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Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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 *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

Name of foundation
KYLE J AND SHARON KRAUSE FAMILY FOUNDATION

A Employer identification number
46-2098909

Number and street (or P.O. box number if mail is not delivered to street address)
1459 GRAND AVE

Room/suite

B Telephone number (see instructions)
(515) 221-1799

City or town, state or province, country, and ZIP or foreign postal code
DES MOINES, IA 503093005

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here..... ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 14,144,111

J Accounting method: ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	499,987			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	526	526		
	4	Dividends and interest from securities	180,144	180,144		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a _____				
	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	-774	-18,738		
	12	**Total.** Add lines 1 through 11	679,883	161,932		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	0	0		0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	7,486	3,743		3,743
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	10,288	5,088		0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)				
	24	**Total operating and administrative expenses.** Add lines 13 through 23	17,774	8,831		3,743
	25	Contributions, gifts, grants paid	553,181			553,181
	26	**Total expenses and disbursements.** Add lines 24 and 25	570,955	8,831		556,924
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	108,928			
	b	**Net investment income** (if negative, enter -0-)		153,101		
	c	**Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	335,726	199,677	199,677
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	6,564,494	6,937,011	13,944,434
	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)	6,900,220	7,136,688	14,144,111
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☐ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0	0	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	6,900,220	7,136,688	
	29 **Total net assets or fund balances** (see instructions)	6,900,220	7,136,688	
	30 **Total liabilities and net assets/fund balances** (see instructions)	6,900,220	7,136,688	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	6,900,220
2	Enter amount from Part I, line 27a	2	108,928
3	Other increases not included in line 2 (itemize) ▶	3	338,587
4	Add lines 1, 2, and 3	4	7,347,735
5	Decreases not included in line 2 (itemize) ▶	5	211,047
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	7,136,688

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h))
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a				
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	278,817	12,664,377	0.022016
2017	383,586	7,317,961	0.052417
2016	203,572	5,696,658	0.035735
2015	120,070	4,092,817	0.029337
2014	48,630	2,254,164	0.021573

2	**Total** of line 1, column (d)	2	0.161078
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.032216
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	12,970,057
5	Multiply line 4 by line 3	5	417,843
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	1,531
7	Add lines 5 and 6	7	419,374
8	Enter qualifying distributions from Part XII, line 4	8	556,924

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	1,531
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	1,531
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	1,531
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 1,955		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 3,500		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments. Add lines 6a through 6d.	7	5,455
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	3,924
11	Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ▶ 3,924 **Refunded** ▶	11	0

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0 **(2)** On foundation managers. ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ IA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation .*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ KYLE J KRAUSE Telephone no. ▶ (515) 221-1799

Located at ▶ 1459 GRAND AVE DES MOINES IA ZIP+4 ▶ 503093005

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

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

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		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? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(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)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		No
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? ☑ Yes ☐ No			
	If "Yes," list the years ▶ 2018 , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.)	2b	Yes	
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2019 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		No

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

			Yes	No
5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☑ No		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☑ No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	☑ Yes ☐ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b	Yes	
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☑ No		
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☑ No		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
KYLE J KRAUSE 1459 GRAND AVE DES MOINES, IA 503093005	PRESIDENT/TREASURER 1.00	0	0	0
SHARON S KRAUSE 1459 GRAND AVE DES MOINES, IA 503093005	VICE PRESIDENT/SECRETARY 1.00	0	0	0

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

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of others receiving over $50,000 for professional services. ▶		0

Part IX-A **Summary of Direct Charitable Activities**

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

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	12,860,633
b	Average of monthly cash balances	1b	121,877
c	Fair market value of all other assets (see instructions)	1c	185,061
d	**Total** (add lines 1a, b, and c)	1d	13,167,571
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	13,167,571
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	197,514
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	12,970,057
6	**Minimum investment return.** Enter 5% of line 5	6	648,503

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

1	Minimum investment return from Part X, line 6			1	648,503
2a	Tax on investment income for 2019 from Part VI, line 5	2a	1,531		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	1,531
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	646,972
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	646,972
6	Deduction from distributable amount (see instructions)			6	0
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	646,972

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	556,924
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	556,924
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	1,531
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	555,393

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				646,972
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			589,950	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				
f **Total** of lines 3a through e.	0			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 556,924				
a Applied to 2018, but not more than line 2a			556,924	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				0
e Remaining amount distributed out of corpus	0			
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:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b. Taxable amount —see instructions		0		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			33,026	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				646,972
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	0			
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. . . .				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c 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					
e 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:					
a "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 . . .					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

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

c Any submission deadlines:

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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				552,181
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	526	
4 Dividends and interest from securities			14	180,144	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a PARTNERSHIP INCOME - BOOK			14	-774	
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		179,896	0
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				13	179,896

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

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

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

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

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule.

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

******	2020-12-08	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
SHAWNA HULS		2020-12-08		P01315330
Firm's name ▶ RSM US LLP				Firm's EIN ▶42-0714325
Firm's address ▶ 201 FIRST ST SE STE 800 CEDAR RAPIDS, IA 524011512				Phone no. (319) 298-5333

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADEL WOMEN'S CLUB 1401 SOUTH 13TH STREET ADEL, IA 50003	NONE	PC	MEMORIAL	250
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVENUE FLOOR 17 CHICAGO, IL 60601	NONE	PC	HEALTH	50
AMERICAN FOUNDATION FOR SUICIDE PREVENTION 120 WALL STREEET NEW YORK, NY 10005	NONE	PC	HUMAN SERVICES	50
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICA'S FAMILY COACHES 5550 WILD ROSE LANE STE 400 WEST DES MOINES, IA 50266	NONE	PC	QUALITY OF LIFE	5,000
ANIMAL RESCUE LEAGUE OF IOWA 5452 NE 22ND STREET DES MOINES, IA 50313	NONE	PC	HUMAN SERVICES	50
AUTISM SOCIETY OF IOWA PO BOX 65311 WEST DES MOINES, IA 50265	NONE	PC	HEALTH	50
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKSPO BOX 3764 URBANDALE, IA 50323	NONE	PC	HEALTH	50
AVOW HOSPICE 1095 WHIPPOORWILL LANE NAPLES, FL 34105	NONE	PC	MEMORIAL	1,000
BLANK CANCER AND BLOOD DISORDER CENTER 1415 WOODLAND AVENUE STE 200 DES MOINES, IA 50309	NONE	PC	MEMORIAL	200
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS MID-IOWA COUNCIL 6123 SCOUT TRAIL DES MOINES, IA 50321	NONE	PC	EDUCATION	50
BOYS & GIRLS CLUB 1424 WALKER STREET DES MOINES, IA 50316	NONE	PC	EDUCATION	140
BOYS & GIRLS CLUB 1421 WALKER AVENUE DES MOINES, IA 50316	NONE	PC	EDUCATION	2,500
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF CENTRAL IOWA 1421 WALKER AVENUE DES MOINES, IA 50316	NONE	PC	EDUCATION	2,200
BOYS AND GIRLS CLUB OF CENTRAL IOWA 1421 WALKER AVENUE DES MOINES, IA 50316	NONE	PC	EDUCATION	50
BOYS AND GIRLS CLUB OF CENTRAL IOWA 1421 WALKER AVENUE DES MOINES, IA 50316	NONE	PC	EDUCATION	1,000
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRENTON ARBORETUM 25141 260TH STREET DALLAS CENTER, IA 50063	NONE	PC	ENVIRONMENTAL	500
BY DEGREES FOUNDATION 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	NONE	PC	EDUCATION	300
CATHOLIC DIOCESE OF DES MOINES 601 GRAND AVENUE DES MOINES, IA 50309	NONE	PC	FAITH	1,000
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC DIOCESE OF DES MOINES 601 GRAND AVENUE DES MOINES, IA 50309	NONE	PC	FAITH	2,400
CENTENNIAL ELEMENTARY PTA 910 7TH AVENUE SE ALTOONA, IA 50009	NONE	PC	EDUCATION	50
CENTRAL IOWA SHELTER & SERVICES 1420 MULBERRY STREET DES MOINES, IA 50309	NONE	PC	HUMAN SERVICES	200
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICKS WITH CHECKS 545 NE 6TH STREET EARLHAM, IA 50072	NONE	PC	EDUCATION	400
COMMUNITY FOUNDATION OF DES MOINES 1915 GRAND AVENUE DES MOINES, IA 50309	NONE	PC	QUALITY OF LIFE	15,000
COMMUNITY FOUNDATION OF DES MOINES 1915 GRAND AVENUE DES MOINES, IA 50309	NONE	PC	FAITH	5,000
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROCKER ELEMENTARY PTO 2910 SW APPLEWOOD STREET ANKENY, IA 50023	NONE	PC	EDUCATION	50
CUPID'S CHARITYPO BOX 913225 DENVER, CO 80291	NONE	PC	HUMAN SERVICES	50
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	NONE	PC	ARTS, CULTURE, HUMANITIES	800
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	NONE	PC	ARTS, CULTURE, HUMANITIES	3,750
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	NONE	PC	ARTS, CULTURE, HUMANITIES	250
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	NONE	PC	ARTS, CULTURE, HUMANITIES	6,000
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DES MOINES ART CENTER 4700 GRAND AVENUE DES MOINES, IA 50312	NONE	PC	ARTS, CULTURE, HUMANITIES	111
DES MOINES PERFORMING ARTS 221 WALNUT STREET DES MOINES, IA 50309	NONE	PC	ARTS, CULTURE, HUMANITIES	4,500
DES MOINES WINE FESTIVAL FOUNDATION 1011 LOCUST STREET STE 301 DES MOINES, IA 50309	NONE	PC	ARTS, CULTURE, HUMANITIES	400
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DMARC1435 MULBERRY STREET DES MOINES, IA 50309	NONE	PC	FAITH	50
DMARC1435 MULBERRY STREET DES MOINES, IA 50309	NONE	PC	FAITH	50
DMARC1435 MULBERRY STREET DES MOINES, IA 50309	NONE	PC	FAITH	50
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DMARC1435 MULBERRY STREET DES MOINES, IA 50309	NONE	PC	FAITH	50
DMARC1435 MULBERRY STREET DES MOINES, IA 50309	NONE	PC	FAITH	50
DMARC1435 MULBERRY STREET DES MOINES, IA 50309	NONE	PC	FAITH	50
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DMARC1435 MULBERRY STREET DES MOINES, IA 50309	NONE	PC	FAITH	50
DMARC1435 MULBERRY STREET DES MOINES, IA 50309	NONE	PC	FAITH	50
DMARC1435 MULBERRY STREET DES MOINES, IA 50309	NONE	PC	FAITH	50
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DMARC1435 MULBERRY STREET DES MOINES, IA 50309	NONE	PC	FAITH	50
DOWLING CATHOLIC HIGH SCHOOL FOUNDATION 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	NONE	PC	MEMORIAL	250
EVERYBODY WINS IOWA 901 WALNUT STREET DES MOINES, IA 50309	NONE	PC	EDUCATION	50
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF IOWA 2220 E 17TH STREET DES MOINES, IA 50316	NONE	PC	HUMAN SERVICES	1,000
GERMAN AMERICAN HERITAGE CENTER 712 W 2ND STREET DAVENPORT, IA 52802	NONE	PC	ARTS, CULTURE, HUMANITIES	1,000
GREATER DES MOINES HABITAT FOR HUMANITY 2200 E EUCLID AVENUE DES MOINES, IA 50317	NONE	PC	HUMAN SERVICES	50
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER DES MOINES LEADERSHIP INSTITUTE 700 LOCUST STREET STE 100 DES MOINES, IA 50309	NONE	PC	EDUCATION	100
GUT GEARS INC2838 FOREST DRIVE DES MOINES, IA 50312	NONE	PC	HUMAN SERVICES	250
HOPE ANIMAL RESCUEPO BOX 31222 DES MOINES, IA 50310	NONE	PC	HUMAN SERVICES	50
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOYT SHERMAN PLACE 1501 WOODLAND AVENUE DES MOINES, IA 50314	NONE	PC	ARTS, CULTURE, HUMANITIES	2,392
IOWA CITY RONALD MCDONALD HOUSE 730 HAWKINS DRIVE IOWA CITY, IA 52246	NONE	PC	HEALTH	100
IOWA HOMELESS YOUTH CENTER 612 LOCUST STREET DES MOINES, IA 50309	NONE	PC	HUMAN SERVICES	200
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IOWA MOTOR CARRIERS FOUNDATION 717 EAST COURT AVENUE DES MOINES, IA 50309	NONE	PC	QUALITY OF LIFE	5,000
ITALIAN AMERICAN CULTURAL CENTER 1961 INDIANOLA AVENUE DES MOINES, IA 50315	NONE	PC	ARTS, CULTURE, HUMANITIES	1,000
ITALIAN AMERICAN CULTURAL CENTER 1961 INDIANOLA AVENUE DES MOINES, IA 50315	NONE	PC	ARTS, CULTURE, HUMANITIES	1,900
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KICK IT FORWARD 301 E WALNUT STREET STE 1 DES MOINES, IA 50309	NONE	PC	ATHLETICS	1,000
KINNICKINNIC RIVER LAND TRUST 265 MOUND VIEW ROAD STE C PO BOX 87 RIVER FALLS, WI 54022	NONE	PC	MEMORIAL	250
KNOX BLOCKS FOUNDATION 1002 BISHOP AVENUE LA PORTE CITY, IA 50651	NONE	PC	HEALTH	50
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA MEN'S SOCCER NORVILLE CENTER 6526 N WINTHROP AVENUE CHICAGO, IL 60626	NONE	PC	EDUCATION	500
MADISON COUNTY FOUNDATION FOR ENVIRONMENTAL EDUCATION 2273 CLARK TOWER ROAD PO BOX 129 WINTERSET, IA 50273	NONE	PC	ENVIRONMENTAL	10,000
MARY'S MEALS75 ORCHARD STREET BLOOMFIELD, NJ 07003	NONE	PC	HUMAN SERVICES	50
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENACE SOCCER FOUNDATION 1459 GRAND AVENUE DES MOINES, IA 50309	NONE	PC	ATHLETICS	100
MERCYONE NORTH IOWA HOSPICE 232 2ND STREET SE MASON CITY, IA 50401	NONE	PC	MEMORIAL	250
MOMA11 W 53RD STREET NEW YORK, NY 10019	NONE	PC	ARTS, CULTURE, HUMANITIES	140
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL GALLERY OF ART 6TH STREET AND CONSTITUTION AVENUE NW WASHINGTON, DC 20565	NONE	PC	ARTS, CULTURE, HUMANITIES	25,000
NATIONAL GALLERY OF ART 6TH STREET AND CONSTITUTION AVENUE NW WASHINGTON, DC 20565	NONE	PC	ARTS, CULTURE, HUMANITIES	19,720
NEW LEADER'S COUNCIL 4005 WISCONSIN AVENUE 39123 WASHINGTON, DC 20016	NONE	PC	EDUCATION	50
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK PUBLIC RADIOPO BOX 1550 NEW YORK, NY 10112	NONE	PC	ARTS, CULTURE, HUMANITIES	1,000
PILLARS OF SACRED HEART 1627 GRAND AVENUE WEST DES MOINES, IA 50265	NONE	PC	FAITH	2,000
PINEHURST UNITED METHODIST CHURCH 4111 AIRPORT ROAD PINEHURST, NC 28374	NONE	PC	FAITH	50
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRIDE SPORTS LEAGUEPO BOX 146 DES MOINES, IA 50301	NONE	PC	ATHLETICS	50
RUTH HARBOR MINISTRIES 534 42ND STREET DES MOINES, IA 50312	NONE	PC	HUMAN SERVICES	3,200
SEASONS CENTER FOR BEHAVIORAL HEALTH 201 EAST 11TH STREET SPENCER, IA 51246	NONE	PC	MEMORIAL	250
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMASH SMARD3 LONDONDERRY LANE LINCOLNSHIRE, IL 60069	NONE	PC	HEALTH	50
ST AMBROSE CATHEDRAL 607 HIGH STREET DES MOINES, IA 50309	NONE	PC	FAITH	500
ST HYACINTH'S CHURCH 725 FOURTH STREET LASALLE, IL 61301	NONE	PC	MEMORIAL	250
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	PC	HEALTH	100
ST THOMAS MORE CENTER 6177 PANORAMA ROAD PANORA, IA 50216	NONE	PC	FAITH	5,000
ST VINCENT DEPAUL5711 SW 9TH DES MOINES, IA 50315	NONE	PC	FAITH	50
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST VINCENT DEPAUL5711 SW 9TH DES MOINES, IA 50315	NONE	PC	FAITH	50
ST VINCENT DEPAUL5711 SW 9TH DES MOINES, IA 50315	NONE	PC	FAITH	50
THE NATURE CONSERVANCY 505 FIFTH AVENUE DES MOINES, IA 50309	NONE	PC	ENVIRONMENTAL	10,000
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	NONE	PC	HEALTH	50
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET STE 100 DES MOINES, IA 50314	NONE	PC	MEMORIAL	250
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET STE 100 DES MOINES, IA 50314	NONE	PC	HUMAN SERVICES	4,000
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET STE 100 DES MOINES, IA 50314	NONE	PC	HUMAN SERVICES	100
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET STE 100 DES MOINES, IA 50314	NONE	PC	EDUCATION	6,000
UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT PO BOX 4550 IOWA CITY, IA 52244	NONE	PC	EDUCATION	5,000
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	NONE	PC	EDUCATION	10,000
UNIVERSITY OF IOWA STEAD FAMILY CHILDREN'S HOSPITAL 200 HAWKINS DR IOWA CITY, IA 52242	NONE	PC	MEMORIAL	250
US COMMITTEE FOR REFUGEES AND IMMIGRANTS 2231 CRYSTAL DRIVE STE 350 ARLINGTON, VA 22202	NONE	PC	HUMAN SERVICES	50
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
US SOCCER FOUNDATION 1140 CONNETICUT AVENUE WASHINGTON, DC 20063	NONE	PC	HUMAN SERVICES	250
YESS918 SE 11TH SREET DES MOINES, IA 50309	NONE	PC	HUMAN SERVICES	50
YOUNG WOMEN'S RESOURCE CENTER 818 5TH AVENUE DES MOINES, IA 50309	NONE	PC	HUMAN SERVICES	50
Total . . . . . ▶ **3a**				552,181

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF DES MOINES 1915 GRAND AVENUE DES MOINES, IA 50309	NONE	PC	COMMUNITY BETTERMENT	38,962
COMMUNITY FOUNDATION OF DES MOINES 1915 GRAND AVENUE DES MOINES, IA 50309	NONE	PC	COMMUNITY BETTERMENT	335,216
MERCY ONE DES MOINES FOUNDATION 411 LAUREL STREET SUITE 2250 DES MOINES, IA 50314	NONE	PC	COMMUNITY BETTERMENT	5,000
Total . . . . . ▶ **3a**				552,181

TY 2019 Accounting Fees Schedule

Name: KYLE J AND SHARON KRAUSE FAMILY FOUNDATION

EIN: 46-2098909

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	7,486	3,743		3,743

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491349001150

TY 2019 Investments - Other Schedule

Name: KYLE J AND SHARON KRAUSE FAMILY FOUNDATION

EIN: 46-2098909

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
VANGUARD INTL EQUITY INDEX	AT COST	1,635,344	1,767,031
VANGUARD EMERGING MARKETS ETF	AT COST	250,018	264,597
VANGUARD TOTAL STOCK MARKET ETF	AT COST	3,266,592	5,227,659
VANGUARD SHORT TERM INVESTMENT GRADE FD	AT COST	560,420	557,798
CAPITAL ALIGNMENT PARTNERS III	AT COST	185,061	185,061
AMAZON.COM INC	AT COST	581,221	4,155,792
FACEBOOK INC	AT COST	458,355	1,786,496

TY 2019 Other Decreases Schedule

Name: KYLE J AND SHARON KRAUSE FAMILY FOUNDATION

EIN: 46-2098909

Description	Amount
CONTRIBUTION OF APPRECIATED STOCK	211,047

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491349001150

TY 2019 Other Income Schedule

Name: KYLE J AND SHARON KRAUSE FAMILY FOUNDATION

EIN: 46-2098909

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PARTNERSHIP INCOME - NII		-18,738	
PARTNERSHIP INCOME - BOOK	-774		-774

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491349001150

TY 2019 Other Increases Schedule

Name: KYLE J AND SHARON KRAUSE FAMILY FOUNDATION

EIN: 46-2098909

Description	Amount
GRANT OF APPRECIATED STOCK	337,987
UNREALIZED LOSS ADJUSTMENT - CAPITAL ALIGNMENT PARTNERS II, LP	600

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491349001150

TY 2019 Taxes Schedule

Name: KYLE J AND SHARON KRAUSE FAMILY FOUNDATION

EIN: 46-2098909

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	5,088	5,088		0
EXCISE TAXES	5,200	0		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491349001150

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Name of the organization	Employer identification number
KYLE J AND SHARON KRAUSE FAMILY FOUNDATION	46-2098909

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

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

Name of organization	Employer identification number
KYLE J AND SHARON KRAUSE FAMILY FOUNDATION	46-2098909

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KYLE KRAUSE 6400 WESTON PKWY WEST DES MOINES, IA 50266	$ 499,987	☐ Person ☐ Payroll ☑ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
KYLE J AND SHARON KRAUSE FAMILY FOUNDATION	46-2098909

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	PUBLICLY TRADED SECURITIES	$ 499,987	2019-12-23
-		$	
-		$	
-		$	
-		$	
-		$	

Name of organization	Employer identification number
KYLE J AND SHARON KRAUSE FAMILY FOUNDATION	46-2098909

Part III *Exclusively* **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of** *exclusively* **religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee