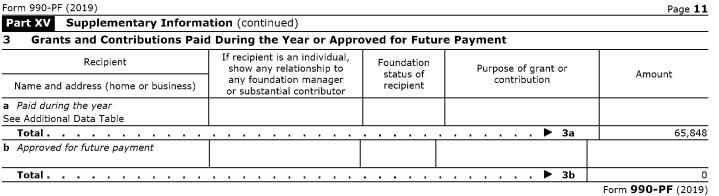
TIMOTHY J URBAN 214 FOSTER DRIVE

DES MOINES, IA 50312 (515) 288-6041 **b** The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

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

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ter gross	s amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
_	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
				+		
	and contracts from government agencies					
_	ership dues and assessments					
Interes investn	t on savings and temporary cash nents	900000				
	nds and interest from securities	900000		14	56,144	
	ntal income or (loss) from real estate:				33/111	
	-financed property					
b Not d	lebt-financed property					
	ntal income or (loss) from personal property					
	nvestment income			14	42,525	
Gain or	r (loss) from sales of assets other than				0.506	
	come or (loss) from special events:			18	3,586	
	profit or (loss) from sales of inventory					
	revenue: a					
ь						
с						
d						
Subtot	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0		102,255	
	Add line 12, columns (b), (d), and (e)			13	<u> </u>	102,255
(500 141						
	orksheet in line 13 instructions to verify calcu	lations.)				
art XV	orksheet in line 13 instructions to verify calcu	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
art XV. ne No.	rksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
art XV. ne No.	rksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
art XV. ne No.	rksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
art XV. ne No.	rksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
art XV. ne No.	rksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
art XV. ne No.	rksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
art XV. ne No.	rksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
rt XV. ne No.	rksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
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rt XV. ne No.	rksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
rt XV. ne No.	rksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
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rt XV. ne No.	rksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
rt XV. ne No.	rksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
art XV. ne No.	rksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	hment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	

Fo	rm 990-P	F (2019)				Pa	ge 13
	Part XV	Information Re Exempt Organi		ions and Relationships With Nonchari	table		_
1			directly engage in any of the following with a organizations) or in section 527, relating to	any other organization described in section 501 political organizations?		Yes	No
а	Transfer	s from the reporting foun	dation to a noncharitable exempt organization	on of:			
	(1) Cas	sh			1a(1)		No
(2) Other assets							No
b		ansactions:					
(1) Sales of assets to a noncharitable exempt organization							No
	(2) Purchases of assets from a noncharitable exempt organization						No
(3) Rental of facilities, equipment, or other assets							No
(4) Reimbursement arrangements							No
(5) Loans or loan guarantees							No
	(6) Perf	ormance of services or m	embership or fundraising solicitations		1b(6)		No
c	Sharing	of facilities, equipment, n	nailing lists, other assets, or paid employees		1c		No
	of the g	oods, other assets, or ser		olumn (b) should always show the fair market was foundation received less than fair market valuate goods, other assets, or services received. (d) Description of transfers, transactions, and sha	ie	ngemer	nts
	,	(2) / infoant involved	(c) Hame of Honoral Rapid exempt organization	(a) becomption of transfer of transactions, and one	inig arra	ngee.	
_							
_							
_							

, Line No.	(b) / intodite intvolved	(c) Name of nonchartable exempt organization	(a) Bescription of cransfers, transactions, and sharing arrangements
s the for	undation directly or indire	ectly affiliated with, or related to, one or mor	re tax-exempt organizations
	•	•	· -
described	d in section 501(c) (other	r than section $501(c)(3))$ or in section $527?$.	□Yes ☑No
f "Yes,"	complete the following s	chedule.	
•	(a) Name of organization		etion (c) Description of relationship

	dation directly or indirectly a n section 501(c) (other than	•		•	·	_	_	Yes 🗹 No
b If "Yes," co	mplete the following schedul	le.						
	(a) Name of organization		(b) Type of organization	on		(c) Descripti	on of relationship
of m	r penalties of perjury, I declar y knowledge and belief, it is to n preparer has any knowledg	true, correct,						
Sign Here	****		2020-11-12		*****		May the IRS discuss this return with the preparer shown	
// s	ignature of officer or trustee	·		Date	Tit	le		below (see instr.)
	Print/Type preparer's name	e Prepa	arer's Sign	ature	Date	Check if self-		PTIN P01387413
Paid	MARK A VROMAN CPA						employed ▶ ☐	101307113
Preparer Use Only	Firm's name ▶ THE VROM	IAN GROUP LI	_P					Firm's EIN ▶20-4498454
-	Firm's address ► 6601 W	ESTOWN PAR	KWAY STE	250				
	WEST D	ES MOINES, I	IA 50266					Phone no. (515) 278-4531
	1							Form 990-PF (2019)

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

ACLU FOUNDATION505 5TH AVE 901 DES MOINES, IA 50309	NONE	PUBLIC	ADVANCING CIVIL LIBERTIES	1,000
ALZHEIMER'S ASSOCIATION 1730 28TH STREET	NONE	PUBLIC	SUPPORT & RESEARCH OF ALZHEIMER'S	100

1730 28TH STREET WEST DES MOINES, IA 50266			ALZHEIMER'S	
ALLIANCE FOR THE MENTALLY ILL OF IA 3839 MERLE HAY RD 229 DES MOINES, IA 50310	NONE	PUBLIC	CHARITABLE - COMMUNITY	100

Total			▶ 3a	65,848
ALLIANCE FOR THE MENTALLY ILL OF IA 3839 MERLE HAY RD 229 DES MOINES, IA 50310	NONE	PUBLIC	CHARITABLE - COMMUNITY	100
WEST DES MOINES, IA 50266				

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 (nome or business)	or substantial contributor	, , , , , , , , , , , , , , , , , , , ,		
a Paid during the year				
ALS ASSOCIATION 3636 WESTOWN PKWY STE 204	NONE	PUBLIC	SUPPORT & RESEARCH FOR ALS	100

WEST DES MOINES, IA 50266				
AMERICAN CANCER SOCIETY 1717 INGERSOLL AVE 111 DES MOINES, IA 50309	NONE	PUBLIC	RESEARCH & EDUCATION FOR CANCER PREVENTION	100

AMERICAN CANCER SOCIETY 1717 INGERSOLL AVE 111 DES MOINES, IA 50309	NONE	PUBLIC	RESEARCH & EDUCATION FOR CANCER PREVENTION	100
AMERICAN RED CROSS 2116 GRAND AVENUE	NONE	PUBLIC	CHARITABLE - COMMUNITY	100

1717 INGERSOLL AVE 111 DES MOINES, IA 50309			CANCER PREVENTION	
AMERICAN RED CROSS 2116 GRAND AVENUE DES MOINES, IA 50312	NONE	PUBLIC	CHARITABLE - COMMUNITY	100

DES MOINES, IA 50312			▶ 3a	65,848
AMERICAN RED CROSS 2116 GRAND AVENUE	NONE	PUBLIC	CHARITABLE - COMMUNITY	100
DES MOINES, IA 50309				

Recipient If recipient is an individual, Purpose of grant or 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				
AMOS410 DOUGLAS AVENUE AMES, IA 50010	NONE	PUBLIC	CHARITABLE - COMMUNITY	100

AMES, IA 50010				
ARCADIA450 S EASTON RD GLENSIDE, PA 19038	NONE	PUBLIC	EDUCATIONAL	1,000
BARD COLLEGE - BPI PROGRAM	NONE	PUBLIC	EDUCATIONAL	2,000

GLENSIDE, PA 19038	NONE	PUBLIC	EDUCATIONAL	1,000
BARD COLLEGE - BPI PROGRAM 30 CAMPUS RD ANNANDALEONHUDSON, NY 12504	NONE	PUBLIC	EDUCATIONAL	2,000

BARD COLLEGE - BPI PROGRAM 30 CAMPUS RD ANNANDALEONHUDSON, NY 12504	NONE	PUBLIC	EDUCATIONAL	2,000
Total				65.848

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)

Name and dadress (nome or basiness)	or substantial contributor			
a Paid during the year				
BLANK PARK ZOO - CAPITAL	NONE	PUBLIC	CHARITABLE-PUBLIC ZOO	5,000

DES MOINES, IA 50315				
BLANK PARK ZOO FUNDRAISER 7402 SW 9TH	NONE	PUBLIC	CHARITABLE-PUBLIC ZOO	750

BLANK PARK ZOO FUNDRAISER 7402 SW 9TH DES MOINES, IA 50315	NONE	PUBLIC	CHARITABLE-PUBLIC ZOO	750
BME COMMUNITY	NONE	PUBLIC	COMMUNITY	250

DES MOINES, IA 50315				
BME COMMUNITY 2103 CORAL WAY 2ND FLOOR MIAMI, FL 33145	NONE	PUBLIC	COMMUNITY	250

Total			<u> </u> 	65,848
BME COMMUNITY 2103 CORAL WAY 2ND FLOOR MIAMI, FL 33145	NONE	PUBLIC	COMMUNITY	250
DES MOINES, IA 30313				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation 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 BOTANICAL GARDEN - DUES NONE PUBLIC 150 CHARITABLE - BOTANICAL 909 ROBERT D RAY DR GARDENS

DES MOINES, IA 50309			GARDENS	
C&G DUES115 NORTH SIDE SQUARE HUNTSVILLE, AL 35801	NONE	PUBLIC	CHARITABLE - COMMUNITY	100
CENTRAL PARK CONSERVANCY 14 E 60TH STREET NEW YORK, NY 10022	NONE	PUBLIC	FUNDING TO RESTORE, MANAGE AND ENHANCE CENTRAL PARK	100

65,848

■ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

1				
CHARLESTON LEGAL ACCESS 1630 MEETING STREET RD 106 CHARLESTON, SC 29405	NONE	PUBLIC	CHARITABLE - COMMUNITY	500
CHILDREN & FAMILIES OF IOWA	NONE	PUBLIC	CHARITABLE - COMMUNITY	100

CHILDREN & FAMILIES OF IOWA (CORNERSTONE) 1111 UNIVERSITY AVE DES MOINES, IA 50314	NONE	PUBLIC	CHARITABLE - COMMUNITY	100
CHOATE BOCEMARY HALL	NONE	DUDITO	COMMUNITY	500

1111 UNIVERSITY AVE DES MOINES, IA 50314				
CHOATE ROSEMARY HALL 333 CHRISTIAN ST WALLINGFORD CT 06492	NONE	PUBLIC	COMMUNITY	500

DES MOINES, IA 50314				
CHOATE ROSEMARY HALL 333 CHRISTIAN ST WALLINGFORD, CT 06492	NONE	PUBLIC	COMMUNITY	500

Total .

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

= -				
COMMON CAUSE EDUCATION FUND 805 15TH STREET NW STE 800 WASHINGTON, DC 20005	NONE	PUBLIC	CHARITABLE - DEMOCRATIC CITIZEN EMPOWERMENT	500
i i i i i i i i i i i i i i i i i i i		1		

WASHINGTON, DC 20005			CITIZEN EMPOWERMENT	
CULTUREALL1601 48TH ST WEST DES MOINES, IA 50266	NONE	PUBLIC	CULTURE IN COMMUNITY	100
DARTMOUTH COLLEGE10 N MAIN ST	NONE	PUBLIC	EDUCATIONAL	100

WEST DES MOINES, IA 50266	NONE	FOBLIC	COLTONE IN COMPONITY	100
DARTMOUTH COLLEGE10 N MAIN ST HANOVER, NH 03755	NONE	PUBLIC	EDUCATIONAL	100

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				
DARTMOUTH ALUMNI FUND (PETER REICHARD) 10 N MAIN ST HANOVER, NH 03756	NONE	PUBLIC	EDUCATIONAL	5,000

HANOVER, NH 03756				
DARTMOUTH RUGBY FOOTBALL CLUB (BOB SWETT) 10 N MAIN ST HANOVER, NH 03757	NONE	PUBLIC	EDUCATIONAL	500

1	DARTMOUTH RUGBY FOOTBALL CLUB (BOB SWETT) 10 N MAIN ST HANOVER, NH 03757	NONE	PUBLIC	EDUCATIONAL	500
	DC ABORTION FUNDPO BOX 65061	NONE	PUBLIC	COMMUNITY	250

(BOB SWETT) 10 N MAIN ST				
HANOVER, NH 03757				
DC ABORTION FUNDED BOX 65061	NONE	DUBLIC	COMMUNITY	250

(BOB SWETT) 10 N MAIN ST HANOVER, NH 03757				
DC ABORTION FUNDPO BOX 65061	NONE	PUBLIC	COMMUNITY	250

10 N MAIN ST HANOVER, NH 03757				
DC ABORTION FUNDPO BOX 65061	NONE	PUBLIC	COMMUNITY	250

HANOVER, NH 03757				
DC ABORTION FUNDPO BOX 65061 WASHINGTON, DC 20035	NONE	PUBLIC	COMMUNITY	250

▶ 3a

65,848

Total .

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

Total .

a Paid during the year				
DES MOINES ART CENTER 4700 GRAND AVE	NONE	PUBLIC	CHARITABLE - COMMUNITY & ARTS	2,000

DES MOINES, IA 50312				
DES MOINES COMMUNITY FOUNDATION 1915 GRAND AVE DES MOINES, IA 50309	NONE	PUBLIC	CHARITABLE - COMMUNITY	100
DES MOINES HABITAT FOR HUMANITY	NONE	DUBLIC	CHARITABLE - COMMUNITY	250

1915 GRAND AVE DES MOINES, IA 50309				
DES MOINES HABITAT FOR HUMANITY 2200 EUCLID AVE DES MOINES, IA 50317	NONE	PUBLIC	CHARITABLE - COMMUNITY	250

DES MOINES, IA 50309				
DES MOINES HABITAT FOR HUMANITY 2200 EUCLID AVE DES MOINES, IA 50317	NONE	PUBLIC	CHARITABLE - COMMUNITY	2!

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 DES MOINES LIBRARY FOUNDATION NONE PUBLIC CHARITABLE - COMMUNITY 500 1000 GRAND AVE PUBLIC LIBRARY FUNDING

DES MOINES, IA 50309				
DES MOINES PASTORAL COUNSELING CENTER 8553 URBANDALE AVE URBANDALE, IA 50322	NONE	PUBLIC	MENTAL HEALTH SERVICES	500
DES MOINES PERFORMING ARTS (AKA	NONE	PUBLIC	CULTURE IN COMMUNITY	240

CENTER 8553 URBANDALE AVE URBANDALE, IA 50322				
DES MOINES PERFORMING ARTS (AKA CIVIC CENTER) 221 WALNUT ST DES MOINES, IA 50309	NONE	PUBLIC	CULTURE IN COMMUNITY	240

Total			▶ 3a	65,848
DES MOINES PERFORMING ARTS (AKA CIVIC CENTER) 221 WALNUT ST DES MOINES, IA 50309	NONE	PUBLIC	CULTURE IN COMMUNITY	240
URBANDALE, IA 50322				

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	recipient		
a Paid during the year				
DES MOINES SYMPHONY	NONE	PUBLIC	CHARITABLE - COMMUNITY	500

1011 LOCUST STREET 200 DES MOINES, IA 50309				
DOGSTER SPAY & NEUTER 10 TOWN PLAZA 115	NONE	PUBLIC	COMMUNITY	500

DOGSTER SPAY & NEUTER 10 TOWN PLAZA 115 DURANGO, CO 81301	NONE	PUBLIC	COMMUNITY	
DRAKE UNIVERSITY	NONE	PUBLIC	EDUCATIONAL	

10 TOWN PLAZA 115 DURANGO, CO 81301				
DRAKE UNIVERSITY 2507 UNIVERSITY AVE DES MOINES, IA 50311	NONE	PUBLIC	EDUCATIONAL	250

DURANGO, CO 81301				
DRAKE UNIVERSITY 2507 UNIVERSITY AVE DES MOINES, IA 50311	NONE	PUBLIC	EDUCATIONAL	250
Total			▶ 3a	65,848

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				
EDDIE DAVIS COMMUNITY CENTER	NONE	PUBLIC	CHARITABLE - COMMUNITY	500

1312 MAPLE ST WEST DES MOINES, IA 50266				
EMBRACE IOWA502 SHARP ST GLENWOOD, IA 51534	NONE	PUBLIC	CHARITABLE - COMMUNITY	500
EVERGREEN ANIMAL PROTECTION	NONE	PUBLIC	CHARITY - COMMUNITY	500

EMBRACE IOWA502 SHARP ST GLENWOOD, IA 51534	NONE	PUBLIC	CHARITABLE - COMMUNITY	500
EVERGREEN ANIMAL PROTECTION LEAGUE 27888 MEADOW DR EVERGREEN, CO 80439	NONE	PUBLIC	CHARITY - COMMUNITY SUPPORT TO END HUNGER	500

▶ 3a

65,848

GLENWOOD, IA 51534				
EVERGREEN ANIMAL PROTECTION LEAGUE 27888 MEADOW DR EVERGREEN, CO 80439	NONE	PUBLIC	CHARITY - COMMUNITY SUPPORT TO END HUNGER	500

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
EVTENDED HANDS OF HODE	NONE	DUBLIC	COMMUNITY	1 000

EXTENDED HANDS OF HOPE PO BOX 1938 BROOMFIELD, CO 80038	NONE	PUBLIC	COMMUNITY	1,000
FRIENDS OF GRAND COUNTY LIBRARY	NONE	PUBLIC	CHARITABLE - COMMUNITY	500

PO BOX 1938 BROOMFIELD, CO 80038				
FRIENDS OF GRAND COUNTY LIBRARY PO BOX 1050 GRANBY, CO 80446	NONE	PUBLIC	CHARITABLE - COMMUNITY	500
GENEVA GLEN CAMPS	NONE	PUBLIC	CHARITABLE-CAMP	5,000

FRIENDS OF GRAND COUNTY LIBRARY PO BOX 1050 GRANBY, CO 80446	NONE	PUBLIC	CHARITABLE - COMMUNITY	500
GENEVA GLEN CAMPS 5793 SANTA CLARA RD INDIAN HILLS, CO 80454	NONE	PUBLIC	CHARITABLE-CAMP	5,000

GENEVA GLEN CAMPS 5793 SANTA CLARA RD INDIAN HILLS, CO 80454	NONE	PUBLIC	CHARITABLE-CAMP	5,000
PO BOX 1050 GRANBY, CO 80446	NONE	POBLIC	CHARITABLE - COMMUNITY	500

GENEVA GLEN CAMPS 5793 SANTA CLARA RD INDIAN HILLS, CO 80454	NONE	PUBLIC	CHARITABLE-CAMP	5,000
Total			▶ 3a	65,848

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 (nome or business)	or substantial contributor	,		
a Paid during the year				
GEORGETOWN DAY SCHOOL 4200 DAVENPORT ST NW	NONE	PUBLIC	EDUCATIONAL	333

WASHINGTON, DC 20016				
GUARDIAN SCHOLARS FOUNDATION 3775 EP TRUE PARKWAY STE 254 WEST DES MOINES, IA 50266	NONE	PUBLIC	CHARITABLE-CULTURAL	500

GUARDIAN SCHOLARS FOUNDATION 3775 EP TRUE PARKWAY STE 254 WEST DES MOINES, IA 50266	NONE	PUBLIC	CHARITABLE-CULTURAL	500
HEALTHY BABIES PROJECT 4501 GRANT ST NE WASHINGTON DC 20019	NONE	PUBLIC	CULTURAL	500

HEALTHY BABIES PROJECT 4501 GRANT ST NE WASHINGTON, DC 20019 NONE PUBLIC CULTURAL 500	WEST DES MOINES, IA 50266				
	4501 GRANT ST NE	NONE	PUBLIC	CULTURAL	500

Total .

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

NIONE

Total .

1801 PENNSYLVANIA AVE DES MOINES, IA 50309	NONE	POBLIC	COMMUNITY	225
HOME INC1618 6TH AVE DES MOINES, IA 50314	NONE	PUBLIC	COMMUNITY	100

DUDLEC

HOME INC1618 6TH AVE DES MOINES, IA 50314	NONE	PUBLIC	COMMUNITY	100
HOPE ENTERPRISE CORPORATION 4 OLD RIVER PL A JACKSON, MS 39202	NONE	PUBLIC	COMMUNITY	250

DES MOINES, IA 30314				
HOPE ENTERPRISE CORPORATION 4 OLD RIVER PL A JACKSON, MS 39202	NONE	PUBLIC	COMMUNITY	25

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 HOYT SHERMAN FOUNDATION NONE PUBLIC COMMUNITY 500

1505 WOODLAND AVENUE DES MOINES, IA 50309				
INTERFAITH ALLIANCE1133 42ND ST DES MOINES, IA 50311	NONE	PUBLIC	COMMUNITY	100
IOWA ENVIRONMENTAL COUNCIL	NONE	PUBLIC	FUNDING FOR HEALTHY LIVING	500

65,848

■ 3a

INTERFAITH ALLIANCE1133 42ND ST DES MOINES, IA 50311	NONE	PUBLIC	COMMUNITY	10
IOWA ENVIRONMENTAL COUNCIL 505 5TH AVENUE STE 850 DES MOINES, IA 50309	NONE	PUBLIC	FUNDING FOR HEALTHY LIVING AND SUSTAINABLE FUTURE	50

DES MOINES, IA 30311				
IOWA ENVIRONMENTAL COUNCIL 505 5TH AVENUE STE 850 DES MOINES, IA 50309	NONE	PUBLIC	FUNDING FOR HEALTHY LIVING AND SUSTAINABLE FUTURE	

Total . .

IOWA LEGAL AID FOUNDATION 1111 9TH ST 300 DES MOINES, IA 50314	NONE	PUBLIC	LEGAL HELP FOR COMMUNITY	500
IOWA ORCHARD PLACE 2116 GRAND AVENUE	NONE	PUBLIC	MENTAL HEALTH SERVICES FOR CHILDREN	100

IOWA ORCHARD PLACE 2116 GRAND AVENUE DES MOINES, IA 50312	NONE	PUBLIC	MENTAL HEALTH SERVICES FOR CHILDREN	100
IOWA PUBLIC RADIO211 GRAND AVE DES MOINES, IA 50312	NONE	PUBLIC	COMMUNITY	600

Total .

65,848

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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 contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

IOWA RIVERS REVIVALPO BOX 72 DES MOINES, IA 50301	NONE	PUBLIC	NONPROFIT RESTORE AND PROTECT IOWA RIVERS	100
JEWEL ACADEMY 1620 PLEASANT ST UNIT 216	NONE	PUBLIC	EDUCATIONAL	500

1620 PLEASANT ST UNIT 216 DES MOINES, IA 50314	NONE	FOBLIC	EDUCATIONAL	300
LEGAL AID SOCIETY OF DC	NONE	PUBLIC	EDUCATIONAL	500

DES MOINES, IA 50314				
LEGAL AID SOCIETY OF DC 1331 H ST NW WASHINGTON, DC 20005	NONE	PUBLIC	EDUCATIONAL	500

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
MINKOFF CENTER	NONE	PUBLIC	CULTURE IN COMMUNITY	500

MINKOFF CENTER 12701 N SCOTTSDALE RD SCOTTSDALE, AZ 85254	NONE	POBLIC	CULTURE IN COMMUNITY	500
MOTHER JONES INVESTIGATIVE FUND	NONE	PUBLIC	ARTS AND CULTURE IN	100

SCOTTSDALE, AZ 85254				
MOTHER JONES INVESTIGATIVE FUND PO BOX 584 SAN FRANCISCO, CA 94104	NONE	PUBLIC	ARTS AND CULTURE IN COMMUNITY	100
NATIONAL CEOCRAPHIC SOCIETY	NONE	DUDLIC	EDUCATIONAL	100

MOTHER JONES INVESTIGATIVE FUND PO BOX 584 SAN FRANCISCO, CA 94104	NONE	PUBLIC	ARTS AND CULTURE IN COMMUNITY	100
NATIONAL GEOGRPHIC SOCIETY 1145 17TH ST NW	NONE	PUBLIC	EDUCATIONAL	100

SAN FRANCISCO, CA 94104			COMMUNITY	
NATIONAL GEOGRPHIC SOCIETY 1145 17TH ST NW WASHINGTON, DC 20036	NONE	PUBLIC	EDUCATIONAL	100

NATIONAL GEOGRPHIC SOCIETY 1145 17TH ST NW WASHINGTON, DC 20036	NONE	PUBLIC	EDUCATIONAL	100
Total			▶ 3a	65,848

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation 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 NICKIE DUDLEC 1 000

LANDER, WY 82520	NONE	POBLIC	CONSERVATION	1,000
PROJECT ANGEL HEART 4950 WASHINGTON STREET DENVER, CO 80216	NONE	PUBLIC	CHARITABLE - MEAL DELIVERY FOR THE ILL	2,000

DENVER, CO 80216				
ROCKY MOUNTAIN CONSERVANCY 1895 FALL RIVER RD ESTES PARK, CO 80517	NONE	PUBLIC	ENVIRONMENTAL	100
Total			▶ 3a	65,848

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

	or substantial contributor			
a Paid during the year				
ROOT CAPITAL INC 130 BISHOP ALLEN DRIVE 2ND FLOOR	NONE	PUBLIC	EDUCATIONAL	250

CAMBRIDGE, MA 02139				
SALISBURY HOUSE FOUNDATION 4025 TONAWANDA DRIVE DES MOINES, IA 50312	NONE	PUBLIC	CHARITABLE-PUBLIC ART	10

SALISBURY HOUSE FOUNDATION 4025 TONAWANDA DRIVE DES MOINES, IA 50312	NONE	PUBLIC	CHARITABLE-PUBLIC ART	100
SANTA FE DREAMER'S PROJECT PO BOX 8009 SANTA FE NM 87504	NONE	PUBLIC	COMMUNITY	500

DES MOINES, IA 50312				
SANTA FE DREAMER'S PROJECT PO BOX 8009 SANTA FE, NM 87504	NONE	PUBLIC	COMMUNITY	500
Total			▶ 3a	65,848

SANTA FE DREAMER'S PROJECT PO BOX 8009 SANTA FE, NM 87504	NONE	PUBLIC	COMMUNITY	50

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation 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 CCIENCE CENTED OF TOWA NONE DUDLIC CHARTTABLE CCTENICE 250

401 W MARTIN LUTHER KING JR PKY DES MOINES, IA 50309	NONE	PUBLIC	MUSEUM	250
STABLE 3070 RASMUSSEN ROAD STE 120	NONE	PUBLIC	CHARITABLE - NEONATAL CARE	600

DESTIGINES, IX SOSOS				
STABLE 3070 RASMUSSEN ROAD STE 120 PARK CITY, UT 84098	NONE	PUBLIC	CHARITABLE - NEONATAL CARE	600
TRHS FUNDATION4419 CENTER ST	NONE	PUBLIC	EDUCATIONAL	500

3070 RASMUSSEN ROAD STE 120 PARK CITY, UT 84098				
TRHS FUNDATION4419 CENTER ST DES MOINES, IA 50312	NONE	PUBLIC	EDUCATIONAL	500

Total .

65,848

■ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

TREES FOREVERSO W STH AVE	NONE	PUBLIC	ENVIRONMENTAL	150
a Paid during the year				
Name and address (nome or business)	or substantial contributor			

1			1	
TREES FOREVER80 W 8TH AVE MARION, IA 52302	NONE	PUBLIC	ENVIRONMENTAL	150
UNITED WAY OF CENTRAL IOWA	NONE	PUBLIC	CHARITABLE-EDUCATIONAL	17,350

MARION, IA 52302				
UNITED WAY OF CENTRAL IOWA 1111 9TH ST 300 DES MOINES, IA 50314	NONE	PUBLIC	CHARITABLE-EDUCATIONAL	17,350
UNIVERSITIES ALLIED WITH ESSENTIAL	NONE	PUBLIC	CHARITABLE - HEALTH AND	400

1111 9TH ST 300 DES MOINES, IA 50314			
UNIVERSITIES ALLIED WITH ESSENTIAL MEDICINE 1310 L ST NW STE 450 WASHINGTON, DC 20005	NONE	 CHARITABLE - HEALTH AND SERVICES	400

DES MOINES, IA 50314				
UNIVERSITIES ALLIED WITH ESSENTIAL MEDICINE 1310 L ST NW STE 450 WASHINGTON, DC 20005	NONE	PUBLIC	CHARITABLE - HEALTH AND SERVICES	400
Total			▶ 3a	65,848

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

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
UN HCR (REFUGEES)	NONE	PUBLIC	CHARITABLE - HEALTH AND	100

1310 L ST NW STE 450 WASHINGTON, DC 20005	NONE	FOBLIC	SERVICES	100
VALLEY AND MOIUNTAIN 5623 RAINER AVE S SEATTIE WA 98118	NONE	PUBLIC	COMMUNITY	250

WASHINGTON, DC 20005				
VALLEY AND MOIUNTAIN 5623 RAINER AVE S SEATTLE, WA 98118	NONE	PUBLIC	COMMUNITY	250
VARIETY CLUB OF IOWA 505 5TH AVE 310	NONE	PUBLIC	CHARITABLE - HEALTH AND SERVICES	500

Total			▶ 3a	65,848
VARIETY CLUB OF IOWA 505 5TH AVE 310 DES MOINES, IA 50309	NONE	PUBLIC	CHARITABLE - HEALTH AND SERVICES	500
5623 RAINER AVE S SEATTLE, WA 98118				

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

WASHINGTON HEBREW CONGREGATION 3935 MACOMB ST NW WASHINGTON, DC 20016	NONE	PUBLIC	RELIGIOUS	3,400
WASHINGTON PROJECT	NONE	PUBLIC	EDUCATIONAL	350

3935 MACOMB ST NW WASHINGTON, DC 20016				
WASHINGTON PROJECT 2124 8TH ST NW WASHINGTON, DC 20001	NONE	PUBLIC	EDUCATIONAL	350
WHITEROCK CONSERVANCY	NONE	PUBLIC	CHARITABLE - COMMUNITY AND	100

WASHINGTON PROJECT 2124 8TH ST NW WASHINGTON, DC 20001	NONE	PUBLIC	EDUCATIONAL	350
WHITEROCK CONSERVANCY 1436 IA-141 COON RAPIDS, IA 50058	NONE	PUBLIC	CHARITABLE - COMMUNITY AND RECREATION	100

WASHINGTON, DC 20001			
WHITEROCK CONSERVANCY 1436 IA-141 COON RAPIDS, IA 50058	NONE	 CHARITABLE - COMMUNITY AND RECREATION	100

65,848

Total .

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				
WORLD CENTRAL KITCHEN (BECK) 1342 FLORIDA AVENUE NW WASHINGTON, DC 20009	NONE	PUBLIC	COMMUNITY	100

WASHINGTON, DC 20009				
YOUNG WOMEN'S RESOURCE CENTER 818 5TH AVENUE DES MOINES. IA 50309	NONE	PUBLIC	CHARITABLE - PREGNANCY AND HEALTH SUPPORT	500

WASHINGTON, DC 20003				
YOUNG WOMEN'S RESOURCE CENTER 818 5TH AVENUE DES MOINES, IA 50309	NONE	PUBLIC	CHARITABLE - PREGNANCY AND HEALTH SUPPORT	500

Total			▶ 3a	65,848
DES MOINES, IA 50309			ITLALITI SOFFORT	
818 5TH AVENUE	···•···=		HEALTH SUPPORT	
TOOMS WOTTEN S RESOURCE CENTER	INONE	1.000	CITAL TREE TREE TABLE	300

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TY 2019 Accounting Fees Schedule							
	Name: HELEN J AND THOMAS NELSON URBAN SR						
	CHARITABLE FOUNDATION III						
EIN: 42-1441831							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

1,635

1,635

TAX PREP

erile GRAPHIC PHIIC - DO NOT PROCESS	AS Filed Data -	DLN. 9349131/010200
TY 2019 Investments Corpora	te Bonds Schedule	
Name:	HELEN J AND THOMAS NE	

CHARITABLE FOUNDATION III **EIN:** 42-1441831

ofile CRAPHIC print - DO NOT PROCESS | As filed Data -

CORPORATE BONDS

Investments Corporate Bonds Schedule		
Name of Bond	End of Year Book Value	End of Year Market Val

Investments Corporate Bonds Schedule	
Name of Bond	End of Year Book

Fair Market Value

409,478

363,971

DIN. 02/01217016260

erile GRAPHIC PHILL - DO NOT PROCESS	AS Filed Data -	DLN. 93491317010200
TY 2019 Investments Corpora	ite Stock Schedule	
•		
Name:	HELEN J AND THOMAS NE	LSON URBAN SR

DIN. 02/01217016260

603,566

575,437

CHARITABLE FOUNDATION III

EIN: 42-1441831

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CORPORATE STOCK

Investments Corporation Stock Schedule		
Name of Stock	End of Year Book	End of Year Fair
	Value	Market Value

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491317016260
TY 2019 Investments Governments	nent Obligat	ions Schedule	
Name:	HELEN J AND	THOMAS NELSON URBAN SR	
	CHARITABLE F	FOUNDATION III	
EIN:	42-1441831		
US Government Securities - End of Year Book Value:		98,642	
US Government Securities - End of Year Fair Market Value:		79,679	
State & Local Government Securities - End of Year Book Value:		0	
State & Local Government Securities - End of Year Fair Market Value:		0	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491317016260
TY 2019 Investments - Other S	Schedule		
Name:	HELEN J AND THON	MAS NELSON URBAN SR	
	CHARITABLE FOUN	DATION III	

EIN: 42-1441831			
Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value

AT COST

146,419

156,136

INVESTMENTS-OTHER

TY 2019 Other Income Schedule

Name: HELEN J AND THOMAS NELSON URBAN SR

CHARITABLE FOUNDATION III

EIN: 42-1441831

Other Income Schedule				
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income	
OTHER INCOME	33	33	33	
GAS & OIL PARTNERSHIPS	0	0	0	
RENTAL PARTNERSHIP	35,062	35,062	35,062	
OTHER PARTNERSHIP - BOOK TO TAX INCOME	7,430	7,430	7,430	

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLI	N: 93491317016260		
TY 2019 Other Professional Fees Schedule						
Name: HELEN J AND THOMAS NELSON URBAN SR						
CHARITABLE FOUNDATION III						
EIN: 42-1441831						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable		

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

15,556

15,556

INVESTMENT ADVISORY FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	D	LN: 93491317016260		
TY 2019 Taxes Schedule						
Name: HELEN J AND THOMAS NELSON URBAN SR						
CHARITABLE FOUNDATION III						
EIN: 42-1441831						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
FOREIGN INCOME TAXES	213	213		0		