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 publica

Open to Public Inspection ► Go to www irs gov/Form990PFfor instructions and the latest information. 07/01 , 2019, and ending 06/30,20 20 For calendar year 2019 or tax year beginning Name of foundation A Employer identification number TERESA TREAT STEARNS CHARITABLE TRUST 8118 42-6099826 Number and street (or P.O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 12333 UNIVERSITY AVENUE City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here. . . ليا CLIVE, IA 50325 G Check all that apply Initial return Initial return of a former public charity ${\bf D}$ 1 Foreign organizations, check here . Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change computation X Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . Fair market value of all assets at J Accounting method | X Cash | Accrual If the foundation is in a 60-month termination Other (specify) end of year (from Part II, col. (c), line ' under section 507(b)(1)(B), check here . (Part I, column (d), must be on cash basis) **16)** ▶ \$ 696,328 Part I Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) expenses per purposes ıncome ıncome may not necessarily equal the amounts in books (cash basis only) column (a) (see instructions).) Contributions, gifts, grants, etc., received (attach schedule) . if the foundation is not required to attach Sch B. Interest on savings and temporary cash investments. 14,369 14,369 STMT Dividends and interest from securities Gross rents Net rental income or (loss) 4,816 Net gain or (loss) from sale of assets not on line 10 6a 646,960 4.816 Capital gain net income (from Part IV, line 2) . 8 Net short-term capital gain. . . 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) 19,185 19,185 12 Total. Add lines 1 through 11 9,162 4,581 4.581 13 Compensation of officers, directors, trustees, etc . . . NONE NONE 14 Other employee salaries and wages NONE NONE 15 Pension plans, employee benefits 16a Legal fees (attach schedule) ŭ b Accounting fees (attach schedule) 405 405 c Other professional fees (attach schedule: 4. 17 18 Taxes (attach schedule) (see instructions). . . Admini 19 Depreciation (attach schedule) and depletion. 20 NONE NONE 21 Travel, conferences, and meetings and NONE NONE 22 Printing and publications Operating 25 Other expenses (attach schedule) STMT. 5. Total operating and administrative expenses. .581 9.569 4.988 NONE Add lines 13 through 23. 29,500 29,500 Contributions, gifts, grants paid 4.988 34,081 Total expenses and disbursements Add lines 24 and 25 39,069 NONE Subtract line 26 from line 12 -19,884 a Excess of revenue over expenses and disbursements 14,197 b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-).

JSA For Paperwork Reduction Act Notice, see instructions.

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Pa	rt II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		of year
			amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	ng			
İ	2	Savings and temporary of	cash investments	34,897.	27,856.	27,856
-		Accounts receivable		The state of the s	Fr & 1 in horam him a walsh in him ber him	Christian Carlo Control of Contro
		Less allowance for doub	otful accounts >		,	
	4	Pledges receivable ▶		133 milion 3 233 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s
		Less allowance for doub	otful accounts >	·		
	5	Grants receivable		<u>-</u>		
ı	6	Receivables due from	officers, directors, trustees, and other			
		disqualified persons (atta	ach schedule) (see instructions)			
İ	7		eceivable (attach schedule) 🕨			
		Less allowance for doub	otful accounts NONE			
ţ	8		se			
ssets			eferred charges			
	10a	Investments - U S and state	government obligations (attach schedule)	•		
	b	Investments - corporate	stock (attach schedule)			<u> </u>
			bonds (attach schedule)	n, , , , , , , , , , , , , , , , , , ,	12 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	11	Investments - land, building and equipment basis		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		Less accumulated deprecia (attach schedule)	ation >			
·	12	Investments - mortgage	loans			
	13 14	Investments - other (atta Land, buildings, and	ach schedule)	684,984.	672,219.	668,472
- 1	14,	equipment basis	· · · · · · · · · · · · · · · · · · ·	***	A Property of the Park of the	1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
,		Less accumulated deprecia (attach schedule)	ation			
	15	Other assets (describe				
'	16		completed by all filers - see the		700 075	606 220
+			age 1, Item I)		700,075	696,328
- 1	17		occrued expenses			[1] [1] [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2
	18			,		The transfer of the transfer o
ţį	19					
.=1	20.	•	ers, trustees, and other disqualified persons.			13 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ia.	21		otes payable (attach schedule)			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7	22	Other liabilities (describe	• ▶}}			T hay 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	23	Total liabilities (add line	es 17 through 22)		NON!	
\rightarrow			v FASB ASC 958, check here		110111	
Balances		and complete lines 24,			,	
an	24	•	or restrictions			
Bal	25	Net assets with donor re			-	
			ollow FASB ASC 958, check here			超到 [[] [] [] [] [] [] [] [] [] [] [] [] []
Fund		and complete lines 26 thre		'		
<u></u>	26	Capital stock, trust princ	cipal, or current funds	719,881.	700,075	
S	27		r land, bldg , and equipment fund		`	
Assets	28	Retained earnings, accumul	lated income, endowment, or other funds			
As	29	Total net assets or fund	d balances (see instructions)	719,881.	700,075	
امد	30	Total liabilities and	net assets/fund balances (see			
		instructions)	<u> </u>	719,881.	700,075	A STATE OF THE STA
	rt II		nges in Net Assets or Fund Bala			
1			balances at beginning of year - Part			
			d on prior year's return)			719,881.
			line 27a		2	-19,884.
3	Oth	er increases not includ	ded in line 2 (itemize) ► COST_BASIS_A	DJUSTMENT	3	78.
4						700,075.
5		reases not included in		,	5	
_6	Tota	al net assets or fund b	alances at end of year (line 4 minus	line 5) - Part II, column (b), line 29 <u> 6</u>	700,075.

Part IV Capital Gains	and Losses for Tax on Inve	stment Income			
(a) List and des	scribe the kind(s) of property sold (for exrick warehouse, or common stock, 200	• •	(b) How acquired P - Purchase D - Donation		(d) Date sold (mo , day, yr)
1 a PUBLICLY TRADED	SECURITIES				
b					
С					
d					
е				<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) min	us (g))
a 646,960.		642,111.	ļ. <u> </u>		4,849.
b					
С					
<u>d</u>					
е					
Complete only for assets sh	nowing gain in column (h) and owned b	· · · · · · · · · · · · · · · · · · ·		Gains (Col. (h) ga	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (ı) over col. (ı), ıf any	coi	(k), but not less t Losses (from co	i (h))
a					4,849.
b					
С					
d			ļ		
e		<u> </u>	 		
2 Capital gain net income	or (net canital loss)	osn, also enter in Part I, line 7 soss), enter -0- in Part I, line 7	2		4,816.
3 Net short-term capital g	ain or (loss) as defined in sections	1222(5) and (6)			
If gain, also enter in F	Part I, line 8, column (c). See ins	tructions. If (loss), enter -0- in			
	<u> </u>		3		
Part V Qualification L	<u> Inder Section 4940(e) for Red</u>	uced Tax on Net Investment I	ncome	_	
	the section 4942 tax on the distrib		ase perio	d?	Yes X No
	mount in each column for each yea		ng any en	itries.	
(a) Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col (b) divided by	
Calendar year (or tax year beginning in) 2018	33,697.	671,732.		(cor (b) divided by	0.050164
2017	43,290.	762,730.			0.056757
2016	35,438.	740,296.			0.047870
2015	37,953.	731,529.			0.051882
2014	39,040.	804,838.			0.048507
2 Total of line 1, column	(d)		2		0.255180
	io for the 5-year base period - divid				
	e foundation has been in existence		3		0.051036
4 Enter the net value of n	oncharitable-use assets for 2019 fr	om Part X, line 5	4		673,358.
5 Multiply line 4 by line 3			5		34,365.
6 Enter 1% of net investm	nent income (1% of Part I, line 27b)		6		142.
7 Add lines 5 and 6			7		34,507.
8 Enter qualifying distribu	itions from Part XII, line 4		8		34,081.
If line 8 is equal to or Part VI instructions.	greater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% ta	x rate. See th

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	148 -	see i	nstru	ctions	s)	
1a	Exempt operating foundations described in section 4940(d)(2), check here		8 . 1 .		12		
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)	, , , , , , , , , , , , , , , , , , ,		2 1121	,		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			2	284.	
	here and enter 1% of Part I, line 27b			âr d	5 - 75 ·	' 1' 1' 1	
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of	111	- 4, 91-5	,", {'', {'', }'', }	, , , , , , , , , , , , , , , , , , , ,	355 F.	
	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			N	<u>ione</u>	
3	Add lines 1 and 2	3			2	<u> 284.</u>	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4			N	<u>IONE</u>	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5		1 10 20	2	<u> 284.</u>	
6	Credits/Payments L. Credits/Payments					-i, -i	
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 45.			u h	, xj., ^	***,	
b	Exempt foreign organizations - tax withheld at source		, , , , , , , , , , , , , , , , , , ,	de la la la la la la la la la la la la la		h	
	Tax paid with application for extension of time to file (Form 8868) 6c NONE			17, 1		1991	
d	Backup withholding erroneously withheld	, <u> </u>	1 <u>1</u> 1 1 1		, ^e .,	أنسب	
7	Total credits and payments. Add lines 6a through 6d	7				<u>45.</u>	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	_				
9	Tax add it the total of miles a that a list miles it, since the control of the co	9			2	<u>239.</u>	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				•		
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ► NONE Refunded ► 1	1			_		
_	VII-A Statements Regarding Activities			7 1		г	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	or di	d ıt	*, 1	Yes	No	
	participate or intervene in any political campaign ⁷			1a		<u> X</u>	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?				,	3,7	
	instructions for the definition			1 b	7 3 - ¹ 97	X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any	mate	rials	4,0	, -q1	1.5	
	published or distributed by the foundation in connection with the activities			4 -		لينا	
	Did the foundation file Form 1120-POL for this year?		• •	1c	13 18 3	<u>^</u>	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				1 m 3		
	(1) On the foundation ► \$ (2) On foundation managers ► \$	-		ا آراء المارات المارات المارات	J. 18. 1 =	}	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax in	mpose	a ,				
_	on foundation managers. \$			2	1) 1)	X	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	• • •	• •	1 1 1	;; - _{1,23,±} ,		
	If "Yes," attach a detailed description of the activities.			, »^,°,	, 1, 1°, 1°, 1°, 1°, 1°, 1°, 1°, 1°, 1°,		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	_11.00.00.75.20	X	
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X	
	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?		• •	5		X	
5	If "Yes," attach the statement required by <i>General Instruction T</i> .		• •	A , ,	1,,77		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or			~ Jp. ,		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	 By state legislation that effectively amends the governing instrument so that no mandatory direct 	tions	that	,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1 12	-ibranium	
	conflict with the state law remain in the governing instrument?			6	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), an			7	Х		
' 8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			11 (2.51)		3,4	
	IA				324		
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorne	y Ger	neral	1, 1 1; 1, 1 1;	· , ; ,		
	(or designate) of each state as required by General Instruction G ² If "No," attach explanation	•		8b	X		
9	ls the foundation claiming status as a private operating foundation within the meaning of section 494			7,71	let i n.		
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV.						-
	complete Part XIV			9		X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule lis						
_	names and addresses			10		<u> </u>	
_				~~	Λ DE		

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Part	t VII-A Statements Regarding Activities (continued)				
	·	1,1 3	Y	es	No
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	<u>1</u> 1	<u> </u>		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqua	lified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12	2		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applica-	tion? 13	<u> </u>	X	
	Website address ►				
14	The books are in care of ▶ FIRST AMERICAN BANK Telephone no. ▶ (515)		06		
	Located at ► 12333 UNIVERSITY AVENUE, CLIVE, IA ZIP+4 ► 503	25			
15					Ш
	and enter the amount of tax-exempt interest received or accrued during the year		17		NI-
16	,		-+-	es	No
	over a bank, securities, or other financial account in a foreign country?	16		'." x	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name	ne of∣;	90 J. (1) 8. 3 (1)	711, 13	
В.	the foreign country	313	33°, f,b	<u>. </u>	;
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	3.5	Ty	es	No
4-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	,	-	1.	- 1
ıa	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 X	No	ş	,, f	, ,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		ار ان		
		No		"	. हे
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No	-1-]	'E
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	4,5			83
		No			1.50 m 1.88
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	- 4-		25	
	foundation agreed to make a grant to or to employ the official for a period after	, 1 a	-	1 1	
	termination of government service, if terminating within 90 days.)	No		, <u>,</u> ,	j i j
b	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described	d in 🕍		: ' ¹ L 250	
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	<u>1</u> 1	b		Х
	Organizations relying on a current notice regarding disaster assistance, check here	h, 3			1.
С	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?	10	C		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a pi	ıvate		1	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	(1) 1 (1) 1			,
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	T.	٠, ,,		3,25
		No 5,,		,,	
	If "Yes," list the years				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942	(3)			
	(relating to incorrect valuation of assets)' to the year's undistributed income? (If applying section 4942(a)(2	2i			أسلكستت
	all years listed, answer "No" and attach statement - see instructions)	,,'	-		:
С	_	, <u>a</u>		,	<u>*</u> [4
	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			
Ja		No			
	o If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation		, "	s. >* h	· ,
L	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by		' -		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the laps		· . [, '	,,,,,	
	the 10-, '15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if	1.3		<u>]</u> []	i in i
	foundation had excess business holdings in 2019)	ا ا	b	********	
4.5	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purp	—			X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardiz	1	نا أنا		ا زادان استوالی شد
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2		b _		X

Part	VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Req	uired (continued,			
. 5a	During the year, did the foundation pay or incur any amo	unt to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influen	ice legislation (section	n 4945(e))?	. Yes X	No		ļ
	(2) Influence the outcome of any specific public ele	ction (see section 4	1955), or to carry or				l
	directly or indirectly, any voter registration drive?			. Yes X	No		ļ
	(3) Provide a grant to an individual for travel, study, or of	ther similar purposes	·	. X YesI	No		Ì
	(4) Provide a grant to an organization other than a	charitable, etc., org	anization described i	n — —			1
	section 4945(d)(4)(A)? See instructions				No		
	(5) Provide for any purpose other than religious, ch						
	purposes, or for the prevention of cruelty to children	or anımals ⁷		. Yes XI	No O		
b	If any answer is "Yes" to 5a(1)-(5), did any of the				,		ليب
	Regulations section 53.4945 or in a current notice regard	ding disaster assistan	ce? See instructions.		<u>5b</u>		X
	Organizations relying on a current notice regarding disas	ter assistance, check	here	!	▶∟		
c	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t		.		
	because it maintained expenditure responsibility for the g	grant?		Yes I	No		
	If "Yes," attach the statement required by Regulations see						
6a	Did the foundation, during the year, receive any fun						
	on a personal benefit contract?						
b	Did the foundation, during the year, pay premiums, direct	tly or indirectly, on a	personal benefit contra	ict'	. <u>6b</u>		<u> X</u>
_	If "Yes" to 6b, file Form 8870.					ŀ	
7a	At any time during the tax year, was the foundation a par			_	***************************************		
ь	If "Yes," did the foundation receive any proceeds or have			•	. <u>7b</u>	-	
8	Is the foundation subject to the section 4960 tax on pays			. Yes X	No.		
Dar	remuneration or excess parachute payment(s) during the VIII Information About Officers, Director					1	
	and Contractors						
1	List all officers, directors, trustees, and foundation	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expen	50 2000	ınt
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensatio	othoral	lowance	
SEE	STATEMENT 6						
			9,162.				
			<u></u>		<u></u>		
2	Compensation of five highest-paid employees "NONE."	(other than thos	se included on lin	e 1 - see instruc	tions). If n	one,	enter
	NOTAL.	(b) Title, and average		(d) Contributions to			
(a)	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	(e) Expen	se acco Iowanc	
		devoted to position		compensation			
NON		1					
NON			NONE	NONE	1 7		
	E		NONE	NONE	<u> </u>	NONE	
	Ε		NONE	NONE	1	<u> IONE</u>	
_	E		NONE	NONE	1	NONE_	
	E			NONE	1	NONE	
	Ε		NONE 	NONE	1	NONE	
	E			NONE	1	NONE	
	E			NONE	1	NONE	
	E			NONE	1	NONE	
Total	number of other employees paid over \$50,000		•	•		NONE	

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Part	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em and Contractors (continued)	ployees,
3	ive highest-paid independent contractors for professional services. See instructions. If none, enter "N	ONE."
•	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON		NONE NONE
Total	umber of others receiving over \$50,000 for professional services	► NONE
Part	X-A Summary of Direct Charitable Activities	
List	he foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number nizations and other beneficiaries served, conferences convened, research papers produced, etc.	of Expenses
1 N	VE	
174	<u> </u>	-
_		-
2		
		-
_		_
3		
٦_		-
_		-
" –		-
_		-
Part	X-B Summary of Program-Related Investments (see instructions)	
	ribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N		
174	NE	-
_		
<u>-</u> -		
- 2		-
_		-
	her program-related investments. See instructions	
3 <u>N</u>	NE	-
_		-
Total	Add lines 1 through 2	•
rotal	Add lines 1 through 3	- 000 DE

LOUITI	42-00)		· age •
Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	_583, <u>3</u> 87.
	Average of monthly cash balances	1b	100,225.
С	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	683,612.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	683,612.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	10,254.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	673,358.
6	Minimum investment return. Enter 5% of line 5	6	33,668.
Par	Distributable Amount (see Instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part.)	ndations	
1	Minimum investment return from Part X, line 6	1	33,668.
2 a	Tax on investment income for 2019 from Part VI, line 5 2a 284 .		
	Income tax for 2019. (This does not include the tax from Part VI.) . 2b]]	
С	Add lines 2a and 2b	2c	284.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	33,384.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	33,384.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	33,384.
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	34,081.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	NONE
	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	34,081.
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 N	/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4		34,081.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		

Form **990-PF** (2019)

Page 9

Pa	t XIII Undistributed Income (see instr	uctions)			
		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI,	Corpus	Tears prior to 2010		
	line 7	*			33,384.
	Undistributed income, if any, as of the end of 2019			29,295.	
	Enter amount for 2018 only		NONE	23,233.	
	Total for prior years 20,20		NONE		
	Excess distributions carryover, if any, to 2019 From 2014 NONE	1			
	From 2014 NONE NONE				
_	From 2016 NONE				
	From 2017 NONE				
	From 2018 NONE				
	Total of lines 3a through e	NONE			
	Qualifying distributions for 2019 from Part XII,				-
·	line 4 ▶ \$ 34,081.				
а	Applied to 2018, but not more than line 2a			29,295.	
ь	Applied to undistributed income of prior years				
_	(Election required - see instructions)		NONE		
c	Treated as distributions out of corpus (Election				
	required - see instructions)	NONE			
d	Applied to 2019 distributable amount				4,786.
	Remaining amount distributed out of corpus	NONE			
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	NONE			NONE
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONB			
Ŀ	Prior years' undistributed income. Subtract				
	line 4b from line 2b		NONE		
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		NONE		
c	Subtract line 6c from line 6b Taxable		MONT		
,	amount - see instructions		NONE_		
•	4a from line 2a Taxable amount - see instructions				
f	Undistributed income for 2019. Subtract lines				
	4d and 5 from line 1. This amount must be				20 500
	distributed in 2020				28,598.
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)	NONE			
۵	Excess distributions carryover from 2014 not				
8	applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2020.				
_	Subtract lines 7 and 8 from line 6a	NONE			
10	Analysis of line 9				
	Excess from 2015 NONE				
ŀ	Excess from 2016 NONE				
•	Excess from 2017 NONE				
•	Excess from 2018 NONE				
	Excess from 2019 NONE				- 000 PF

SEE ATTACHED STATEMENT FOR LINE 2

SEE ATTACHED STATEMENT FOR LINE 2

Form **990-PF** (2019)

c Any submission deadlines.

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

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid Duri	ng the Year or App	roved for	Future Payment	
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
SEE STATEMENT 16				29,500.
DEB SIMILMENT TO				25,500.
			i i	
			•	
			1	
			1	
	,,,			
Total	· · · · · · · · · · · · · · · · · · ·		▶ 3a	29,500.
b Approved for future payment				
			:	
				•
				:
•				
	-1		▶ 2b	

Part XVI-A Analysis of Income-Produ	ucing Act	ivities			
Enter gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
a			_		(OCC MON GENERAL)
b					· · · · · · · · · · · · · · · · · · ·
c					
d					
е					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments -					
4 Dividends and interest from securities			14	14,369.	
5 Net rental income or (loss) from real estate			ļ		
a Debt-financed property			1		· · · · · · · · · · · · · · · · · · ·
b Not debt-financed property					
6 Net rental income or (loss) from personal property			<u> </u>		
7 Other investment income			1.0	4 016	-
8 Gain or (loss) from sales of assets other than inventory	<u> </u>		18	4,816.	
9 Net income or (loss) from special events · · ·					
10 Gross profit or (loss) from sales of inventory			 		
11 Other revenue a			-		
b			 		
c				•	
d			+		
6				19,185.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)			l		
(See worksheet in line 13 instructions to verify calci					17,103.
Part XVI-B Relationship of Activities		ccomplishment of E	xempt Pur	poses	
Line No. Explain below how each activit				<u></u>	utad importantly to the
1					
accomplishment of the foundation	on a exemp	nt purposes (other than	by providing	g tatios for such purpose	3). (DCC 111311 dCt10113.)
				. <u></u>	
					
					
		NOT APPLICABI	ĿΕ		
					
		_		_	
		_		<u> </u>	• •
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				·	
					
		···			-
		.			

Part XVII	Information Regarding Tra Organizations	ansfers to and Transac	tions and	Relationships With Nonchar	itable Ex	empt
1 Did the	organization directly or indirectly	engage in any of the follo	owing with a	ny other organization described	Yes	No
	ion 501(c) (other than section					!
organiz						
	rs from the reporting foundation t	o a noncharitable exempt o	rganization o	·f·		
				···	1a(1)	$\tilde{\mathbf{x}}^2$
					1a(1)	X
					14(2)	 ^
	ransactions.					· •
						X
						X
						X
						X
(5) Loa	ns or loan guarantees				1b(5)	X
(6) Perf	formance of services or membersl	nip or fundraising solicitatio	ns		1b(6)	X
c Sharing	of facilities, equipment, mailing le	sts, other assets, or paid em	nplovees		1c	Х
				Column (b) should always show		narket
				n. If the foundation received less		
				e of the goods, other assets, or s		
(a) Line no		f noncharitable exempt organization		escription of transfers, transactions, and share		
(a) Lille 110	(b) Amount modived (c) Name o	Thoriciantable exempt organization	(0,00	samplion of transfers, transactions, and shall	mg arrangem	-
	-		· · · -			
1.		-				
		·				
						
					 	
	foundation directly or indirectly a					
describ	ed in section 501(c) (other than s	ection 501(c)(3)) or in secti-	on 527?		Yes	X No
b if "Yes,"	complete the following schedule	•				
	(a) Name of organization	(b) Type of organizat	tion	(c) Description of relation	ship	
						
				-		
Lindor	populting of popular I deglars that I have over	mined this rature including accompan	nuna schodules an	nd statements, and to the best of my knowledge	and heliof i	t is true
	t, and complete Declaration of preparer (other tha	n taxpayer) is based on all information of			jo and benef, i	. 13 1100,
Sign 📝	we know when the	ce-fres.dent		May the IR:	discuss this	return
. T	amin Compliance	08/19/2020	TRUS	STEE with the pro	eparer shown	below?
Here Sign	ature of officer or trustee	Date	Title	See instruction	ns XYes	No
FI	RST AMERICAN BANK	^				
· · ·	Print/Type preparer's name	Preparer's sign fure		Date Check If	PTIN	
Paid	DOUG HART		-	08/19/2020 self-employed	P002418	31
Preparer	Firm's name TRUST PROCE	ESSING SOLUTIONS			0604131	
Jse Only				THIISEIN P UL	<u> </u>	
Jae Omy			45150 O	004	74-8805	
	MILFORD, C	<u> </u>	45150-08		74-8805 rm 990-PF	

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	
INVESCO DIVERSIFIED DIVIDEND Y	897	. 897.	
,		٠	
2.4500% 12	α	. 62	
	133 374	. 37	
AMERICAN EXPRESS	22		
AMGEN INC ANHEUSER BUSCH INBEV ADR	T []		
	α		
BMO HARRIS BK NTL ASSN CD 2.4000% 07/0 BLACKPOCK COMMON	303	30	
C H ROBINSON WORLDWIDE INC	16		
	10		
	10		
COMCAST CORP NEW CL A	32		
	\vdash		
DELAWARE EMERGING MARKETS INST'L DELAWARE SMI, CAP VAI,	300	30	
DISCOVER BANK CD 2.6500% 04/1	S	99	
Y CO	30		
ECOLAB INC	15		
EQUINIX INC FIDELITY NATI, INFORMATION SVCS	3. 13.	∵	
MS	l O	62	
ALUE EQUITY	1,371	. 1,37	
GOLDMAN SACHS INTERNATIONAL SMALL CAP	σ	. 59	
	ν) τ		
ᅺ	ው ተ ው	40	
HAKIFOKU COKE EQUIII I HOME DEPOT INC	บ 4	. 4	
HONEYWELL INTL INC COM			
GE CAP VALUE	73	. 73	
	8118	(
1		9	

STATEMENT

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	30 m	444.	٠,	1,191.	19.	21.					\vdash		414.		1 (1)				4 4 V		∞	m (. 24.		./ 1			17
REVENUE AND EXPENSES PER BOOKS				1,191.	19.	21.		10. 192			Н		_ (. 77	1 (^				1 4 		4	α	24.	12.	·/ -	33.	8118	
RIPTI	JANUS ENTERPRISE I	I	MCCORMICK & CO-NON VTG SHRS	GOVERNMENT	MORGAN STANLEY INSTL LODTY GOVT SECS POR	CORP	OTIS WORLDWIDE CORP	PIONEER NATURAL RESOURCES COM Deincidel min cad blend	PRINCIPAL SMALL- MIDCAP DIVIDEND INC INS	QUALCOMM INC COM	ES CORP	GROWTH I	SAFRA NTL BK NY INSTL CD 2.5000% 09/1	CHAKLES SCHWAB CORP TOM BK N B TBMDB FT. 2 3500% 10/	NC COM	ENTIF	UNITED PARCEL SERVICE INC CL B	ALTH GROUP INC.	VANGUAKU INDEA FUS SML CF GKW ELF VANGTIARD INDEX FUS GROWTH FTF	INDEX FDS VALUE E	ESTABLISHED VA	·/·		CI A	THS MAKKIT LID SHS	ARKET DISCO	HBQ721 T31V 08/19/2020 14:51:39	

N

STATEMENT

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME PER BOOKS REVENUE AND EXPENSES

14,369.

DESCRIPTION

TOTAL

14,369.

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STATEMENT

STATEMENT

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

NET INVESTMENT INCOME	405.
REVENUE AND EXPENSES PER BOOKS	405.
	EES (NON-DED TOTALS
DESCRIPTION	INVESTMNT MNGMNT FEES (NON-DED TOTALS

8118

- OTHER EXPENSES FORM 990PF, PART I

EXPENSES PER BOOKS REVENUE AND

INVESTMENT INCOME

11111

OTHER EXPENSE (NON-DEDUCTIBLE

DESCRIPTION

. 7

TOTALS

2

20

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STATEMENT

8118

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES _______

OFFICER NAME:

FIRST AMERICAN BANK

ADDRESS:

12333 UNIVERSITY AVE

CLIVE, IA 50325

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 4

9,162. COMPENSATION

OFFICER NAME:

KEVIN BAHRENFUSS

ADDRESS:

1325 DES MOINES ST

WEBSTER CITY, IA 50595

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

MARJORIE GROVES

ADDRESS:

2995 NEELY AVENUE

JEWELL, IA 50130

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

ROGER LENZ

ADDRESS:

1403 WILSON AVENUE

WEBSTER CITY, IA 50595

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:
DOROTHY BOHAN

ADDRESS:

1903 BEACH STREET

WEBSTER CITY, IA 50595

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

GAYLE OLSON

ADDRESS:

1609 WHITE FOX ROAD WOOLSTOCK, IA 50599

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

TOTAL COMPENSATION:

9,162.

==========

TERESA TREAT STEARNS CHARITABLE TRUST 8118 FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

FIRST AMERICAN BANK

ADDRESS:

1207 CENTRAL AVENUE

FORT DODGE, IA 50501

RECIPIENT'S PHONE NUMBER: 515-955-0681

FORM, INFORMATION AND MATERIALS:

AVAILABLE UPON REQUEST

SUBMISSION DEADLINES:

MAY 25TH ANNUALLY

RESTRICTIONS OR LIMITATIONS ON AWARDS:

GRADUATE OF WEBSTER CITY, IOWA HIGH SCHOOL

RECIPIENT NAME:

UNIVERSITY OF NORTHERN IOWA

ADDRESS:

OFFICE OF FINANCIAL AID-SCHOLARSHIP

CEDAR FALLS, IA 50614

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SCHOLARSHIPS

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

UNIVERSITY OF IOWA

ADDRESS:

OFFICE OF STUDENT FINANCIAL AID 208

IOWA CITY, 52242

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SCHOLARSHIPS

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

RIVERVIEW EARLY CHILDHOOD CENTER

ADDRESS:

705 ODELL STREET

WEBSTER CITY, 50595

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL FINANCIAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 2,000.

TERESA TREAT STEARNS CHARITABLE TRUST 8118 42-6099826 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

YOUTH & FAMILY CENTER OF HAMILTON COUNTY

RECIPIENT NAME:

IOWA STATE UNIVERSITY

FINANCIAL AID SCHOLARSHIP OFFICE 210

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SCHOLARSHIPS

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

ASBURY LEARNING CENTER

ADDRESS:

921 DES MOINES STREET

WEBSTER CITY, IA 50595

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL FINANCIAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

HAMILTON COUNTY CONSERVATION

ADDRESS:

2490 BRIGGS WOODS TRAIL

WEBSTER CITY, IA 50595

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL FINACIAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

TERESA TREAT STEARNS CHARITABLE TRUST 8118 42-6099826 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: JANE YOUNG HOUSE ADDRESS: 623 ELM STREET WEBSTER CITY, IA 50595 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL FINANCIAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC RECIPIENT NAME: UPPER DES MOINES OPPORTUNITY AMOUNT OF GRANT PAID 2,500. RECIPIENT NAME: ALLEN COLLEGE OFFICE OF FINANCIAL AID ADDRESS: 1825 LOGAN AVE WATERLOO, IA 50703 RELATIONSHIP: NONE PURPOSE OF GRANT: SCHOLARSHIPS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 6,000. RECIPIENT NAME: WEBSTER CITY CHURCH OF CHRIST ADDRESS: 900 DES MOINES STREET WEBSTER CITY, IA 50595 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL FINALCIAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID

2,000.

TERESA TREAT STEARNS CHARITABLE TRUST 8118 42-6099826 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

ARTS R ALIVE IN WEBSTER CITY

ADDRESS:

704 SOUTH STREET ATTN KAY HARFST

WEBSTER CITY, IA 50595

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL FINANCIAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

IOWA CENTRAL COMMUNITY COLLEGE

ADDRESS:

ONE TRITON CIRCLE

FORT DODGE, IA 50501

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SCHOLARSHIPS

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

HAMILTON COUNTY ISU EXTENSION

RECIPIENT NAME:

YOUR OWN UNITED RESOURCES

ADDRESS:

214 S 13TH ST

FORT DODGE, IA 50501

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL FINANCIAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

TERESA TREAT STEARNS CHARITABLE TRUST 8118 42-6099826 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

YOUTH AND SHELTER SERVICES INC

ADDRESS:

712 BURNETT AVE AMES, IA 50010

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL FINANCIAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

MIGHTY TROJAN CHILDCARE CENTER

ADDRESS:

606 ILLINOIS ST

BLAIRSBURG, IA 50034

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL FINANCIAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

GRAND VIEW UNIVERSITY

ADDRESS:

1200 GRAND AVE

DES MOINES, IA 50316

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SCHOLARSHIPS

FOUNDATION STATUS OF RECIPIENT:

РC

RECIPIENT NAME:

HAMILTON COUNTY CEMETERY PRESERVATION

SOCIETY

ADDRESS:

2550 STAGECOACH ROAD WEBSTER CITY, IA 50595

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL FINANCIAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

HAWKEYE COMMUNITY COLLEGE

STUDENT FINANCIAL AID

ADDRESS:

1501 E ORANGE RD

WATERLOO, IA 50704

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SCHOLARSHIPS

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

N-COMPASS INC

ATTN: BRIAN SOENEN

ADDRESS:

PO BOX 74

MARION, IA 52302

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL FINANCIAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

TERESA TREAT STEARNS CHARITABLE TRUST 8118 42-6099826 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: HAMILTON HERITAGE HUNTERS PAT JUON, TREASURER ADDRESS: 2209 350TH ST STANHOPE, IA 50246 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL FINANCIAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 500. RECIPIENT NAME: ST. NORBERT COLLEGE ADDRESS: 100 GRANT ST. DE PERE, WI 54115 RELATIONSHIP: NONE PURPOSE OF GRANT: SVCHOLARSHIP FOUNDATION STATUS OF RECIPIENT: 2,000. AMOUNT OF GRANT PAID RECIPIENT NAME: YSS OF HAMILTON COUNTY ATTN: JANE ADAMS DIRECTOR ADDRESS: 1611 PROSPECT WEBSTER CITY, IA 50595 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL FINANCIAL SUPPORT FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

1,500.

AMOUNT OF GRANT PAID 4,000.

GENERAL FINALCIAL SUPPORT FOUNDATION STATUS OF RECIPIENT:

PC

TOTAL GRANTS PAID: 29,500.