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

Return of Private Foundation

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

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

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 09-01-2019 , and ending 08-31-2020

Name of foundation
NEW CHARITABLE FOUNDATION
C/O NEW COOPERATIVE FOUNDATION

A Employer identification number
45-2633915

Number and street (or P.O. box number if mail is not delivered to street address)
2626 1ST AVENUE SOUTH

Room/suite

B Telephone number (see instructions)
(515) 955-2040

City or town, state or province, country, and ZIP or foreign postal code
FORT DODGE, IA 505014381

C If exemption application is pending, check here ▶ ☐

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

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

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

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

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 9,155

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

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

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

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	172,750			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	5	5		
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a _____				
	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	172,755	5		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	0	0		0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)				
	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)	9,684	0		0
	24	**Total operating and administrative expenses.** Add lines 13 through 23	9,684	0		0
	25	Contributions, gifts, grants paid	144,187			144,187
	26	**Total expenses and disbursements.** Add lines 24 and 25	153,871	0		144,187
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	18,884			
	b	**Net investment income** (if negative, enter -0-)		5		
	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	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	-9,729	9,155	9,155
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	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)	-9,729	9,155	9,155
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☑ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions	-9,729	9,155	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 **Total net assets or fund balances** (see instructions)	-9,729	9,155	
	30 **Total liabilities and net assets/fund balances** (see instructions)	-9,729	9,155	

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	-9,729
2	Enter amount from Part I, line 27a	2	18,884
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	9,155
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	9,155

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h))
a				
b				
c				
d				
e				

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

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	158,704	13,564	11.700383
2017	171,180	28,730	5.958232
2016	135,600	25,567	5.303712
2015	138,970	21,190	6.558282
2014	153,925	19,665	7.827358

2	**Total** of line 1, column (d)	2	37.347967
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	7.469593
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	20,597
5	Multiply line 4 by line 3	5	153,851
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7	Add lines 5 and 6	7	153,851
8	Enter qualifying distributions from Part XII, line 4	8	144,187

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	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: 0		
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	0
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	0
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

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

Part VII-A Statements Regarding Activities (continued)

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

Website address ▶ N/A

14 The books are in care of ▶ LORI OSTERBERG Telephone no. ▶ (515) 955-2040

Located at ▶ 2626 1ST AVENUE SOUTH FORT DODGE IA ZIP+4 ▶ 505014381

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

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

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 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? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2019 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		No

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

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

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

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

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
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	0
b	Average of monthly cash balances	1b	20,911
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	20,911
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	20,911
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	314
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	20,597
6	**Minimum investment return.** Enter 5% of line 5	6	1,030

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	1,030
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	1,030
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	1,030
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	1,030

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	144,187
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	144,187
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	144,187

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				1,030
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. 152,942				
b From 2015. 137,910				
c From 2016. 134,322				
d From 2017. 169,743				
e From 2018. 158,026				
f **Total** of lines 3a through e.	752,943			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 144,187				
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.				1,030
e Remaining amount distributed out of corpus	143,157			
5 Excess distributions carryover applied to 2019.	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	896,100			
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) . . .	152,942			
9 **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a	743,158			
10 Analysis of line 9:				
a Excess from 2015. . . . 137,910				
b Excess from 2016. . . . 134,322				
c Excess from 2017. . . . 169,743				
d Excess from 2018. . . . 158,026				
e Excess from 2019. . . . 143,157				

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

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

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

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . .					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

See Additional Data Table

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

See Additional Data Table

c Any submission deadlines:

See Additional Data Table

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

See Additional Data Table

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				144,187
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

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

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

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

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

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

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

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

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

b If "Yes," complete the following schedule.

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

Sign Here

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

******	2021-01-11	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
DENNIS GARDINER CPA				P02167685
Firm's name ▶ GARDINER COMPANY PC				Firm's EIN ▶42-1186197
Firm's address ▶ 10555 NEW YORK AVENUE SUITE 200 DES MOINES, IA 50322				Phone no. (515) 270-1446

Form 990PF 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
WAYNE MCMANNUS 2626 1ST AVENUE SOUTH FORT DODGE, IA 50501	CHARIMAN 0.25	0	0	0
BRIAN WAGNER 2626 1ST AVENUE SOUTH FORT DODGE, IA 50501	DIRECTOR 0.25	0	0	0
KERRY PETERSON 2626 1ST AVENUE SOUTH FORT DODGE, IA 50501	DIRECTOR 0.25	0	0	0
TROY MELOHN 2626 1ST AVENUE SOUTH FORT DODGE, IA 50501	DIRECTOR 0.25	0	0	0
JERRY OSE 2626 1ST AVENUE SOUTH FORT DODGE, IA 50501	DIRECTOR 0.25	0	0	0
DAN DIX 2626 1ST AVENUE SOUTH FORT DODGE, IA 50501	SECRETARY 0.25	0	0	0
GARY MORITZ 2626 1ST AVENUE SOUTH FORT DODGE, IA 50501	DIRECTOR OF FOUNDATION 5.00	0	0	0

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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

GARY MORITZ CO NEW COOPERATIVE INC
PO BOX 818
FORT DODGE, IA 50501
(515) 955-2040

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

IN AN ESSAY FORMAT, SCHOLARSHIP RECIPIENTS ARE SELECTED BASED ON CRITERIA PERTAINING TO THEIR LEADERSHIP ACTIVITIES, COMMUNITY AND SCHOOL INVOLVEMENT, SCHOLASTICS, AND THEIR DESIRE TO PURSUE A CAREER IN THE AGRICULTURE INDUSTRY. GRADE TRANSCRIPTS AND LETTERS OF RECOMMENDATION ARE ATTACHED TO APPLICATIONS.

c Any submission deadlines:

THIS IS AN ANNUAL EVENT WITH A DEADLINE OF MID-MARCH FOR ALL APPLICANTS.

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

TO BE ELIGIBLE FOR THE FOUNDATION'S SCHOLARSHIP, THE APPLICANT MUST BE A FULL-TIME COLLEGE STUDENT PURSUING A DEGREE AND CAREER IN THE AGRICULTURE INDUSTRY. THEY MUST MAINTAIN A 2.0 GPA FOR THE YEAR THE SCHOLARSHIP IS AWARDED. THE APPLICANTS MUST BE A DEPENDENT OF A NEW COOPERATIVE MEMBER OR FULL TIME EMPLOYEE, OR BE A NEW COOPERATIVE MEMBER THEMSELVES. THE SCHOLARSHIP AMOUNT IS $2,000 AND IS AWARDED TO THE RECIPIENTS IN TWO PAYMENTS; AFTER COMPLETING THEIR FALL SEMESTER AND ANOTHER AFTER COMPLETING THEIR SPRING SEMESTER. THE SCHOLARSHIPS ARE OPEN TO GRADUATING HIGH SCHOOL SENIORS, COLLEGE FRESHMEN, SOPHOMORES AND JUNIORS.

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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

GARY MORITZ CO NEW COOPERATIVE FOUN
PO BOX 818
FORT DODGE, IA 50501
(515) 955-2040

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

CASH DONATIONS ARE GIVEN TO CHARITABLE AND CIVIC ORGANIZATIONS THROUGHOUT THE YEAR. THE PROCESS OF GIFTING BEGINS WITH AN UNSOLICITED APPLICATION FOR FUNDS WHICH MAY BE FOUND ONLINE AT WWW.NEWCOOP.COM. THE INFORMATION PROVIDED SHOULD INCLUDE THE NAME, ADDRESS, TAX EIN, WEBSITE ADDRESS AND THE GEOGRAHPIC AREAS SERVED BY THE ORGANIZATION. THE OGRANIZATION REQUESTING FUNDS SHOULD ALSO INDICATE THE AMOUNT REQUESTED, THE STRUCTURE TYPE OF THE ORGANIZATION AND THE NAME, TITLE AND TELEPHONE NUMBER OF A CONTACT PERSON. INCLUDED ALSO IN THE APPLICATION IS A DESCRIPTION OF THE ORGANIZATION'S MISSION AND THE PURPOSE OF THE REQUESTED FUNDS. UPON COMPLETION, THE APPLICATION MAY BE SUBMITTED ONLINE, EMAILED TO GMORITZ@NEWCOOP.COM, DELIVERED TO ANY NEW COOPERATIVE LOCATION, OR MAILED TO GARY MORITZ, NEW COOPERATIVE FOUNDATION, PO BOX 818, FORT DODGE, IA 50501.

c Any submission deadlines:

ALLOW AT LEAST TWO WEEKS FOR APPROVAL OF FUNDING.

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

THE FOUNDATION IS COMMITTED TO INVESTING IN ORGANIZATIONS THAT ARE DEDICATED TO YOUTH, AND EDUCATION, HUMAN SERVICES, AND CIVIC PURPOSES THAT FURTHER ENHANCE THE QUALITY OF LIFE IN THIER MEMBER'S LOCAL COMMUNITIES. THE PROCESS OF GIFTING BEGINS WITH AN APPLICATION THAT IS AVAILABLE ONLY TO THE IOWA COMMUNITIES OF: WEBSTER, HAMILTON, HUMBOLDT, WRIGHT, KOSSUTH, SAC, CALHOUN, POCAHONTAS, GREENE, CARROLL, BOONE AND HARDIN COUNTIES.

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIGER BOOSTER CLUB 2809 N GRANT ROAD CARROLL, IA 51401		PUBLIC CHARITIES	SUPPORT ATHLETIC EVENTS	100
IOWA CENTRAL RODEO TEAM ONE TRITON CIRCLE FORT DODGE, IA 50501		PUBLIC CHARITIES	COMMUNITY RODEO EVENT	150
GLIDDEN RALSTON COMMUNITY SCHOOL 608 IDAHO ST GLIDDEN, IA 51443		PUBLIC CHARITIES	SUPPORT ATHLETIC EVENTS	150
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FDSH ATHLETIC DEPARTMENT PO BOX 1061 FORT DODGE, IA 50501		PUBLIC CHARITIES	SUPPORT ATHLETIC EVENTS	100
FORT DODGE FIREFIGHTERS 1515 CENTRAL AVENUE FORT DODGE, IA 50501	N/A	VOLUNTEER/ CITY DEPA	TRAINING SUPPLIES EQUIPMENT	500
AGRIBUSINESS ASSOC OF IOWA FOUNDATION 900 DES MOINES STREET DES MOINES, IA 50309		PUBLIC CHARITIES	AAI CAPITAL CAMPAIGN NEWOFFICE	7,500
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMBOLDT ATHLETIC BOOSTERS PO BOX 669 HUMBOLDT, IA 50548		PUBLIC CHARITIES	SUPPORT ATHLETIC EVENTS	250
POCAHONTAS COUNTY PHEASANTS FOREVER 28111 510TH STREET POCAHONTAS, IA 50574		PUBLIC CHARITIES	YOUTH ED & CONSERVATION PROG	300
MAPLETON FIRE DEPARTMENT 513 MAIN STREET MAPLETON, IA 51034		VOLUNTEER/ CITY DEPA	TRAINING/SUPPLIES/EQUIPMENT	500
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARROLL AREA DEVELOPMENT CORPORATION 407 WEST FIFTH CARROLL, IA 51401		PUBLIC CHARITIES	ECONOMIC/COMMUNITY SUPPORT	550
LANESBORO FIRE DEPARTMENT PO BOX 1 LANESBORO, IA 51451		VOLUNTEER/ CITY DEPA	TRAINING/SUPPLIES/EQUIPMENT	500
STEWART MEMORIAL HOSPITAL PO BOX 114 LAKE CITY, IA 51449		PUBLIC CHARITIES	UPDATING/ENHANCING AREAS	2,500
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY OF GLIDDEN108 IDAHO STREET GLIDDEN, IA 51443		PUBLIC CHARITIES	LIBERTY ROCK	500
POMEROY COMMUNITY BETTERMENT 101 SOUTH ONTARIO ST POMEROY, IA 50575		PUBLIC CHARITIES	SALUTE TO AREA VETERANS	1,000
HUMBOLDT CO MEMORIAL HOSPITAL FOUND 1000 NORTH 15TH STREET HUMBOLDT, IA 50548		PUBLIC CHARITIES	NEW AMBULANCE	500
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPIRIT OF DOWS3033 330TH ST DOWS, IA 50071		PUBLIC CHARITIES	CLOTHING NEEDS OF LOCAL KIDS	200
SLOAN FIRE DEPARTMENTPO BOX 56 SLOAN, IA 51055		VOLUNTEER/ CITY DEPA	TRAINING/SUPPLIES/EQUIPMENT	500
LOHRVILLE FIRE DEPARTMENT PO BOX 257 LOHRVILLE, IA 51453		VOLUNTEER/ CITY DEPA	FIRE/EMERGENCY RESCUE SERVICES	500
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIERSON TOWN & COUNTRY 1198 MINNESOTA AVE PIERSON, IA 51048		PUBLIC CHARITIES	SANTA DAYS	150
OTO FIRE DEPARTMENTPO BOX 94 OTO, IA 51044		VOLUNTEER/ CITY DEPA	LIFEPAC 15 DEFIBRILLATOR	500
GENE GIRAFFE PROJECTPO BOX 174 CLARE, IA 50524		PUBLIC CHARITIES	GENE GIRAFFE FESTIVAL OF LIGHT	250
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BACKPACK BUDDIES 29 SOUTH 16TH STREET FORT DODGE, IA 50501		PUBLIC CHARITIES	BACKBACK BUDDIES PROGRAM	2,000
FRIENDS OF GARRIGAN INC 1224 NORTH MCCOY STREET ALGONA, IA 50511		PUBLIC CHARITIES	EDUCATIONAL PROGRAMS SUPPORT	100
WEBTER CITY CUSTOM MEATS INC 1611 E 2ND STREET WEBSTER CITY, IA 50595		PUBLIC CHARITIES	2019 HAMS FOR HUNGER	29,137
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANSON MERIDIAN SINGERS PO BOX 25 MANSON, IA 50563		PUBLIC CHARITIES	COMMUNITY MUSICAL PERFORMANCE	100
ANDREW KLAASSEN1725 170TH ST POMEROY, IA 50575	N/A	SCHOLARSHIPS	SCHOLARSHIP	1,000
MONONA CO CATTLEMEN ASS'N 44868 110TH STREET MAPLETON, IA 51034		PUBLIC CHARITIES	4-H/FFA CATTLE PRODUCERS	200
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEWART MEMORIAL HOSPITAL PO BOX 114 LAKE CITY, IA 51449		PUBLIC CHARITIES	UDATING/ ENHANCING AREAS	500
VFW POST 1856518 SO 29TH ST FORT DODGE, IA 50501		PUBLIC CHARITIES	MILITARY HONOR GUARD PROJECTS	100
HUNTER RIEDESEL123 130TH ST CHURDAN, IA 50050	N/A	SCHOLARSHIPS	SCHOLARSHIP	1,000
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAYTON YOUTH RODEO2307 330TH ST FORT DODGE, IA 50501		PUBLIC CHARITIES	EVENT COSTS	100
KYLE POEN3184 FLETCHER AVE LAKE CITY, IA 51449	N/A	SCHOLARSHIPS	SCHOLARSHIP	1,000
CALVIN CARLSON901 12TH ST SW HUMBOLDT, IA 50548	N/A	SCHOLARSHIPS	SCHOLARSHIP	1,000
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEN QUADE3381 180TH ST MANSON, IA 50563	N/A	SCHOLARSHIPS	SCHOLARSHIP	1,000
UNITYPOINT HEALTH - TRINITY FOUNDATION 802 KENYON ROAD FORT DODGE, IA 50501		PUBLIC CHARITIES	TRINITY HOSPICE BALL	350
BRYCE RASMUSSEN1774 EMMETT AVE GOLDFIELD, IA 50542	N/A	SCHOLARSHIPS	SCHOLARSHIP	1,000
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TERRA HEILMAN4777 180TH ST CUSHING, IA 50575	N/A	SCHOLARSHIPS	SCHOLARSHIP	1,000
GLIDDEN FIRE DEPARTMENT PO BOX 451 GLIDDEN, IA 51443		VOLUNTEER/ CITY DEPA	TRAINING SUPPLIES EQUIPMENT	500
ST MARY'S SPRING GALA 311 4TH STREET NORTH HUMBOLDT, IA 50548		PUBLIC CHARITIES	SCHOOL RENOVATION AND ADDITION	100
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS FROM THE HEARTLAND 357 LINCOLN ST WEST DES MOINES, IA 50265		PUBLIC CHARITIES	MEALS FOR THE HUNGRY	500
RENWICK AMBULANCE111 MAIN ST RENWICK, IA 50577		PUBLIC CHARITIES	UPDATING AMBULANCE	5,000
DUNCOMBE FIRE DEPARTMENT 606 MAIN STREET DUNCOMBE, IA 50532		VOLUNTEER/ CITY DEPA	FIRE/EMERGENCY RESCUE SERVICES	500
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHITING RODEO ASSOCIATION INC PO BOX 11 ONAWA, IA 51040		PUBLIC CHARITIES	COMMUNITY CELEBRATION	250
GREENE COUNTY PORK PRODUCERS 7 280TH ST RIPPEY, IA 50235		PUBLIC CHARITIES	HOG PROGRAMS AT COUNTY FAIR	400
HAMILTON COUNTY PHEASANTS FOREVER 2676 LOCKWOOD AVE KAMRAR, IA 50132		PUBLIC CHARITIES	WILDLIFE HABITAT/HUNTING PROG	200
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UTE COMMUNITY CLUBPO BOX 199 UTE, IA 51060		PUBLIC CHARITIES	COMMUNITY EVENTS	300
HUMBOLDT HIGH SCHOOL AFTER PROM 1500 WILDCAT ROAD HUMBOLDT, IA 50548		PUBLIC CHARITIES	AFTER PROM EVENT	100
ONAWA VOLUNTEER FIRE DEPARTMENT 1025 NINTH STREET ONAWA, IA 51040		VOLUNTEER/ CITY DEPA	TRAINING/SUPPLIES/EQUIPMENT	500
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS APPRECIATION CONCERT 229 AVENUE B FORT DODGE, IA 50501		PUBLIC CHARITIES	SALUTE TO AREA VETERANS	250
DUNCOMBE ELEMENTARY SCHOOL BOOSTER CLUB 416 SOUTH 10TH STREET FORT DODGE, IA 50501		PUBLIC CHARITIES	FUN NIGHT	100
DOWS RURAL FIRE DEPARTMENT PO BOX 61 DOWS, IA 50071		VOLUNTEER/ CITY DEPA	TRAINING/SUPPLIES/EQUIPMENT	500
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLARE VOLUNTEER FIRE & RESCUE AGENCY PO BOX 182 CLARE, IA 50524		VOLUNTEER/ CITY DEPA	TRAINING/SUPPLIES/EQUIPMENT	500
WEBSTER COUNTY 4H FOUNDATION 217 S 25TH STREET SUITE C-12 FORT DODGE, IA 50501		PUBLIC CHARITIES	SUPPORT 4H YOUTH PROGRAM	500
CALHOUN COUNTY PHEASANTS FOREVER 2810 390TH ST LOHRVILLE, IA 51453		PUBLIC CHARITIES	WILDLIFE HABITAT/HUNTING PROG	150
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TUFF-N-NUFF RODEO3716 QUAIL AVE DAYTON, IA 50530		PUBLIC CHARITIES	YOUTH RODEO EVENTS	300
LOHRVILLE AMBULANCE DEPARTMENT PO BOX 257 LOHRVILLE, IA 51453		VOLUNTEER/ CITY DEPA	TRAINING/SUPPLIES/EQUIPMENT	100
CLARION-GOLDFIELD-DOWS SCHOOL 300 3RD AVE NE CLARION, IA 50525		PUBLIC CHARITIES	BRIDGING THE GAP	50
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORNICK VOLUNTEER FIREFIGHTER ASSOC 400 MAIN STREET HORNICK, IA 51026		VOLUNTEER/ CITY DEPA	TRAINING/SUPPLIES/EQUIPMENT	500
KIWANIS CLUB OF FORT DODGE 1246 N 24TH PLACE FORT DODGE, IA 50501		PUBLIC CHARITIES	STUDENT ED / AFTER SCHOOL PROG	150
WEST MONONA BOOSTER CLUB 1109 IOWA AVE ONAWA, IA 51040		PUBLIC CHARITIES	COMMUNITY SCHOOL SUPPORT	100
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORT DODGE SOFTBALL ASSOCIATION 1745 NORTH 14TH ST FORT DODGE, IA 50501		PUBLIC CHARITIES	SIGN RENEWAL FEE	100
CALHOUN COUNTY EXPO-PREMIUM ACCT PO BOX 253 ROCKWELL CITY, IA 50579		PUBLIC CHARITIES	FAIR SUPPORT	500
AGRIBUSINESS ASSOC OF IOWA FOUNDATION 900 DES MOINES STREET DES MOINES, IA 50309		PUBLIC CHARITIES	GENERAL OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POMEROY SESQUICENTENNIAL COMMI PO BOX 220 POMEROY, IA 50575		PUBLIC CHARITIES	SESQUICENTENNIAL CELEBRATION	1,000
WEBSTER COUNTY PORK PRODUCERS 217 S 25TH STREET FORT DODGE, IA 50501		PUBLIC CHARITIES	TROPHY PURCHASE	400
CAMERON O'CONNELLPO BOX A ANTHON, IA 51004	N/A	SCHOLARSHIPS	SCHOLARSHIP	1,000
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BADGER FESTPO BOX 63 BADGER, IA 50516		PUBLIC CHARITIES	COMMUNITY CELEBRATION	150
CHARTER OAK RECREATION ASSOC 1140 K AVE UTE, IA 51060		PUBLIC CHARITIES	SUPPORT STUDENT ACTIVITIES	300
ST ANTHONY HOSPITAL FOUNDATION 311 S CLARK STREET CARROLL, IA 51401		PUBLIC CHARITIES	COMMUNITY HOSPITAL ENDOWMENT	2,500
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONONA COUNTY FAIR ASSOCIATION PO BOX 313 ONAWA, IA 51040		PUBLIC CHARITIES	SUPPORT COUNTY FAIR ACTIVITIES	500
CORRECTIONVILLE EMERGENCY RESPONDERS PO BOX 383 CORRECTIONVILLE, IA 51016		VOLUNTEER/ CITY DEPA	TRAINING SUPPLIES EQUIPMENT	500
CHARTER OAK FIRE ASSOCIATION 435 RAILROAD ST CHARTER OAK, IA 51439		VOLUNTEER/ CITY DEPA	NEW SKID UNIT	2,000
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALHOUN CO 4-HPO BOX 233 ROCKWELL CITY, IA 50579		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	1,965
CARROLL COUNTY EXTENSION & OUTREACH 1205 W US HWY 30 STE G CARROLL, IA 51401		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	2,655
CHEROKEE COUNTY EXTENSION 209 CENTENNIAL DRIVE SUITE A CHEROKEE, IA 51012		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	1,905
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRAWFORD COUNTY EXTENSION 35 S MAIN ST DENISON, IA 51442		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	600
FRANKLIN COUNTY EXTENSION 3 FIRST AVE NW HAMPTON, IA 50441		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	3,030
GREENE COUNTY EXTENSION 104 W WASHINGTON ST JEFFERSON, IA 50129		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	3,030
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMILTON COUNTY EXTENSION 311 BANK ST WEBSTER CITY, IA 50595		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	2,880
HUMBOLDT CO EXTENSION & OUTREACH 727 SUMNER AVENU HUMBOLDT, IA 50548		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	2,505
KOSSUTH COUNTY EXTENSION 1121 HWY 18E ALGONA, IA 50511		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	2,205
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONONA COUNTY EXTENSION 119 IOWA AVE ONAWA, IA 51040		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	2,265
PLYMOUTH COUNTY EXTENSION 251 12TH ST SE LEMARS, IA 51031		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	1,275
POCAHONTAS COUNTY EXTENSION 305 NORTH MAI9N POCAHONTAS, IA 50574		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	1,605
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EARLY ACHIEVERS 4H CLUB 620 PARK AVENUE SAC CITY, IA 50583		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	300
INNOVATIVE PIONEERS 4H CLUB 620 PARK AVENUE SAC CITY, IA 50583		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	180
JACKSONS 4H CLUBPO BOX 233 ROCKWELL CITY, IA 50579		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	210
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEMAHA 4H CLUB620 PARK AVENUE SAC CITY, IA 50583		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	390
OA SHOWMEN 4H CLUB 620 PARK AVENUE SAC CITY, IA 50583		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	525
SAC COUNTY HORSEHOES 4H CLUB 620 PARK AVENUE SAC CITY, IA 50583		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	120
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAC GREEN TEAM 4H CLUB 620 PARK AVENUE SAC CITY, IA 50583		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	285
SCHALLER SHAMROCKS 4H CLUB 620 PARK AVENUE SAC CITY, IA 50583		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	465
WALL LAKE BANDITSVIOLA VISIONS 4H CLUB 620 PARK AVENUE SAC CITY, IA 50583		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	555
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEBSTER CO EXTENSION 217 S 25TH ST STE C-12 FORT DODGE, IA 50501		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	4,305
ISU EXTENSION AND OUTREACH - WOODBURYCO 4728 SOUTHERN HILLS DR SIOUX CITY, IA 51106		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	4,665
WRIGHT COUNTY EXTENSION OFFICE 210 1ST ST SW CLARION, IA 50525		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	1,950
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BADGER FIRE AND RESCUE AGENCY 150 2ND AVE SE BADGER, IA 50516		VOLUNTEER/ CITY DEPA	TRAINING/SUPPLIES/EQUIPMENT	500
POMEROY FIRE DEPARTMENT 114 SOUTH ONTARIO ST POMEROY, IA 50575		PUBLIC CHARITIES	TRAINING/SUPPLIES/EQUIPMENT	500
HUNTER RIEDESEL123 130TH ST CHURDAN, IA 50050	N/A	SCHOLARSHIPS	SCHOLARSHIP	1,000
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANDREW KLAASSEN1725 170TH ST POMEROY, IA 50575	N/A	SCHOLARSHIPS	SCHOLARSHIP	1,000
BEN QUADE3381 180TH ST MANSON, IA 50563	N/A	SCHOLARSHIPS	SCHOLARSHIP	1,000
CALVIN CARLSON901 12TH ST SW HUMBOLDT, IA 50548	N/A	SCHOLARSHIPS	SCHOLARSHIP	1,000
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ICAP602 EAST SIFFORD ST LAKE CITY, IA 51449		PUBLIC CHARITIES	ICAP TRACTOR PULL	250
MANSON SHARKS932 15TH ST MANSON, IA 50563		PUBLIC CHARITIES	LOCAL FOOTBALL TEAM SUPPORT	100
ISU FOUNDATION-AG BUSINESS STUDENT CLUB J VAN GORP 310 CURTIS HALL AMES, IA 50011		PUBLIC CHARITIES	AG BUSINESS CLUB SPONSORSHIP	2,500
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IOWA FFA FOUNDATION 1055 SW PRAIRIE TRAIL PARKWAY ANKENY, IA 50023		PUBLIC CHARITIES	MULLIGAN SCHOLARSHIP DRIVE	500
TERRA HEILMAN4777 180TH ST CUSHING, IA 50575	N/A	SCHOLARSHIPS	SCHOLARSHIP	1,000
ST EDMOND HIGH SCHOOL 501 NORTH 22ND STREET FORT DODGE, IA 50501		PUBLIC CHARITIES	SUPPORT STUDENT ATHLETIC PROGR	150
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KYLE POEN3184 FLETCHER AVE LAKE CITY, IA 51449	N/A	SCHOLARSHIPS	SCHOLARSHIP	1,000
TIGER BOOSTER CLUB 2809 N GRANT ROAD CARROLL, IA 51401		PUBLIC CHARITIES	SUPPORT ATHLETIC EVENTS	100
BRYCE RASMUSSEN1774 EMMETT AVE GOLDFIELD, IA 50542	N/A	SCHOLARSHIPS	SCHOLARSHIP	1,000
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMBOLDT COUNTY AGRICULTURAL SOCIETY PO BOX 391 HUMBOLDT, IA 50548		PUBLIC CHARITIES	SUPPORT COUNTY FAIR ACTIVITIES	500
VINCENT FIRE DEPARTMENT 102 SOUTH 1ST VINCENT, IA 50594		VOLUNTEER/ CITY DEPA	SAFETY EQUIPMENT FOR COMMUNITY	500
BODE VOLUNTEER FIRE DEPARTMENT 114 HUMBOLDT AVENUE BODE, IA 50519		VOLUNTEER/ CITY DEPA	NEW TANK	2,500
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POCAHONTAS CO 4HFFA FAIR 19571 570TH ST POCAHONTAS, IA 50574		PUBLIC CHARITIES	BUILDING REPAIRS	500
BURGESS FOUNDATION 1600 DIAMOND STREET ONAWA, IA 51040		PUBLIC CHARITIES	GOLF TOURNAMENT	250
WRIGHT COUNTY DISTRICT JUNIOR FAIR PO BOX 125 EAGLE GROVE, IA 50533		PUBLIC CHARITIES	GOLF TOURNAMENT	500
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITYPOINT HEALTH - TRINITY FOUNDATION 802 KENYON ROAD FORT DODGE, IA 50501		PUBLIC CHARITIES	SWING FOR A CURE	150
CALHOUN COUNTY HOT SHOTS 4H CLUB PO BOX 233 ROCKWELL CITY, IA 50579		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	-225
MARON MONARCHS 4H CLUB 3 1ST AVE NW HAMPTON, IA 50441		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	-30
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARDIN CLOVERS 4H CLUB 104 WASHINGTON ST JEFFERSON, IA 50129		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	-210
RACCOON VALLEY INNOVATORS 4H CLUB 104 WASHINGTON ST JEFFERSON, IA 50129		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	-45
LYON KINGS 4H CLUB311 BANK ST WEBSTER CITY, IA 50595		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	-420
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAC COUNTY HORSEHOES 4H CLUB 620 PARK AVENUE SAC CITY, IA 50583		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	-165
PIERSON TOWN & COUNTRY 1198 MINNESOTA AVE PIERSON, IA 51048		PUBLIC CHARITIES	SANTA DAYS	-150
DUNCOMBE FIRE DEPARTMENT 606 MAIN STREET DUNCOMBE, IA 50532		VOLUNTEER/ CITY DEPA	FIRE/EMERGENCY RESCUE SERVICES	-500
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAC GREEN TEAM 4H CLUB 620 PARK AVENUE SAC CITY, IA 50583		PUBLIC CHARITIES	4H MEMBER DUES PROGRAM	-300
BACKPACK BUDDIES 29 SOUTH 16TH STREET FORT DODGE, IA 50501		PUBLIC CHARITIES	BACKPACK PROGRAM	10,000
WELANDERSTUART MEMORIAL TOURNAMENT FONDA GOLF COURSE 12351 HIGHWAY 7 FONDA, IA 50540		PUBLIC CHARITIES	COMMUNITY EVENT	100
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMERON O'CONNELLPO BOX A ANTHON, IA 51004	N/A	SCHOLARSHIPS	SCHOLARSHIP	1,000
KCSS CENTURY CLUB109 S CLARK ST CARROLL, IA 51401		PUBLIC CHARITIES	CLUB MEMBERSHIP	175
DOWS CORN DAYS402 FAIRVIEW ST DOWS, IA 50071		PUBLIC CHARITIES	DOWS CORN DAYS	200
Total . . . . . ▶ **3a**				144,187

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMBOLDT ATHLETIC BOOSTERS PO BOX 669 HUMBOLDT, IA 50548		PUBLIC CHARITIES	SUPPORT ATHLETIC EVENTS	250
CYCLONE REGIONAL TRAINING CENTER 3103 NW 89TH AVENUE ANKENY, IA 50023		PUBLIC CHARITIES	SUPPORT CYCLONE RTC	500
IFAA2958 MARION AVE GREENFIELD, IA 50849		PUBLIC CHARITIES	SALE OF CHAMPIONS	100
Total . . . . . ▶ **3a**				144,187

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491011003091

TY 2019 Other Expenses Schedule

Name: NEW CHARITABLE FOUNDATION
C/O NEW COOPERATIVE FOUNDATION

EIN: 45-2633915

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DELUXE BUS	381	0		0
GIFTING DIRECTLY FROM FOUNDATION - HAM & PORK LOINS	9,303	0		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491011003091

TY 2019 Substantial Contributors Schedule

Name: NEW CHARITABLE FOUNDATION
C/O NEW COOPERATIVE FOUNDATION

EIN: 45-2633915

Name	Address
NEW COOPERATIVE INC	2626 1ST AVENUE SOUTH FORT DODGE, IA 50501

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491011003091

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
NEW CHARITABLE FOUNDATION
C/O NEW COOPERATIVE FOUNDATION

Employer identification number
45-2633915

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization	Employer identification number
NEW CHARITABLE FOUNDATION C/O NEW COOPERATIVE FOUNDATION	45-2633915

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

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEW COOPERATIVE INC 2626 1ST AVE SO PO BOX 216 FORT DODGE, IA 50501	$ 153,250	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
2	UPPER DSM OPPERTUNITY - WEBSTER CO 101 EAST ROBINS STREET PO BOX 519 GRAETTINGER, IA 51342	$ 19,500	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
NEW CHARITABLE FOUNDATION
C/O NEW COOPERATIVE FOUNDATION

Employer identification number
45-2633915

Part II **Noncash Property**

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(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
-		$	

Name of organization	Employer identification number
NEW CHARITABLE FOUNDATION C/O NEW COOPERATIVE FOUNDATION	45-2633915

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	
	-		