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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](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation TELLIGEN COMMUNITY INITIATIVE		A Employer identification number 20-2017785	
Number and street (or P O box number if mail is not delivered to street address) 1776 WEST LAKES PARKWAY		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code WEST DES MOINES, IA 50266		B Telephone number (see instructions) (515) 222-2428	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation	
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	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 37,463,864		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis )			

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)			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B			
	3 Interest on savings and temporary cash investments	153,513	153,513	
	4 Dividends and interest from securities	1,236,752	1,236,752	
	5a Gross rents			
	b Net rental income or (loss)			
	6a Net gain or (loss) from sale of assets not on line 10	2,175,726		
	b Gross sales price for all assets on line 6a			
	7 Capital gain net income (from Part IV, line 2)		2,175,726	
	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	3,565,991	3,565,991		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	121,934	0	109,131
	14 Other employee salaries and wages			
	15 Pension plans, employee benefits	24,818	0	22,212
	16a Legal fees (attach schedule)	1,433	0	1,283
	b Accounting fees (attach schedule)	7,600	0	6,802
	c Other professional fees (attach schedule)	50,513	0	45,209
	17 Interest			
	18 Taxes (attach schedule) (see instructions)	52,234	0	8,945
	19 Depreciation (attach schedule) and depletion			
	20 Occupancy			
	21 Travel, conferences, and meetings	7,830	0	7,008
	22 Printing and publications			
	23 Other expenses (attach schedule)	371,076	283,111	56,489
	24 Total operating and administrative expenses. Add lines 13 through 23	637,438	283,111	257,079
	25 Contributions, gifts, grants paid	1,747,989		1,747,989
	26 Total expenses and disbursements. Add lines 24 and 25	2,385,427	283,111	2,005,068
	27 Subtract line 26 from line 12			
	a Excess of revenue over expenses and disbursements	1,180,564		
	b Net investment income (if negative, enter -0-)		3,282,880	
c Adjusted net income (if negative, enter -0-)				

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2018)

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 . . . . .	187,104	198,113	198,113
	2 Savings and temporary cash investments . . . . .	566,967	353,935	353,935
	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 . . . . .	14,014	8,480	8,480
	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) . . . . .	40,925,691	36,903,336	36,903,336
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	41,693,776	37,463,864	37,463,864	
Liabilities	17 Accounts payable and accrued expenses . . . . .			
	18 Grants payable . . . . .	94,200	0	
	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 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	94,200	0	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24 Unrestricted . . . . .	41,599,576	37,463,864	
	25 Temporarily restricted . . . . .			
	26 Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	27 Capital stock, trust principal, or current funds . . . . .			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 <b>Total net assets or fund balances</b> (see instructions) . . . . .	41,599,576	37,463,864	
31 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	41,693,776	37,463,864		

**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 30 (must agree with end-of-year figure reported on prior year's return)	1	41,599,576
2 Enter amount from Part I, line 27a . . . . .	2	1,180,564
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3 . . . . .	4	42,780,140
5 Decreases not included in line 2 (itemize) ▶ _____	5	5,316,276
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	37,463,864

**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 )
<b>1 a</b> MORGAN STANLEY #4045 - SHORT TERM			
<b>b</b> MORGAN STANLEY #4045 - LONG TERM			
<b>c</b> CAPITAL GAINS DIVIDENDS	P		
<b>d</b>			
<b>e</b>			

  

(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)
<b>a</b> 9,193,083		9,528,915	-335,832
<b>b</b> 16,037,684		13,647,579	2,390,105
<b>c</b> 121,453			121,453
<b>d</b>			
<b>e</b>			

  

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	
<b>a</b>			-335,832
<b>b</b>			2,390,105
<b>c</b>			121,453
<b>d</b>			
<b>e</b>			

  

<b>2</b> 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 }	<b>2</b>	2,175,726
<b>3</b> 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		<b>3</b>	

**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))
2017	1,659,301	39,889,322	0 041598
2016	1,777,796	36,497,730	0 048710
2015	1,854,858	36,297,980	0 051101
2014	1,334,544	32,859,397	0 040614
2013	147,500	28,190	5 232352

<b>2</b> Total of line 1, column (d)	<b>2</b>	5 414375
<b>3</b> 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	<b>3</b>	1 082875
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	<b>4</b>	40,402,548
<b>5</b> Multiply line 4 by line 3	<b>5</b>	43,750,909
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	32,829
<b>7</b> Add lines 5 and 6	<b>7</b>	43,783,738
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	2,005,068

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)**

<b>1a</b>	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>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	65,658
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	65,658
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	65,658
<b>6</b>	Credits/Payments		
<b>a</b>	2018 estimated tax payments and 2017 overpayment credited to 2018	<b>6a</b>	29,880
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	52,420
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	82,300
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	16,642
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> 16,642 <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? . . . . .	<b>1a</b>	No
<b>b</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>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <input type="checkbox"/> \$ 0 <b>(2)</b> On foundation managers <input type="checkbox"/> \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
<b>2</b> 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>	<b>2</b>	No
<b>3</b> 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> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	Yes
<b>7</b> 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> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> IA		
<b>b</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> .	<b>8b</b>	Yes
<b>9</b> 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 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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 . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>▶</b> N/A	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>▶</b> TELLIGEN COMMUNITY INITIATIVE Telephone no <b>▶</b> (515) 222-2428			

Located at **▶** 1776 WEST LAKES PARKWAY WEST DES MOINES IA ZIP+4 **▶** 50266

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <b>▶</b> <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>▶</b> <b>15</b>			
<b>16</b>	At any time during calendar year 2018, 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? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country <b>▶</b>			

**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.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(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? ( <b>Exception.</b> 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>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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"/>	<b>1b</b>		
<b>c</b>	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 2018? . . . . . <input type="checkbox"/>	<b>1c</b>		<b>No</b>
<b>2</b>	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))			
<b>a</b>	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . .	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶</b> 20____, 20____, 20____, 20____			
<b>3a</b>	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>b</b>	If "Yes," did it have excess business holdings in 2018 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 2018 ). . . . .	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</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 2018?	<b>4b</b>		<b>No</b>

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

<b>5a</b>	During the year did the foundation pay or incur any amount to		<b>Yes</b>	<b>No</b>
(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>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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.		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
<b>c</b>	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		
<b>6a</b>	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>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			
<b>7a</b>	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>7b</b>	
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
<b>8</b>	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**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(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				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(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				
<b>Total number of other employees paid over \$50,000.</b>				<b>0</b>

**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		
<b>Total</b> 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
<b>1</b> GRANTMAKING TO OTHER CHARITABLE ORGANIZATIONS	0
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3	0

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	40,417,766
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	591,569
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	8,480
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	41,017,815
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	41,017,815
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	615,267
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	40,402,548
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	2,020,127

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	2,020,127
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	65,658
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	65,658
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	1,954,469
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	1,954,469
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	1,954,469

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	2,005,068
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	2,005,068
<b>5</b>	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.	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	2,005,068

**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 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				1,954,469
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .				
<b>b</b> From 2014. . . . .				
<b>c</b> From 2015. . . . .				
<b>d</b> From 2016. . . . .				449,844
<b>e</b> From 2017. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	449,844			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 2,005,068				
<b>a</b> Applied to 2017, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2018 distributable amount. . . . .				1,954,469
<b>e</b> Remaining amount distributed out of corpus	50,599			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	500,443			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				0
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> <b>Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .	500,443			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .				
<b>b</b> Excess from 2015. . . . .				
<b>c</b> Excess from 2016. . . . .				449,844
<b>d</b> Excess from 2017. . . . .				
<b>e</b> Excess from 2018. . . . .				50,599

**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 2018, 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)

**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) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

**1 Information Regarding Foundation Managers:**

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

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

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

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

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

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

**c** Any submission deadlines

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

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

Recipient	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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>			<b>▶ 3a</b>	
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			<b>▶ 3b</b>	

## Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2018)

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

<b>1</b> 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?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash.	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets.	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization.	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization.	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets.	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements.	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees.	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations.	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</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 <b>(d)</b> 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

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.

<b>Sign Here</b>	*****	2019-07-03	*****	May the IRS discuss this return with the preparer shown below? (see instr )? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	DAVID ELLIS				P01306431
	Firm's name <b>►</b> DENMAN & COMPANY LLP				Firm's EIN <b>►</b> 42-0794029
Firm's address <b>►</b> 1601 22ND STREET SUITE 400 WEST DES MOINES, IA 502661453					Phone no (515) 225-8400

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
DAVID THOMAS MD	DIRECTOR 1 00	0	0	0
1776 WEST LAKES PARKWAY WEST DES MOINES, IA 50266				
MICHAEL ZIA MD	VICE PRESIDENT 1 00	0	0	0
1776 WEST LAKES PARKWAY WEST DES MOINES, IA 50266				
VICTORIA SHARP MD	PRESIDENT 1 00	0	0	0
1776 WEST LAKES PARKWAY WEST DES MOINES, IA 50266				
GERARD CLANCY MD	DIRECTOR 1 00	0	0	0
1776 WEST LAKES PARKWAY WEST DES MOINES, IA 50266				
PEG MASON	DIRECTOR 1 00	0	0	0
1776 WEST LAKES PARKWAY WEST DES MOINES, IA 50266				
MATT MCGARVEY	EXECUTIVE DIRECTOR 40 00	121,934	24,818	0
1776 WEST LAKES PARKWAY WEST DES MOINES, IA 50266				
PAMELA BALLOU-NELSON	SECRETARY/TREASURER 1 00	0	0	0
1776 WEST LAKES PARKWAY WEST DES MOINES, IA 50266				
JIM STAVNEAK	DIRECTOR 1 00	0	0	0
1776 WEST LAKES PARKWAY WEST DES MOINES, IA 50266				

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

Recipient	If recipient is an individual, 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				
BOOMERS LEADING CHANGE 425 SOUTH CHERRY STREET SUITE 840 DENVER, CO 80246		501(C)3	BOOMERS LEADING CHANGE SEEKS SUPPORT FOR NECESSARY ENHANCEMENTS TO ITS PIONEERING HEALTH NAVIGATOR/COMMUNITY HEALTH WORKER TRAINING PROGRAM TO BETTER PREPARE ITS OLDER ADULT VOLUNTEER WORK FORCE TO ASSIST DIVERSE MEDICALLY UNDERSERVED POPULATIONS IN METRO DENVER THIS PROJECT WILL ENABLE BLC TO IMPROVE ITS CURRICULUM TO ALIGN WITH RECENTLY ISSUED STATE STANDARDS AND DELIVER STATE-OF-THE-ART TRAINING TO 70 OLDER ADULT VOLUNTEERS BY MID-2019, ULTIMATELY BENEFITING THE CLIENTS SERVED AT 40+ NONPROFIT PARTNER SITES	34,811
CENTENNIAL AREA HEALTH AND EDUCATION CENTER 4650 WEST 20TH STREET SUITE 100 GREELEY, CO 80634		501(C)3	CENTENNIAL AREA HEALTH EDUCATION CENTER HAS 2 REGIONAL HEALTH CONNECTORS, COVERING 10 RURAL AND FRONTIER EASTERN COLORADO COUNTIES BASED ON THE LOCAL NEEDS IN THESE COMMUNITIES, WE PROPOSE TO INTRODUCE A MODEL FOR CARE MANAGEMENT THIS MODEL WOULD BE TO PARTNER WITH CLINICS TO PROVIDE CLINICAL WORKFORCE TRAINING FOR CARE MANAGERS TO GO TO THE HOMES OF PATIENTS, ATTEND CLINIC VISITS AND TAKE TELEHEALTH INTO THE HOMES FOR THE MOST VULNERABLE PATIENTS	50,000
CENTENNIAL MENTAL HEALTH CENTER 211 WEST MAIN STREET STERLING, CO 80751		501(C)3	DURING THE GRANT PERIOD, THIS AWARD WILL BE USED TO PARTIALLY FUND AN INTEGRATED CARE DIRECTOR TO ENHANCE AND EXPAND CENTENNIAL'S CURRENT INTEGRATED SERVICES PROGRAM TO INCREASE ACCESS TO BEHAVIORAL HEALTH CARE THIS WILL BE ACCOMPLISHED BY EMBEDDING A TEAM OF BEHAVIORAL HEALTH CARE PROVIDERS INTO RURAL HEALTH CLINICS AND PRIMARY CARE PRACTICES IN OUR MOST UNDERSERVED COLORADO COMMUNITIES THROUGHOUT OUR TEN COUNTY REGION THROUGH THE USE OF THIS SYSTEMATIC AND COST-EFFECTIVE APPROACH, CENTENNIAL WILL REDUCE BARRIERS TO ACCESSING BEHAVIORAL HEALTH CARE, WHILE, INCREASING PATIENT ENGAGEMENT SPECIFICALLY THOSE WITH HIGH HEALTH CARE NEEDS THAT HAVE MULTIPLE CHRONIC PHYSICAL AND BEHAVIORAL HEALTH CONDITIONS CENTENNIAL'S EFFORTS WILL BE FOCUSED ON ADVANCING AN EMERGING PROCESS IMPROVEMENT TO INTEGRATED HEALTH CARE BY DELIVERING SERVICES TO THE TARGETED POPULATION IN PRIMARY CARE SETTINGS THAT IS CURRENTLY NOT AVAILABLE	50,000
Total . . . . . ► 3a				1,747,989

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)				
<b>a</b> <i>Paid during the year</i>				
COLORADO HEALTH INSTITUTE 303 EAST 17TH AVENUE SUITE 930 DENVER, CO 80203		501(C)3	COLORADO'S SPECIALTY CARE STEWARDSHIP COUNCIL IS COMMITTED TO BUILDING A STATEWIDE SPECIALTY CARE ACCESS NETWORK FOR COLORADO'S MOST VULNERABLE RESIDENTS UNDER THE COLORADO HEALTH INSTITUTE'S LEADERSHIP, THE COUNCIL ENVISIONS A SPECIALTY CARE NETWORK AVAILABLE TO ALL THIS PROPOSAL SEEKS SUPPORT FROM TELLIGEN TO HELP MAKE THIS ESSENTIAL RESEARCH A REALITY SPECIFIC RESEARCH, INCLUDING THE DEVELOPMENT OF DATA INFRASTRUCTURE, IS DETAILED IN OUR LETTER OF INTENT	45,000
COLORADO SCHOOL MEDICAID CONSORTIUM 789 SHERMAN STREET SUITE 370 DENVER, CO 80203		501(C)3	EXPANSION OF THE CONSORTIUM'S SCHOOL HEALTH SERVICES (SHS) COORDINATOR PROGRAM TO SERVE NEW HIGH-NEED SCHOOL DISTRICTS BY HIRING A DEDICATED PROGRAM SPECIALIST THE SHS PROGRAM SPECIALIST WILL MANAGE THIS PROGRAM AND SERVE AS A CONSULTANT, PROVIDING IN-DEPTH AND ONSITE TECHNICAL ASSISTANCE, TRAINING AND SUPPORT TO SCHOOL DISTRICTS TO IMPLEMENT AN EFFICIENT AND SELF-SUSTAINING SHS PROGRAM, RESULTING IN INCREASED REVENUE TO FUND CRITICAL STUDENT HEALTH SERVICES	35,000
DENTISTS FOR THE DISABLED AND ELDERLY IN NEED OF TREATMENT (D-DENT) 3000 UNITED FOUNDERS BLVD SUITE 122 OKLAHOMA CITY, OK 73112		501(C)3	D-DENT'S RESTORATIVE DENTAL CARE PROGRAM PROVIDES LOW INCOME, UNINSURED OKLAHOMAN'S WITH FREE COMPREHENSIVE DENTAL CARE IT PROVIDES DENTAL ACCESS FOR THOSE WHO CANNOT AFFORD THE HIGH COST OF DENTISTRY OUR TARGET AUDIENCE INCLUDES THE ELDERLY, THOSE WITH DEVELOPMENTAL DISABILITIES, AND VETERANS	25,000
<b>Total</b> . . . . .			<b>3a</b>	1,747,989



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)				
<b>a</b> Paid during the year				
DOCTORS CARE 609 WEST LITTLETON BLVD SUITE 100 LITTLETON, CO 80120		501(C)3	DOCTORS CARE SEEKS FUNDING TO SUPPORT HEALTH NAVIGATION SERVICES THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH FOR LOW-INCOME INDIVIDUALS THE HEALTH NAVIGATION TEAM WILL IMPLEMENT IMPROVEMENTS TO INCREASE THE NUMBER OF INDIVIDUALS IMPACTED AND ADDRESS THE EFFECTIVENESS OF THE PROGRAM TO REDUCE AND SOCIOECONOMIC BARRIERS TO CARE AND IMPROVE OVERALL HEALTH	50,000
DOROTHY'S HOUSEPO BOX 57672 DES MOINES, IA 57672		501(C)3	SAFE PLACE FOR THE PRACTICE OF LIFE FOR TEEN AND YOUTH GIRLS WHOSE LIVES HAVE BEEN INTERRUPTED BY SEX TRAFFICKING AND EXPLOITATION	50,000
GOOD SHEPHERD COMMUNITY CLINIC INC TWENTY 12TH AVENUE NW ARDMORE, OK 73401		501(C)3	THE MAJORITY OF PATIENTS CARED FOR AT THE GOOD SHEPHERD COMMUNITY CLINIC, INC (GSCC) ARE STRUGGLING WITH BEHAVIORAL HEALTH PROBLEMS AND SOCIAL DETERMINATES THAT HAVE A SEVERE IMPACT ON THEIR OVERALL HEALTH, LEAVING THEM AT RISK FOR CHRONIC DISEASES INTEGRATING BEHAVIORAL HEALTH WITH THE HEALTHCARE TEAM WILL ALLOW THE GSCC TO TREAT AND IMPROVE HEALTH OUTCOMES OF PATIENTS SERVED ADDRESSING BEHAVIORAL HEALTH THROUGH TRAUMA-INFORMED CARE IS IMPORTANT BECAUSE THESE PROBLEMS, LEFT UNTREATED, CAN HAVE LIFELONG EFFECTS THAT HARM NOT ONLY PATIENTS, BUT ALSO THEIR FAMILIES, SCHOOLS, WORKPLACES, AND COMMUNITIES	50,000
<b>Total . . . . . ▶ 3a</b>				1,747,989

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

<div>Recipient</div>	<div>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</div>	<div>Foundation status of recipient</div>	<div>Purpose of grant or contribution</div>	<div>Amount</div>
<div>Name and address (home or business)</div>				
<b>a</b> <i>Paid during the year</i>				
GOOD SHEPHERD MINISTRIES OF OKLAHOMA 222 NW 12TH STREET OKLAHOMA CITY, OK 73103		501(C)3	AS A LONGTIME PROVIDER OF FREE HEALTH CARE TO THE UNDERSERVED IN OUR COMMUNITY, WE FEEL IT IS INCUMBENT UPON US TO FOCUS MORE ON MENTAL HEALTH FOR NOT ONLY OUR PATIENT'S SAKE, BUT THEIR FAMILIES AS WELL WE ARE WORKING TO IMPROVE ACCESS TO BEHAVIORAL HEALTH CARE AND FINDING WAYS TO BRING OUR SERVICES TO PEOPLE WHO NEED IT THE MOST AND ARE SUFFERING	12,500
HCI CARE SERVICES DBA EVERystep 3000 EASTON BLVD DES MOINES, IA 50317		501(C)3	PALLIATIVE CARE TRAINING/IMMERSION IN MULTIPLE RURAL PILOT COMMUNITIES	50,000
HEARTLAND ALLIANCE 208 SOUTH LASALLE STREET STE 1300 CHICAGO, IL 60604		501(C)3	READI CHICAGO IS AN INNOVATIVE, AMBITIOUS, COMMUNITY-DRIVEN STRATEGY TO ADDRESSING GUN VIOLENCE IN CHICAGO	50,000
<b>Total . . . . . ► 3a</b>				1,747,989

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Provided 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)				
<b>a</b> <i>Paid during the year</i>				
HEARTLINE INC 3801 NW 63RD STREET BLDG 1 OKLAHOMA CITY, OK 73116		501(C)3	HEARTLINE'S MISSION IS TO CONNECT OKLAHOMANS TO HELP, HOPE AND INFORMATION 24 HOURS A DAY HEARTLINE HAS A 47-YEAR HISTORY OF PROVIDING AROUND-THE-CLOCK, COMPASSIONATE, NONJUDGMENTAL LISTENING, INFORMATION AND REFERRAL, CRISIS INTERVENTION AND SUICIDE PREVENTION HEARTLINE FULFILLS ITS MISSION THROUGH FREE AND CONFIDENTIAL PHONE-BASED AND SUICIDE PREVENTION SERVICES HEARTLINE IS SEEKING GENERAL OPERATING SUPPORT FOR OUR 2-1-1 PHONE AND WEB BASED SERVICES	50,000
HOUSING OPPORTUNITIES AND MAINTENANCE FOR THE ELDERLY (HOME) 1419 WEST CARROLL AVENUE FLOOR 2 CHICAGO, IL 60607		501(C)3	HOME SAFETY OF ELDERLY IN A COLLABORATION WITH RUSH UNIVERSITY MEDICAL CENTER - TO HELP MAINTAIN SENIOR INDEPENDENT LIVING	50,000
IOWA CHRONIC CARE CONSORTIUM 2700 WESTOWN PARKWAY SUITE 330 WEST DES MOINES, IA 50266		501(C)3	FUNDING FROM TCI WOULD DEVELOP THE FIRST OPERATIONAL NATIONAL REGISTERED COMMUNITY HEALTH WORKER (CHW) APPRENTICESHIP PROGRAM IN IOWA	50,000
<b>Total . . . . . ► 3a</b>				1,747,989

**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)				
<b>a</b> <i>Paid during the year</i>				
IOWA COMMISSION ON VOLUNTEER SERVICE 200 EAST GRAND AVENUE DES MOINES, IA 50309		501(C)3	THE CAPACITY OF NONPROFITS TO IMPROVE INDIVIDUAL AND OVERALL COMMUNITY HEALTH HAS THE POTENTIAL TO BE GREATLY EXPANDED THROUGH THE EFFECTIVE ENGAGEMENT OF VOLUNTEERS, HOWEVER A MAJORITY OF ORGANIZATIONS DO NOT HAVE THE KNOWLEDGE AND PRACTICES TO LEVERAGE THIS ASSET	16,000
IOWA PRIMARY CARE ASSOCIATION 9943 HICKMAN ROAD SUITE 103 URBANDALE, IA 50322		501(C)3	THIS PROJECT WILL ALSO ALLOW FOR THE MARRYING OF SOCIAL DETERMINANT OF HEALTH DATA WITH TRADITIONAL CLINICAL DATA, WHICH WILL INFORM A BROADER STRATEGY FOCUSED ON RISK STRATIFICATION AND NEW PAYMENT METHODOLOGY DEVELOPMENT IN A VALUE-BASED HEALTH CARE ENVIRONMENT	50,000
IOWA PUBLIC HEALTH ASSOCIATION 2704 FLEUR DRIVE DES MOINES, IA 50321		501(C)3	IPHA PROPOSES TO FOCUS THE NETWORK TO ASSESS IOWA'S PUBLIC HEALTH WORKFORCE AND FACILITATE THE DEVELOPMENT OF A STATEWIDE STRATEGIC PLAN TO ADDRESS IOWA'S IDENTIFIED PUBLIC HEALTH WORKFORCE DEVELOPMENT NEEDS IN A COORDINATED, COLLABORATIVE FASHION	47,585
<b>Total . . . . . ► 3a</b>				1,747,989

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LIFE CONNECTIONS PEER RECOVERY SERVICES 414 6TH STREET DEWITT, IA 52742		501(C)3	PEER RUN RESPITE HOUSE FOR INDIVIDUALS WITH MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES IN A FIVE-COUNTY SERVICE AREA OF EASTERN IOWA	50,000
LONGMONT UNITED HOSPITAL 1950 MOUNTAIN VIEW AVENUE LONGMONT, CO 80501		501(C)3	DESIGN, MANUALIZATION, AND EVALUATION OF A NOVEL 8-WEEK INTERDISCIPLINARY CHRONIC PAIN SELF-REHABILITATION TRAINING PROGRAM FOR LOW-INCOME PATIENTS CURRENTLY USING OPIOID MEDICATION	46,250
MADISON STRATEGIES GROUP 907 S DETROIT AVE SUITE 830 TULSA, OK 74120		501(C)3	MSG IS COMMITTED TO HELPING UNDERSERVED POPULATIONS BECOME FUTURE MEMBERS OF TULSA'S HEALTHCARE WORKFORCE THROUGH VIABLE HEALTH CAREER PATHWAYS USING THE INNOVATIVE, NATIONALLY RECOGNIZED WORKADVANCE MODEL FUNDING FROM TCI WILL ENABLE MSG TO DELIVER THE FULL WORKADVANCE MODEL TO HELP MORE LOW-INCOME TULSANS BECOME PRODUCTIVE MEMBERS OF THE HEALTHCARE WORKFORCE THROUGH ESSENTIAL SOFT SKILLS DEVELOPMENT, TECHNICAL TRAINING, JOB PLACEMENT, CAREER ADVANCEMENT COACHING AND CREATIVE ENGAGEMENT STRATEGIES THIS PROVEN MODEL WILL HELP TULSA'S UNDERSERVED INCREASE THEIR EDUCATION AND EARN MORE INCOME WHILE PROVIDING BUSINESSES WITH A PIPELINE OF SKILLED EMPLOYEES, CREATING A BRIGHTER OUTCOME FOR THE COMMUNITY WHILE IMPROVING THE ECONOMIC OUTLOOK FOR TULSA	50,000
<b>Total . . . . . ▶ 3a</b>				1,747,989

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MCKENDREE UNIVERSITY 701 COLLEGE ROAD LEBANON, IL 62254		501(C)3	DEVELOPMENT OF INNOVATIVE MSN POPULATION HEALTH ONLINE CURRICULUM CREATING A SPECIFIC POPULATION HEALTH SPECIALTY OPTION FOR ASPIRING NURSE LEADERS AND EDUCATORS TO DRIVE CHANGES IN HEALTHCARE PRACTICE ACROSS ALL HEALTH RELATED SETTINGS THROUGHOUT THE STATE OF ILLINOIS WITH A FOCUS ON RURAL AND UNDERSERVED AREAS	49,840
NATIONAL INSTITUTE FOR MEDICAL ASSISTANT ADVANCEMENT 203 SOUTH ROLLIE AVENUE FORT LUPTON, CO 80621		501(C)3	NIMAA PROVIDES VOCATIONAL EDUCATION AND EMPLOYMENT OPPORTUNITIES FOR THE UNDERSERVED WHO LIVE AND HOPE TO WORK AS MEDICAL ASSISTANTS IN THE COMMUNITIES OUR HEALTH CARE EMPLOYERS SERVE, WHILE IMPROVING THE CAPABILITIES OF THE STAFF WHO DELIVER THAT HEALTH SERVICE NIMAA SEEKS TCI FUNDING TO DEVELOP AND IMPLEMENT A UNIQUE, HOLISTIC STUDENT SERVICES FUNCTION WITHIN OUR EDUCATION MODEL STUDENT SERVICES WILL PROVIDE MENTORING AND SUPPORT TO ENABLE EACH STUDENT TO OVERCOME THE BARRIERS TO SUCCESS WHICH OFTEN PLAGUE THE UNDERSERVED AND WILL DEVELOP DEEP RELATIONSHIPS WITH OUR COLLABORATING SAFETY NET CLINIC EMPLOYERS WHO HOST STUDENTS THROUGHOUT THE 7-MONTH NIMAA PROGRAM	50,000
OMNI INSTITUTE 899 LOGAN STREET SUITE 600 DENVER, CO 80203		501(C)3	OMNI IS APPLYING FOR FUNDING TO DEVELOP CAPACITY-BUILDING TOOLS AND RESOURCES FOR HEALTH EQUITY RELATED ISSUES FOR COLORADO COMMUNITIES TOOLS AND RESOURCES WILL SUPPORT COMMUNITIES IN 1) BETTER ADDRESSING AND ENHANCING FOCUS ON UNDERSTANDING THE SOCIAL DETERMINANTS OF HEALTH WITHIN THEIR PLANNING AND WORK, 2) BUILDING ORGANIZATIONAL CAPACITY AROUND ADDRESSING HEALTH INEQUITIES AND EVALUATING EFFORTS, AND 3) LEVERAGING THEIR EXISTING WORK AND COLLABORATIONS/PARTNERSHIPS TO IMPROVE HEALTH EQUITY IN THEIR COMMUNITY IN ORDER TO DO THIS WELL AND BE RESPONSIVE TO COMMUNITY NEEDS, WE PLAN TO COLLABORATE AND PILOT TEST THESE RESOURCES WITH TWO LOCAL PUBLIC HEALTH AGENCIES WHO ARE COMMITTED TO BUILDING CAPACITY TO ADDRESS COMMUNITY HEALTH EQUITY ISSUES	50,000
<b>Total . . . . .</b>			<b>3a</b>	1,747,989

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OSF SAINT ELIZABETH MEDICAL CENTER 1100 EAST NORRIS DRIVE OTTAWA, IL 61350		501(C)3	INNOVATIVE REDESIGNED MOBILE INTEGRATED HEALTH PLAN AT ITS OSF CENTER FOR HEALTH-STREATOR THAT WILL TRANSFORM THE WAY HEALTHCARE IS MANAGED FOR AT-RISK PATIENTS	50,000
PATHWAYS TO A HEALTHY STEPHENS COUNTY 1407 WHISENANT DRIVE DUNCAN, OK 73534		501(C)3	CREATE THE SOUTHWEST OKLAHOMA HEALTHCARE CAREER EDUCATION AND AWARENESS PROJECT THAT WILL BRING TOGETHER A NETWORK OF INFORMATION AND RESOURCES AND SHARE IN MULTIPLE FORMATS TO ENGAGE STUDENTS, PARENTS AND ADULTS SEEKING INFORMATION ON THE GROWING HEALTHCARE EMPLOYMENT OPPORTUNITIES AVAILABLE IN SOUTHWEST OKLAHOMA	50,000
PRESENCE CARE TRANSFORMATION CORPORATION 200 SOUTH WACKER DRIVE 11TH FLOOR CHICAGO, IL 60606		501(C)3	IN PARTNERSHIP WITH THE CHICAGO PUBLIC LIBRARY (CPL), THE SOCIAL WORKER IN THE LIBRARY PROJECT WILL EMBED A LICENSED CLINICAL SOCIAL WORKER (LCSW) AT TWO UPTOWN COMMUNITY SITES TO IMPROVE THE QUALITY OF LIFE FOR INDIVIDUALS WHO ARE EXPERIENCING HOMELESSNESS, UNEMPLOYMENT, MENTAL ILLNESS, AND OTHER COMPLEX NEEDS	50,000
<b>Total . . . . .</b>			<b>3a</b>	1,747,989

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<b>a</b> <i>Paid during the year</i>				
PROJECT ANGEL HEART 4950 WASHINGTON STREET DENVER, CO 80216		501(C)3	PROJECT ANGEL HEART RESPECTFULLY REQUESTS \$30,000 FROM TCI TO SUPPORT OUR EFFORTS TO BUILD AN EVIDENCE BASE OF THE EFFICACY OF MEDICALLY TAILORED MEALS IN IMPROVING HEALTH AND REDUCING COSTS AND UTILIZATION FOR CRITICALLY ILL INDIVIDUALS THIS EVIDENCE WILL BE USED AS RHETORIC TO SECURE PAYER REIMBURSEMENT AND ESTABLISH COMMUNITY-CLINICAL LINKAGES WITH HEALTH SYSTEMS AND PROVIDERS IN COLORADO	30,000
PROJECT IOWA1420 MULBERRY STREET DES MOINES, IA 50309		501(C)3	INTEGRATE OUR HOLISTIC, CAREER-TRAINING PROGRAM INTO THE RECOVERY COURT SYSTEM TO ADDRESS UPSTREAM SOCIAL DETERMINANTS OF HEALTH FOR THE FAMILIES INVOLVED, MOVE THEM TO FINANCIAL STABILITY, AND ULTIMATELY ASSIST IN REUNIFICATION OF THESE FAMILIES SOONER	50,000
RICHARD J DALEY COLLEGE 7500 SOUTH PULASKI ROAD CHICAGO, IL 60652		501(C)3	INCREASE THE SPANISH-SPEAKER COMMUNITY HEALTH WORKER WORKFORCE IN CHICAGO THROUGH THIS COLLEGE-CREDIT AWARDING PROGRAM	40,000
<b>Total . . . . . ► 3a</b>				1,747,989



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ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH 2701 17TH STREET ROCK ISLAND, IL 61201		501(C)3	RYC WILL PROVIDE COMMUNITY LEADERSHIP IN THE AREA OF PREVENTION AND INTERVENTION REGARDING THE HIGHLY SENSITIVE AND PAINFUL SUBJECT OF PEDIATRIC/YOUTH SUICIDE	50,000
SINNISSIPPI CENTERS325 IL ROUTE 2 DIXON, IL 61201		501(C)3	ESTABLISHING A COMMUNITY BEHAVIORAL HEALTH CENTER OF EXCELLENCE PROGRAM FOR MASTER'S LEVEL PREPARED PROFESSIONALS	41,834
SOUTHERN ILLINOIS UNIVERSITY PO BOX 19616 SPRINGFIELD, IL 62794		501(C)3	UTILIZATION OF TELEMEDICINE TECHNOLOGY TO PROVIDE HIV PRE-EXPOSURE PROPHYLAXIS TO COMMUNITIES IN CENTRAL AND SOUTHERN ILLINOIS, WHO ARE AT HIGH RISK OF HIV ACQUISITION, IN COMMUNITIES THAT ARE RESOURCE DEPRIVED	50,000
<b>Total . . . . . ▶ 3a</b>				1,747,989

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<b>a</b> <i>Paid during the year</i>				
THRIVE SEXUAL HEALTH COLLECTIVE FOR YOUTH 3000 UNITED FOUNDERS BLVD SUITE 247 OKLAHOMA CITY, OK 73112		501(C)3	OUR COMMUNITY ENGAGEMENT PROJECT WILL ASSESS THE ATTITUDES ABOUT AND NEEDS FOR INFORMATION, RESOURCES AND PROGRAMMING RELATED TO HEALTHY RELATIONSHIPS, SEXUAL HEALTH AND TEEN PREGNANCY PREVENTION WITHIN THREE SPECIFIC CONSTITUENCY GROUPS WITHIN THE COMMUNITY - PARENTS, FAITH LEADERS AND STAFF OF YOUTH-SERVING ORGANIZATIONS	48,150
TRINITY MUSCATINE PUBLIC HEALTH 160 CEDAR STREET MUSCATINE, IA 52761		501(C)3	GREATER ACCESS AND IMPROVED COMPREHENSIVE HEALTHCARE FOR LOW-INCOME CHILDREN AND ADULTS THE CLINIC WILL COMPLEMENT A LARGER COLLABORATION OF HEALTH SERVICES FACILITATED BY THE MUSCATINE CENTER FOR SOCIAL ACTION (MCSA)	50,000
UNITED COMMUNITY ACTION PROGRAM INC 501 SIXTH STREET PAWNEE, OK 74058		501(C)3	SEEKING FUNDING TO ADVANCE THE VETERANS RIDE CONNECT PROJECT UTILIZING ONECALL/ONECLICK TECHNOLOGY TO IMPROVE HEALTH EQUITY AND IMPACT PRIMARY CARE AND MENTAL HEALTH INTERVENTIONS FOR TRANSPORTATION DISADVANTAGED OKLAHOMA VETERANS LIVING IN RURAL AREAS	50,000
<b>Total . . . . .</b>			<b>3a</b>	1,747,989

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<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637		501(C)3	THERE IS AN URGENT NEED TO INCREASE THE NUMBER OF HEALTH CARE PROVIDERS IN THESE COMMUNITIES THAT ARE TRAINED IN EVIDENCE BASED TREATMENT OPTIONS FOR PATIENTS WITH OPIOID USE DISORDER (OUD) FUNDING FROM TCI WILL SUPPORT WORKFORCE DEVELOPMENT FOR COMMUNITY-BASED PRIMARY CARE PROVIDERS	25,000
UNIVERSITY OF IOWA CARVER COLLEGE OF MEDICINE 375 NEWTON ROAD IOWA CITY, IA 52246		501(C)3	THROUGH AN ONLINE PLATFORM, WE WANT TO CONNECT RURAL PHYSICIANS IN IOWA WITH MEDICAL STUDENTS, INTRODUCE THEM BOTH TO TOPICS IN HEALTHCARE DELIVERY SCIENCE AND MANAGEMENT, AND LEVERAGE THESE RELATIONSHIPS TO DRIVE VALUE-BASED CARE ACROSS IOWA	50,000
VARIETY CARE 3000 NORTH GRAND BLVD OKLAHOMA CITY, OK 73107		501(C)3	WE ARE SEEKING GRANT SUPPORT FROM THE TELLIGEN COMMUNITY INITIATIVE TO ENABLE VARIETY CARE TO EMBARK ON THE PROCESS OF PRACTICE TRANSFORMATION UTILIZING THE DRAMATIC PERFORMANCE IMPROVEMENT COLLABORATIVE PROCESS	50,000
<b>Total . . . . . ► 3a</b>				1,747,989

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WESTERN OKLAHOMA STATE COLLEGE 2801 NORTH MAIN STREET ALTUS, OK 73512		501(C)3	LPNS ARE BEING PHASED OUT OF HIGH-RISK AREAS IN HOSPITALS NATIONWIDE AT THE SAME TIME, THE ELDERLY POPULATION IS GROWING DUE TO THE AGING OF BABY BOOMERS AND PRESSURE IS NOW ON INSTITUTIONS OF HIGHER EDUCATION TO ADDRESS A SEVERE SHORTAGE OF RNS, ESPECIALLY IN RURAL AREAS SUCH AS WESTERN OKLAHOMA WESTERN OKLAHOMA STATE COLLEGE PROPOSES AN ONLINE LPN TO RN ACADEMIC PROGRAM WITH CLINICAL EXPERIENCE IN THE FIELD AT VARIOUS PARTNER INSTITUTIONS IN ORDER TO ASSIST LPNS TO BECOME RNS IN ONE YEAR WITHOUT LEAVING THE WORKFORCE WOSC ALSO SEEKS TO IMPLEMENT A NEW IMPROVED CURRICULUM TO MEET THE UPCOMING NEED FOR THE NEW NCLEX TEST WHICH PUTS MORE EMPHASIS ON INNOVATIVE AND CRITICAL THINKING IN ORDER TO PASS THE TEST	49,298
GREAT RIVER MEDICAL CENTER 1221 S GEAR AVE WEST BURLINGTON, IA 52655		501(C)3	REFUND OF GRANT INITIAL GRANT FOR GREAT RIVER MEDICAL CENTER WAS REQUESTING FUNDING TO SUPPORT A DUAL-DIAGNOSIS PARTIAL HOSPITAL PROGRAM THE DUAL-DIAGNOSIS PARTIAL HOSPITAL PROGRAM WOULD PROVIDE CONCURRENT TREATMENT FOR INDIVIDUALS WITH CO-OCCURRING MENTAL HEALTH AND SUNSTANCE ABUSE DISORDERS IN A DRY HOSPITAL SETTING TREATMENT WOULD INCLUDE INTENSIVE GROUP AND INDIVIDUAL MENTAL HEALTH THERAPY, SUBSTANCE ABUSE COUNSELING, MEDICATION MANAGEMENT, AS WELL AS NUTRITION, EXERCISE, RECREATIONAL, AND MUSIC THERAPY	-48,279
<b>Total . . . . .</b> ► <b>3a</b>				1,747,989

**TY 2018 Accounting Fees Schedule****Name:** TELLIGEN COMMUNITY INITIATIVE**EIN:** 20-2017785

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING	7,600	0		6,802

**TY 2018 Investments - Other Schedule****Name:** TELLIGEN COMMUNITY INITIATIVE**EIN:** 20-2017785**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
MUTUAL FUNDS	FMV	11,428,269	11,428,269
EXCHANGE TRADED & CLOSED-END FUNDS	FMV	6,366,979	6,366,979
EQUITIES	FMV	14,947,790	14,947,790
CORPORATE FIXED INCOME FUNDS	FMV	1,198,040	1,198,040
GOVERNMENT SECURITIES	FMV	2,962,258	2,962,258

**TY 2018 Legal Fees Schedule****Name:** TELLIGEN COMMUNITY INITIATIVE**EIN:** 20-2017785

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL	1,433	0		1,283

**TY 2018 Other Decreases Schedule**

**Name:** TELLIGEN COMMUNITY INITIATIVE  
**EIN:** 20-2017785

Description	Amount
UNREALIZED GAIN/(LOSS) ON INVESTMENTS	5,316,276



**TY 2018 Other Expenses Schedule****Name:** TELLIGEN COMMUNITY INITIATIVE**EIN:** 20-2017785**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS	4,922	0		4,405
ADMINISTRATIVE SERVICES	26,112	0		26,055
INSURANCE	27,363	0		24,490
INVESTMENT FEES	283,111	283,111		0
OFFICE EXPENSES	1,719	0		1,539
OTHER PROGRAM SERVICES	24,849	0		0
MANAGEMENT FEES	3,000	0		0

**TY 2018 Other Professional Fees Schedule****Name:** TELLIGEN COMMUNITY INITIATIVE**EIN:** 20-2017785

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
OTHER PROFESSIONAL SERVICES	50,513	0		45,209

**TY 2018 Taxes Schedule****Name:** TELLIGEN COMMUNITY INITIATIVE**EIN:** 20-2017785

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT INCOME TAX	42,240	0		0
PAYROLL TAXES	9,994	0		8,945