

For calendar year 2019, or tax year beginning 08-01-2019, and ending 07-31-2020

Name of foundation LSB FOUNDATION		A Employer identification number 20-1653464	
Number and street (or P.O. box number if mail is not delivered to street address) PO BOX E		Room/suite	
		B Telephone number (see instructions) (319) 788-6441	
City or town, state or province, country, and ZIP or foreign postal code REINBECK, IA 506690159		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 52,312	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/>	

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)	230,039			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	671	671		
	4 Dividends and interest from securities	202	202		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	148			
	b Gross sales price for all assets on line 6a 7,013				
	7 Capital gain net income (from Part IV, line 2)		148		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	231,060	1,021		
	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)	2,700	1,350		1,350
	c Other professional fees (attach schedule)	1,289	644		645
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	-28	-14		-14
	24 Total operating and administrative expenses. Add lines 13 through 23	3,961	1,980		1,981
	25 Contributions, gifts, grants paid	231,920			231,920
	26 Total expenses and disbursements. Add lines 24 and 25	235,881	1,980		233,901
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-4,821			
	b Net investment income (if negative, enter -0-)		0		
	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 (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	51,274	40,442	40,442
	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)	4,475	10,486	11,870
	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)			
	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)	55,749	50,928	52,312	
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 ▶ <input type="checkbox"/> 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 ▶ <input checked="" type="checkbox"/> 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	55,749	50,928	
	29	Total net assets or fund balances (see instructions)	55,749	50,928	
30	Total liabilities and net assets/fund balances (see instructions) .	55,749	50,928		

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	55,749
2	Enter amount from Part I, line 27a	2	-4,821
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	50,928
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	50,928

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.)
1 a DNP SELECT INCOME FD INC	P		
b WELLS FARGO BANK NA	P		
c			
d			
e			

(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 13			13
b 7,000		6,865	135
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			13
b			135
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div style="display: flex; align-items: center; justify-content: center;"> <div style="font-size: 2em; margin-right: 5px;">{</div> <div style="text-align: left; font-size: 0.8em;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> <div style="font-size: 2em; margin-left: 5px;">}</div> </div>	2	148
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	<div style="display: flex; align-items: center; justify-content: center;"> <div style="font-size: 2em; margin-right: 5px;">{</div> <div style="text-align: left; font-size: 0.8em;"> If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 </div> <div style="font-size: 2em; margin-left: 5px;">}</div> </div>	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	237,136	66,495	3.566223
2017	221,477	74,001	2.992892
2016	206,601	72,018	2.868741
2015	166,590	54,064	3.081348
2014	286,073	76,053	3.761495

2 Total of line 1, column (d)	2	16.270699
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	3.254140
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	52,094
5 Multiply line 4 by line 3	5	169,521
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7 Add lines 5 and 6	7	169,521
8 Enter qualifying distributions from Part XII, line 4	8	233,901

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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	0
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	0
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	0
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	33
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	33
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	33
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 33 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?		No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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.</i>		No
c Did the foundation file Form 1120-POL for this year?		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? <i>If "Yes," attach a detailed description of the activities.</i>		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? <i>If "Yes," attach a conformed copy of the changes</i>		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		No
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		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?	Yes	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	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? <i>If "No," attach explanation .</i>	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. <i>If "Yes," complete Part XIV</i>		No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		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? Website address ▶ <u>N/A</u>	13	Yes	
14	The books are in care of ▶ <u>JIM THIELEN</u> Telephone no. ▶ <u>(319) 233-1900</u>			

Located at ▶ 242 TOWER PARK DRIVE WATERLOO IA ZIP+4 ▶ 50701

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ▶ <input type="checkbox"/>			
	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	Yes	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <input type="checkbox"/>	1b	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 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	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>	
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? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.	6b	No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
See Additional Data Table				

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	6,474
b	Average of monthly cash balances.	1b	46,413
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	52,887
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	52,887
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	793
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	52,094
6	Minimum investment return. Enter 5% of line 5.	6	2,605

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	2,605
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	2,605
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	2,605
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	2,605

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	233,901
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	233,901
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	233,901

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				2,605
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.	282,270			
b From 2015.	163,887			
c From 2016.	203,000			
d From 2017.	217,777			
e From 2018.	233,811			
f Total of lines 3a through e.	1,100,745			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 233,901				
a Applied to 2018, but not more than line 2a			0	
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.				2,605
e Remaining amount distributed out of corpus	231,296			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,332,041			
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.			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	282,270			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	1,049,771			
10 Analysis of line 9:				
a Excess from 2015.	163,887			
b Excess from 2016.	203,000			
c Excess from 2017.	217,777			
d Excess from 2018.	233,811			
e Excess from 2019.	231,296			

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 <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
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 <input type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: JOAN RICE 242 TOWER PARK DRIVE WATERLOO, IA 50701 (319) 233-1900
b The form in which applications should be submitted and information and materials they should include: APPLICATIONS FOR GRANTS ARE AVAILABLE AT THE OFFICES OF LINCOLN SAVINGS BANK
c Any submission deadlines: APPLICATIONS ARE REVIEWED AS RECEIVED ON A QUARTERLY BASIS. ALL TIMES ARE SPECIFIED ON THE GRANT.
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: GRANTS ARE MADE ONLY TO TAX QUALIFIED ORGANIZATIONS WITH IN THE GEOGRAPHIC MARKETS SERVED BY LINCOLN SAVINGS BANK

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	231,920
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated.

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.)

Form **990-PF** (2019)

Part XVII

		Yes	No
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1a(1)		No
1a(2)		No

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1b(1)	No
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1b(2)		No
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1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)	No
--------------	-----------

1b(6)		No
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1c		No
----	--	----

value
ue


[illegible]

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 	*****	2020-09-22	*****	<div style="border: 1px solid black; padding: 5px;"> May the IRS discuss this return with the preparer shown below (see instr.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>
	_____ Signature of officer or trustee	_____ Date	_____ Title	

Paid Preparer Use Only	JULIE ELIAS		2020-09-21		
	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

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MILT DAKOVICH	CHAIRMAN 0.50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
JEFFREY DRALLE	VICE CHAIRMAN 0.50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
MICHAEL PETERSON	SECRETARY 0.50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
STEVE BROUWER	TRUSTEE 0.50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
ERICK SKOVGARD	TRUSTEE 0.50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
DAVID DEEDS	TRUSTEE 0.50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
W SCOTT BUSH	TRUSTEE 0.50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
DENNIS PRESNALL	TRUSTEE 0.50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
SALLY HOLLIS	TRUSTEE 0.50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
LINDA ALLEN	TRUSTEE 0.50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				
TONY SCAVUZZU	TRUSTEE 0.50	0	0	0
242 TOWER PARK DRIVE WATERLOO, IA 50701				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ADM SCHOLARSHIP FOUNDATION 215 NORTH 11TH STREET ADEL, IA 50003	NONE	PC	GENERAL OPERATING	1,000
ALLEN FOUNDATION 1825 LOGAN AVENUE WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	5,250
ALLISON LITTLE LAMBS 721 CHERRY STREET ALLISON, IA 50602	NONE	PC	GENERAL OPERATING	1,000
Total ▶ 3a				231,920

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALTERNATIVES PREGNANCY CENTER 1006 DECATHLON DR WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	700
ALZHEIMER'S ASSOCIATION 317 7TH AVE SE UNIT 402 CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING	1,860
AMANI COMMUNITY SERVICES 1073 ROCKFORD RD SW CEDAR RAPIDS, IA 52404	NONE	PC	GENERAL OPERATING	1,000
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN CANCER SOCIETY 225 N MICHIGAN AVE 1210 CHICAGO, IL 60601	NONE	PC	GENERAL OPERATING	800
AMERICAN RED CROSS 6300 ROCKWELL DR NE CEDAR RAPIDS, IA 52402	NONE	PC	GENERAL OPERATING	5,770
ANKENY DOLLARS FOR SCHOLARS 406 SW SCHOOL STREET ANKENY, IA 50023	NONE	PC	DOLLARS FOR SCHOLARS	1,000
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
APLINGTON-PARKERSBURG DOLLARS FOR SCHOLARS PO BOX 669 PARKERSBURG, IA 50665	NONE	PC	DOLLARS FOR SCHOLARS	1,000
BEAU'S BEAUTIFUL BLESSINGS PO BOX 1232 CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	1,000
BEL CANTO CEDAR VALLEY 3117 GREENHILL CIRCLE CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	1,500
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BELLA'S BUDDIES 3209 W COUNTY ROAD 212 BUFFALO, TX 75831	NONE	PC	GENERAL OPERATING	500
BIG BROTHERS BIG SISTERS OF CENTRAL IOWA 9051 SWANSON BLVD CLIVE, IA 50325	NONE	PC	GENERAL OPERATING	2,480
BIG BROTHERS BIG SISTERS OF NORTHEAST IOWA 2530 UNIVERSITY AVE STE 8 WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	670
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BIT TO BYTE STEM HUB 1805 COLLABORATION PLACE AMES, IA 50010	NONE	PC	GENERAL OPERATING	1,800
BLUE LIPS FOUNDATION3201 163RD ST URBANDALE, IA 50323	NONE	PC	GENERAL OPERATING	1,500
BOYS & GIRLS CLUB OF CEDAR VALLEY 515 LIME ST WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	5,656
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BRISTOW BETTERMENT29048 290TH ST NEW HARTFORD, IA 50660	NONE	PC	GENERAL OPERATING	250
BUTLER COUNTY CONSERVATION BOARD 28727 TIMBER RD CLARKSVILLE, IA 50619	NONE	PC	GENERAL OPERATING	279
BUTLER COUNTY VISIONS OF WELL-BEING PO BOX 744 ALLISON, IA 50602	NONE	PC	GENERAL OPERATING	500
Total ▶ 3a				231,920

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CAMP HERTKO HOLLOW 501 GRAND AVENUE DES MOINES, IA 50309	NONE	PC	GENERAL OPERATING	1,000
CATHOLIC CHARITIES 420 6TH STREET SE CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING	300
CEDAR BEND HUMANE SOCIETY INC 1166 W AIRLINE HWY WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	5,807
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CEDAR FALLS COMMUNITY MAIN STREET 310 E 4TH ST CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	1,000
CEDAR FALLS COMMUNITY SCHOOLS FOUNDATION 602 MAIN STREET CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	600
CEDAR FALLS HISTORICAL SOCIETY 308 W 3RD ST CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	2,500
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CEDAR FALLS LUTHERAN HOME 7511 UNIVERSITY AVE CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	1,000
CEDAR VALLEY CANCER COMMITTEE 1753 W RIDGEWAY AVE WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	1,000
CEDAR VALLEY HOSPICE 2101 KIMBALL AVE STE 401 WATERLOO, IA 50702	NONE	PC	GENERAL OPERATING	1,328
Total ▶ 3a				231,920

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CEDAR VALLEY HOSPITALITY HOUSE 1003 MULBERRY ST WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	1,000
CEDAR VALLEY MAKERS 360 WESTFIELD AVE WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	100
CEDAR VALLEY UNITED WAY 425 CEDAR ST STE 300 WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	200
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CHICKASAW COUNTY HISTORICAL SOCIETY 3009 GILMORE AVENUE IONIA, IA 50645	NONE	PC	GENERAL OPERATING	1,500
CHILDREN AND FAMILIES OF IOWA 1111 UNIVERSITY AVE DES MOINES, IA 50314	NONE	PC	GENERAL OPERATING	1,000
CHILDREN'S CANCER CONNECTION 2708 GRAND AVE DES MOINES, IA 50312	NONE	PC	GENERAL OPERATING	500
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHRISTIAN COMMUNITY DEVELOPMENT DBA HOUSE OF HOPE 1744 2ND AVE SE CEDAR RAPIDS, IA 52403	NONE	PC	GENERAL OPERATING	3,500
CITY OF ALLISON 410 NORTH MAIN STREET ALLISON, IA 50602	NONE	GOV	GENERAL OPERATING	2,500
CITY OF GARWIN208 MAIN STREET GARWIN, IA 50632	NONE	GOV	GENERAL OPERATING	5,000
Total ▶ 3a				231,920

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CITY OF REINBECK414 MAIN STREET REINBECK, IA 50669	NONE	GOV	GENERAL OPERATING	3,682
COMMUNITY FOUNDATION OF NORTHEAST IOWA 425 CEDAR ST STE 310 WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	3,000
COURAGE LEAGUE SPORTS 4405 121ST ST URBANDALE, IA 50323	NONE	PC	GENERAL OPERATING	1,500
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CULTUREALL INCPO BOX 3913 URBANDALE, IA 50323	NONE	PC	GENERAL OPERATING	1,000
CYCLONE REGIONAL TRAINING CENTER INC 3103 NW 89TH AVE ANKENY, IA 50023	NONE	PC	GENERAL OPERATING	1,000
DES MOINES AREA RELIGIOUS COUNCIL 1435 MULBERRY ST DES MOINES, IA 50309	NONE	PC	GENERAL OPERATING	1,500
Total ▶ 3a				231,920

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DES MOINES HERITAGE TRUST 120 E 5TH ST DES MOINES, IA 50309	NONE	PC	GENERAL OPERATING	1,500
DES MOINES WATER WORKS PARK FOUNDATION 2201 GEORGE FLAGG PKWY DES MOINES, IA 50321	NONE	PC	GENERAL OPERATING	5,000
DO BETTER BE BETTER185 FAIRWAY DR DIKE, IA 50624	NONE	PC	GENERAL OPERATING	200
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DRAKE UNIVERSITY LAW SCHOOL 2507 UNIVERSITY AVE DES MOINES, IA 50311	NONE	PC	GENERAL OPERATING	1,000
EASTER SEALS2920 30TH ST DES MOINES, IA 50310	NONE	PC	GENERAL OPERATING	1,000
EVERYBODY WINS IOWA 901 WALNUT ST 640 DES MOINES, IA 50309	NONE	PC	GENERAL OPERATING	500
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FAMILY & CHILDREN'S COUNCIL 316 W 5TH ST WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	1,000
FATHER BRUNKAN CHARITY FUND ST MARY PARISH ST MARY CATHOLIC CHURCH PO BOX 480 GREENE, IA 506360480	NONE	PC	GENERAL OPERATING	200
FIRST ROBOTICS COMPETITION IOWA 214 EAST BARTLETT HALL CEDAR FALLS, IA 50614	NONE	PC	GENERAL OPERATING	1,000
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
FRIENDS OF THE FAMILY 5250 N PARK PL NE 105 CEDAR RAPIDS, IA 52402	NONE	PC	GENERAL OPERATING	1,160
FRIENDS OF THE IOWA VETERANS CEMETERY 34024 VETERANS MEMORIAL DR ADEL, IA 50003	NONE	PC	GENERAL OPERATING	1,500
FRIENDS OF THE LIBRARY 450 5TH AVENUE SE CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING	200
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GIRL SCOUTS OF GREATER IOWA 10715 HICKMAN RD URBANDALE, IA 50322	NONE	PC	GENERAL OPERATING	330
GLADBROOK-REINBECK DOLLARS FOR SCHOLARS 300 CEDAR ST REINBECK, IA 50669	NONE	PC	DOLLARS FOR SCHOLARS	2,000
GMG FOUNDATION306 PARK ST GARWIN, IA 50632	NONE	PC	GENERAL OPERATING	1,000
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
GRANDVIEW CHRISTIAN SCHOOL 2905 NE 46TH AVE DES MOINES, IA 50317	NONE	GOV	GENERAL OPERATING	3,000
GRAY WARRIORS1514 ALGONQUIN DR CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	1,500
GREATER CEDAR VALLEY ALLIANCE FOUNDATION RIVER PLAZA BUILDING 10 W 4TH ST WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	5,000
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
GREENE AMERICAN LEGION 10068 SANDHILL RD GREENE, IA 50636	NONE	PC	GENERAL OPERATING	600
GREENE AREA CHAMBER OF COMMERCE 202 W SOUTH ST GREENE, IA 50636	NONE	PC	GENERAL OPERATING	100
GREENE BETTERMENT COUNCIL 202 W SOUTH ST GREENE, IA 50636	NONE	PC	GENERAL OPERATING	300
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GREENE FIREFIGHTERS ASSN 213 N 2ND ST GREENE, IA 50636	NONE	GOV	GENERAL OPERATING	250
GREENE VOLUNTEER AMBULANCE SERVICE 213 N 2ND ST GREENE, IA 50636	NONE	GOV	GENERAL OPERATINGGENERAL OPERATING	250
GRIN & GROW LTD 1407 INDEPENDENCE AVE WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	4,260
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GRINNELL BIG BROTHERS BIG SISTERS 31 S 1ST STREET MARSHALLTOWN, IA 50158	NONE	PC	GENERAL OPERATING	65
GRINNELL NEWBURG DOLLARS FOR SCHOLARS PO BOX 344 GRINNELL, IA 50112	NONE	PC	DOLLARS FOR SCHOLARS	1,000
GRINNELL TIGERS BOOSTER CLUB 1333 SUNSET ST GRINNELL, IA 50112	NONE	PC	GENERAL OPERATING	4,000
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GROUT MUSEUM DISTRICT 503 SOUTH ST WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	1,000
GRUNDY CENTER HIGH SCHOOL 1301 12TH ST GRUNDY CENTER, IA 50638	NONE	GOV	GENERAL OPERATING	3,000
GRUNDY CO MEMORIAL HOSPITAL 201 E J AVE GRUNDY CENTER, IA 50638	NONE	PC	GENERAL OPERATING	3,000
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GRUNDY COMMUNITY PRESCHOOL & CHILDCARE CENTER 1001 8TH ST GRUNDY CENTER, IA 50638	NONE	PC	GENERAL OPERATING	1,000
HARTMAN RESERVE NATURE CENTER 657 RESERVE DR CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	240
HAWKEYE COMMUNITY COLLEGE FOUNDATION 1501 EAST ORANGE ROAD PO BOX 8015 WATERLOO, IA 50704	NONE	PC	GENERAL OPERATING	5,000
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HAWKEYE COMMUNITY COLLEGE 1501 EAST ORANGE ROAD WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	1,000
HEART OF IOWA BIG BROTHERS BIG SISTERS 31 S 1ST STREET MARSHALLTOWN, IA 50158	NONE	PC	GENERAL OPERATING	500
HOSPICE OF CENTRAL IOWA 3000 EASTON BLVD 3 DES MOINES, IA 50317	NONE	PC	GENERAL OPERATING	1,000
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HUDSON EDUCATION FUND 245 S WASHINGTON HUDSON, IA 50643	NONE	PC	GENERAL OPERATING	1,000
IMMIGRANT ENTREPRENEURS SUMMIT 3816 INGERSOLL AVE DES MOINES, IA 50312	NONE	PC	GENERAL OPERATING	1,000
IMPACT COMMUNITY ACTION PARTNERSHIP 115 N 2ND AVE E NEWTON, IA 50208	NONE	PC	GENERAL OPERATING	1,500
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
IOWA ARTS IN EDUCATION DBA ARTFORCE IOWA 900 MULBERRY ST DES MOINES, IA 50309	NONE	PC	GENERAL OPERATING	1,000
IOWA COLLEGE FOUNDATION 505 5TH AVE 1034 DES MOINES, IA 50309	NONE	PC	GENERAL OPERATING	6,000
IOWA HEARTLAND HABITAT FOR HUMANITY 4107 HAMMOND AVE WATERLOO, IA 50701	NONE	PC	GENERAL OPEARTING	2,552
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
IOWA INTERNATIONAL CENTER 3839 MERLE HAY RD 259 DES MOINES, IA 50310	NONE	PC	GENERAL OPERATING	1,500
JANESVILLE COMMUNITY CENTER INC 307 MAPLE STREET JANESVILLE, IA 50647	NONE	PC	GENERAL OPERATING	1,000
JAY N DARLING LEGACY CENTER 2507 UNIVERSITY AVE DES MOINES, IA 50311	NONE	PC	GENERAL OPERATING	500
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JDRF GREATER IOWA 4515 FLEUR DR UNIT 203 DES MOINES, IA 50321	NONE	PC	GENERAL OPERATING	1,000
JUNIOR ACHIEVEMENT OF EASTERN IOWA INC 425 CEDAR ST STE 300 WATERLOO, IA 50701	NONE	PC	GENERAL OPERATING	2,936
KIDQUEST DAYCARE427 NASH ST APLINGTON, IA 50604	NONE	PC	GENERAL OPERATING	3,100
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KNOX BLOCKS FOUNDATION 1002 BISHOP AVE LA PORTE CITY, IA 50651	NONE	PC	GENERAL OPERATING	1,935
LOVE INC OF THE CEDAR VALLEY 4807 UNIVERSITY AVE SUITE 202 CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	1,000
LUTHERAN SERVICES IN IOWA INC 904 W 4TH ST WATERLOO, IA 50702	NONE	PC	GENERAL OPERATING	2,500
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MAGICAL MIX KIDS 721 SHIRLEY STREET CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	360
MAIN STREET ADEL CHAMBER OF COMMERCE 301 S 10TH STREET ADEL, IA 50003	NONE	PC	GENERAL OPERATING	5,000
MEALS FROM THE HEARTLAND 357 LINCOLN ST WEST DES MOINES, IA 50265	NONE	PC	GENERAL OPERATING	2,500
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MERCYONE HOUSE OF MERCY 1409 CLARK ST DES MOINES, IA 50314	NONE	PC	GENERAL OPERATING	1,000
NASHUA COMMUNITY FOUNDATION 612 GREELEY ST NASHUA, IA 50658	NONE	GOV	GENERAL OPERATING	1,000
NATIONAL WRESTLING HALL OF FAME 405 W HALL OF FAME AVE STILLWATER, OK 74075	NONE	PC	GENERAL OPERATING	1,200
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NORTH BUTLER HIGH SCHOOL 201 NORTH 5TH STREET GREENE, IA 50636	NONE	GOV	SCHOLARSHIP FUND	2,000
NORTHEAST IOWA FOOD BANK 106 E 11TH ST WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	3,480
ONE CITY UNITED 907 INDEPENDENCE AVE WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	1,000
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OPERATING THRESHOLD 1535 LAFAYETTE STREET WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	270
PEO INTERNATIONAL CHAPTER CC 3700 GRAND AVENUE DES MOINES, IA 50312	NONE	PC	GENERAL OPERATING	300
PIED PIPER PRESCHOOL 1108 S MAIN STREET TRAER, IA 50675	NONE	PC	GENERAL OPERATING	480
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
POLK COUNTY HOUSING TRUST FUND 108 3RD ST 350 DES MOINES, IA 50309	NONE	PC	GENERAL OPERATING	1,000
QUOTA INTERNATIONAL OF WATERLOO 2746 HIGHVIEW AVE WATERLOO, IA 50702	NONE	PC	GENERAL OPERATING	500
REINBECK DAYCARE120 CEDAR STREET REINBECK, IA 50669	NONE	PC	GENERAL OPERATING	3,000
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
REINBECK FIRE DEPARTMENT 208 BROAD STREET REINBECK, IA 50669	NONE	GOV	GENERAL OPERATING	4,000
RETRIEVING FREEDOM1152 230TH ST WAVERLY, IA 50677	NONE	PC	GENERAL OPERATING	1,330
ROBERT D AND BILLIE RAY CENTER 2702 FOREST AVE DES MOINES, IA 50311	NONE	PC	GENERAL OPERATING	5,000
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SALVATION ARMY OF WATERLOO CEDAR FALLS 218 LOGAN AVE WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	2,360
SINGLE PARENT PROVISION 2041 GRAND AVE D WEST DES MOINES, IA 50265	NONE	PC	GENERAL OPERATING	1,500
SOUTH TAMA HIGH SCHOOL 1715 HARDING ST TAMA, IA 52339	NONE	GOV	DOLLARS FOR SCHOLARS	1,000
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SOUTH TAMA MUSIC BOOSTERS 1715 HARDING ST TAMA, IA 52339	NONE	PC	GENERAL OPERATING	1,000
SPREAD THE CAREPO BOX 82 CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	3,000
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	PC	GENERAL OPERATING	100
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST TIMOTHY LUTHERAN PRESCHOOL 1 THELMA STREET HUDSON, IA 50643	NONE	PC	GENERAL OPERATING	2,500
ST FRANCIS MANOR2021 4TH AVE GRINNELL, IA 50112	NONE	PC	GENERAL OPERATING	1,000
STARTS RIGHT HERE455 SW 5TH ST DES MOINES, IA 50309	NONE	PC	GENERAL OPERATING	2,500
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE ALS ASSOCIATION IOWA CHAPTER 3636 WESTOWN PKWY STE 204 DES MOINES, IA 50266	NONE	PC	GENERAL OPERATING	1,000
THE JOB FOUNDATION 4600 UNIVERSITY AVE SUITE 1 CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	500
TOLEDO COMMUNITY THEATRE GUILD S CHURCH ST TOLDEDO, IA 52342	NONE	PC	GENERAL OPERATING	2,000
Total ▶ 3a				231,920

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNI FOUNDATION1227 W 27TH ST CEDAR FALLS, IA 50614	NONE	PC	GENERAL OPERATING	400
UNI PANTHER SCHOLARSHIP CLUB 1227 W 27TH ST CEDAR FALLS, IA 50614	NONE	PC	GENERAL OPERATING	600
UNIVERSITY OF IOWA FOUNDATION ONE WEST PARK ROAD IOWA CITY, IA 52242	NONE	PC	GENERAL OPERATING	1,200
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VOLUNTEER CENTER OF CEDAR VALLEY 2101 KIMBALL AVE STE 136 WATERLOO, IA 50702	NONE	PC	GENERAL OPERATING	1,300
WATERLOO COMMUNITY SCHOOL DISTRICT 1516 WASHINGTON ST WATERLOO, IA 50702	NONE	GOV	GENERAL OPERATING	500
WATERLOO COMMUNITY FOUNDATION 425 CEDAR ST STE 320 WATERLOO, IA 50704	NONE	PC	GENERAL OPERATING	2,500
Total ▶ 3a				231,920

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WATERLOO VISITING NURSES 2530 UNIVERSITY AVE WATERLOO, FL 50701	NONE	PC	GENERAL OPERATING	1,360
WATERLOO-CEDAR FALLS SYMPHONY GALLAGHER BLUEDORN PAC CEDAR FALLS, IA 50613	NONE	PC	GENERAL OPERATING	1,000
WAUKEE BETTERMENT FOUNDATION 230 W HICKMAN RD WAUKEE, IA 50263	NONE	PC	GENERAL OPERATING	1,000
Total ► 3a				231,920

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WAUKEE SCHOOLS FOUNDATION 560 SE UNIVERSITY AVE WAUKEE, IA 50263	NONE	PC	GENERAL OPERATING	1,000
WINNEBAGO COUNCIL BOY SCOUTS 2929 AIRPORT BLVD WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	500
WOUNDED WARRIOR PROJECT PO BOX 758517 TOPEKA, KS 66675	NONE	PC	GENERAL OPERATING	1,970
Total ▶ 3a				231,920

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YMCA OF GREATER DES MOINES 401 E ARMY POST RD DES MOINES, IA 50315	NONE	PC	GENERAL OPERATING	2,500
YOUTH EMERGENCY SERVICES & SHELTER 918 SE 11TH STREET DES MOINES, IA 50309	NONE	PC	GENERAL OPERATING	1,000
YWCA OF BLACK HAWK COUNTY 425 LAFAYETTE ST WATERLOO, IA 50703	NONE	PC	GENERAL OPERATING	4,000
Total ▶ 3a				231,920

TY 2019 Accounting Fees Schedule**Name:** LSB FOUNDATION**EIN:** 20-1653464

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	2,700	1,350		1,350

TY 2019 Investments Corporate Stock Schedule

Name: LSB FOUNDATION

EIN: 20-1653464

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
DNP SELECT INCOME FUND	4,475	5,804
VANGUARD ST INV GRADE BOND FUND	6,011	6,066

TY 2019 Other Expenses Schedule**Name:** LSB FOUNDATION**EIN:** 20-1653464**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS EXPENSE	-28	-14		-14

TY 2019 Other Professional Fees Schedule**Name:** LSB FOUNDATION**EIN:** 20-1653464

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FIDUCIARY FEES	1,289	644		645

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491281011030	
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 LSB FOUNDATION				Employer identification number 20-1653464	

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 33¹/₃% 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
LSB FOUNDATIONEmployer identification number
20-1653464**Part I****Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LINCOLN SAVINGS BANK 508 MAIN ST REINBECK, IA 50669	\$ 190,830	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	TUCKER RAGSDALE FUND 508 MAIN ST REINBECK, IA 50669	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization LSB FOUNDATION	Employer identification number 20-1653464
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Employer identification number

20-1653464

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	
	_____	_____	
	_____	_____	
	_____	_____	
(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	
	_____	_____	
	_____	_____	
	_____	_____	