

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

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	B Telephone number (see instructions) (515) 222-2428
City or town, state or province, country, and ZIP or foreign postal code WEST DES MOINES, IA 50266		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 41,596,819	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)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		(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	170,404	170,404		
	4 Dividends and interest from securities	1,456,202	1,456,202		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	1,430,201			
	b Gross sales price for all assets on line 6a _____ 22,357,521				
	7 Capital gain net income (from Part IV, line 2)		1,430,201		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	3,056,807	3,056,807		
	13 Compensation of officers, directors, trustees, etc	125,794	0		112,586
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	24,940	0		22,321
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	6,000	0		5,370
	c Other professional fees (attach schedule)	45,144	0		40,404
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	92,725	0		9,244
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	6,987	0		6,253
	22 Printing and publications				
	23 Other expenses (attach schedule)	335,478	281,806		45,351
	24 Total operating and administrative expenses. Add lines 13 through 23	637,068	281,806		241,529
	25 Contributions, gifts, grants paid	1,791,313			1,791,313
	26 Total expenses and disbursements. Add lines 24 and 25	2,428,381	281,806		2,032,842
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	628,426			
	b Net investment income (if negative, enter -0-)		2,775,001		
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	198,113	144,912	144,912
	2 Savings and temporary cash investments	353,935	475,133	475,133
	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	8,480	43,741	43,741
	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)	36,903,336	40,687,123	40,687,123
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	0	245,910	245,910	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	37,463,864	41,596,819	41,596,819	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable		20,000	
	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 ▶ _____)	0	252,953	
	23 Total liabilities (add lines 17 through 22)	0	272,953	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	37,463,864	41,323,866	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> 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)	37,463,864	41,323,866	
30 Total liabilities and net assets/fund balances (see instructions) .	37,463,864	41,596,819		

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	37,463,864
2 Enter amount from Part I, line 27a	2	628,426
3 Other increases not included in line 2 (itemize) ▶ _____	3	3,231,576
4 Add lines 1, 2, and 3	4	41,323,866
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	41,323,866

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a MORGAN STANLEY #4045 - SHORT TERM			
b MORGAN STANLEY #4045 - LONG TERM			
c CAPITAL GAINS DIVIDENDS	P		
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 13,930,932		13,700,132	230,800
b 8,343,536		7,227,188	1,116,348
c 83,053			83,053
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			230,800
b			1,116,348
c			83,053
d			
e			

2 Capital gain net income or (net capital loss)	2	1,430,201
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	2,005,068	40,402,548	0 049627
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

2 Total of line 1, column (d)	2	0 231650
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 046330
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	39,607,391
5 Multiply line 4 by line 3	5	1,835,010
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	27,750
7 Add lines 5 and 6	7	1,862,760
8 Enter qualifying distributions from Part XII, line 4	8	2,032,842

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	27,750
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	27,750
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	27,750
6	Credits/Payments		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	65,902
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	65,902
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	38,152
11	Enter the amount of line 10 to be Credited to 2020 estimated tax <input type="checkbox"/> 13,880 Refunded <input type="checkbox"/>	11	24,272

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). <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>	1b	No
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 <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	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? <i>If "Yes," attach a conformed copy of the changes</i>	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? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> IA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	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. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	13	Yes	
14	The books are in care of ▶ TELLIGEN COMMUNITY INITIATIVE Telephone no ▶ (515) 222-2428			

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

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

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

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

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

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII

3 Five hig

Total number of others receiving over \$50,000 for professional services.	▶	0
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Part IX-A

Expenses

1 GRANTMAKING TO OTHER CHARITABLE ORGANIZATIONS	0
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Part IX-B

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount

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	39,730,545
b	Average of monthly cash balances.	1b	474,415
c	Fair market value of all other assets (see instructions).	1c	5,589
d	Total (add lines 1a, b, and c).	1d	40,210,549
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	40,210,549
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	603,158
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	39,607,391
6	Minimum investment return. Enter 5% of line 5.	6	1,980,370

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	1,980,370
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	27,750
b	Income tax for 2019 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	27,750
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,952,620
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	1,952,620
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	1,952,620

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	2,032,842
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	2,032,842
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	27,750
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	2,005,092

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				1,952,620
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.				
b From 2015.				
c From 2016. 449,844				
d From 2017.				
e From 2018. 50,599				
f Total of lines 3a through e.	500,443			
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 2,032,842				
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.				1,952,620
e Remaining amount distributed out of corpus	80,222			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	580,665			
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).	0			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	580,665			
10 Analysis of line 9				
a Excess from 2015.				
b Excess from 2016. 449,844				
c Excess from 2017.				
d Excess from 2018. 50,599				
e Excess from 2019. 80,222				

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

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

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

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

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

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

c Any submission deadlines

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	1,791,313
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

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	170,404		
4 Dividends and interest from securities.			14	1,456,202		
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			18	1,430,201		
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		3,056,807		0
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)			13			3,056,807

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

[illegible]

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

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.

Sign Here	*****	2020-06-04	*****	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	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	DAVID ELLIS				P01306431
	Firm's name ► DENMAN & COMPANY LLP				Firm's EIN ► 42-0794029
Firm's address ► 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
VICTORIA SHARP MD 1776 WEST LAKES PARKWAY WEST DES MOINES, IA 50266	PRESIDENT 1 00	0	0	0
GERARD CLANCY MD 1776 WEST LAKES PARKWAY WEST DES MOINES, IA 50266	DIRECTOR 1 00	0	0	0
PEG MASON 1776 WEST LAKES PARKWAY WEST DES MOINES, IA 50266	VICE PRESIDENT 1 00	0	0	0
MATT MCGARVEY 1776 WEST LAKES PARKWAY WEST DES MOINES, IA 50266	EXECUTIVE DIRECTOR 40 00	125,794	24,940	0
PAMELA BALLOU-NELSON 1776 WEST LAKES PARKWAY WEST DES MOINES, IA 50266	SECRETARY/TREASURER 1 00	0	0	0
JIM STAVNEAK 1776 WEST LAKES PARKWAY WEST DES MOINES, IA 50266	DIRECTOR 1 00	0	0	0
RIED BOOM MD 1776 WEST LAKES PARKWAY WEST DES MOINES, IA 50266	DIRECTOR 1 00	0	0	0

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
A NEW LEAFPO BOX 35903 TULSA, OK 74153		501(C)3	THE DUAL DIAGNOSIS BEHAVIOR SUPPORT PROGRAM WORKS WITH ANL DIRECT CARE PROVIDERS AND CLIENTS TO AID CLIENTS WITH A DUAL DIAGNOSIS TO PREVENT BEHAVIOR CHALLENGES BEFORE THEY OCCUR	48,900
ALTERNATIVES (FOR THE OLDER ADULT INC) 1803 7TH STREET MOLINE, IL 61265		501(C)3	THE HUB WILL CREATE AND MAINTAIN A COMPREHENSIVE INFORMATION AND REFERRAL SYSTEM THAT PROVIDES ACCESS CHANNELS FOR RESOURCE PARTNERS, AND THE PUBLIC TO HEALTH AND HUMAN SERVICES IN THE QUAD CITIES COMMUNITY THROUGH A COMMUNITY RESOURCE DATABASE	50,000
BOULDER FOOD RESCUEPO BOX 284 BOULDER, CO 80306		501(C)3	OUR CUSTOM OPEN SOURCE SOFTWARE THAT SERVES AS BFRS PRIMARY ORGANIZING TOOL IS AT THE END OF ITS LIFE WE ARE REQUESTING FUNDS TO BUILD THE NEXT GENERATION OF SOFTWARE TO STREAMLINE PROCESSES, IMPROVE COMMUNICATION AND COORDINATION, AND EXPAND THE WAY THE SOFTWARE SUPPORTS COMMUNITY-DRIVEN FOOD RESCUE ORGANIZATIONS NATIONWIDE	50,000
Total ► 3a				1,791,313

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CENTERSTONE OF ILLINOIS 200 NORTH EMERALD LANE CARBONDALE, IL 62901		501(C)3	CENTERSTONE SEEKS FUNDING AS PART OF OUR MOBILE CRISIS INITIATIVE TO MEET CLIENTS IN THE COMMUNITY AT THE TIME OF CRISIS AND PROVIDE THEM WITH ASSESSMENTS, SERVICES, AND LINKAGES TO THE APPROPRIATE CARE AS SOON AS POSSIBLE, RATHER THAN HAVE CLIENTS BEGIN THE LENGTHY, EXPENSIVE, AND INDIRECT PROCESS OF SEEKING CARE THROUGH A MEDICAL EMERGENCY CENTER	50,000
CHEROKEE COUNTY HEALTH SERVICES COMMISSION 135 NORTH MUSKOGEE AVENUE TAHLEQUAH, OK 74464		501(C)3	THE PROPOSED PROJECT IS TO CREATE THE CHEROKEE COUNTY RURAL HEALTH NETWORK AND LAY THE GROUNDWORK FOR SYSTEMIC INSTITUTIONAL CHANGES IN ORDER TO IMPLEMENT HOSPITAL/CLINIC DELIVERED INTERVENTIONS AND REDUCE EMERGENCY ROOM UTILIZATION WHILE IMPROVING OVERALL HEALTHCARE	50,000
CHICAGO BOTANIC GARDEN 1000 LAKE COOK ROAD GLENCOE, IL 60022		501(C)3	THE FARM INTEGRATES A MULTI-LAYER APPROACH TO ADDRESS SOCIAL DETERMINANTS OF HEALTH THROUGH AGRICULTURE-FOCUSED JOB TRAINING, A YEAR-ROUND URBAN FARM, COLLABORATION WITH COMMUNITY HEALTHCARE PROVIDERS, AND SUPPORT FOR UPSTART URBAN FARMERS	50,000
Total ► 3a				1,791,313

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

<div>Recipient</div> <div>Name and address (home or business)</div>	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 <i>Paid during the year</i>				
CITY OF FAIRVIEW OKLAHOMA 123 SOUTH 6TH STREET PO BOX 386 FAIRVIEW, OK 73737		501(C)3	ENRICH PHYSICAL FITNESS OPPORTUNITIES FOR ALL AREA CITIZENS, AGES 13 TO 90+, TO IMPROVE OVERALL WELLNESS AND LIFESTYLE, REDUCE OBESITY RATES, AND PREVENT RISK OF HEART DISEASE, TYPE 2 DIABETES AND CERTAIN TYPES OF CANCER THROUGH MULTIPLE COMMUNITY COLLABORATIONS INCLUDING CITY OF FAIRVIEW, FAIRVIEW REGIONAL MEDICAL CENTER, LIFE FITNESS CENTER	50,000
CLINICA COLORADO (COLORADO SAFETY NET COLLABORATIVE) 8300 NORTH ALCOTT STREET 300 WESTMINSTER, CO 80031		501(C)3	CORE OPERATIONAL SUPPORT FOR THE SAFETY NET VOICE WORK OF THE EMERGING COLORADO SAFETY NET COLLABORATIVE ORGANIZATION (\$30,000 AWARD IN THREE \$10,000 ANNUAL INSTALLMENT PAYMENTS)	10,000
COLORADO CHILDREN'S IMMUNIZATION COALITION 13123 E 16TH AVENUE B281 AURORA, CO 80045		501(C)3	VACCINE-PREVENTABLE DISEASE OUTBREAKS IN THESE COMMUNITIES STRETCH LIMITED PUBLIC HEALTH RESOURCES AND REQUIRE INCREASED, TARGETED, CULTURALLY-RESPONSIVE EDUCATION, OUTREACH AND ACCESS TO VACCINE SERVICES IN A HARD-TO-REACH POPULATIONS (HOMELESS)	49,473
Total ► 3a				1,791,313

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COLORADO HEALTH NETWORK INC 6260 EAST COLFAX AVENUE DENVER, CO 80220		501(C)3	TEXT MESSAGING PILOT PROJECT WILL INCORPORATE TEXT MESSAGING INTO THE PROVISION OF CASE MANAGEMENT SERVICES TO FACILITATE COMMUNICATION BETWEEN STAFF AND CLIENTS	50,000
COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA INC 302 NE 14TH STREET LEON, IA 50144		501(C)3	CHCSI IS RECEIVING FUNDING TO SUPPORT THE CONSTRUCTION AND DEVELOPMENT OF AN ACCESS CENTER IN OSCEOLA, IOWA THE ACCESS CENTER HAS BEEN CREATED TO PROVIDE INNOVATIVE CRISIS CENTERED BEHAVIORAL HEALTH SERVICES VIA A DELIVER MODEL NEW TO THE STATE OF IOWA	50,000
DRAKE UNIVERSITY - THE HARKIN INSTITUTE 2507 UNIVERSITY AVENUE DES MOINES, IA 50311		501(C)3	THE HARKIN INSTITUTE AT DRAKE UNIVERSITY, IN COLLABORATION WITH THE CENTER FOR SCIENCE IN THE PUBLIC INTEREST, PLANS TO EXPLORE HOW TO LEVERAGE SNAP DOLLARS TO INCENTIVIZE HEALTHY EATING, SUPPORT OVERALL HEALTH, AND REDUCE HEALTH CARE COSTS	37,903
Total ► 3a				1,791,313

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ELDERBRIDGE AGENCY ON AGING 22 NORTH GEORGIA AVENUE SUITE 216 MASON CITY, IA 50401		501(C)3	RETURN TO COMMUNITY - CARE TRANSITIONS PILOT PROGRAMMING TO HELP AVOID UNNECESSARY HOSPITAL READMISSIONS AS SOMEONE TRANSITION HOME	50,000
ILLINOIS ACADEMY OF FAMILY PHYSICIANS FOUNDATION 747 EAST BOUGHTON ROAD STE 253 BOLINGBROOK, IL 60440		501(C)3	THE PROJECT ADDRESSING THE OPIOID CRISIS ILLINOIS PRIMARY CARE COLLABORATION FOR APPROPRIATE AND EFFECTIVE PAIN MANAGEMENT IS AN EDUCATIONAL OUTREACH INITIATIVE AND AWARENESS CAMPAIGN FOR SAFE PRESCRIBING, ENCOMPASSING BOTH PHYSICIANS AND PATIENTS THE GOAL OF THE OUTREACH INITIATIVE IS TO EFFECTIVELY ADDRESS THE OPIOID CRISIS, CATALYZE PHYSICIAN BEHAVIOR CHANGE, PROVIDE SUPPORT FOR LOCAL-LEVEL PRACTICE CHANGE	20,000
ILLINOIS PRIMARY HEALTH CARE ASSOCIATION 500 SOUTH 9TH STREET SPRINGFIELD, IL 62701		501(C)3	THE PURPOSE OF THE ILLINOIS COMMUNITY HEALTH CENTER PIPELINE BUILDING PROGRAM IS TO ORGANIZE ACTIVITIES RELATED TO RECRUITING AND RETAINING CLINICAL PROVIDERS FOR FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) IN ILLINOIS	50,000
Total			3a	1,791,313

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
IOWA CITY HOSPICE 1025 WADE STREET IOWA CITY, IA 52240		501(C)3	THIS PROJECT PROPOSES TO ACHIEVE THE QUADRUPLE AIM (PATIENT SATISFACTION, JOB SATISFACTION, DECREASED COST, AND QUALITY OF CARE) THROUGH THE IMPLEMENTATION OF TELEHEALTH WITHIN EXISTING HOSPICE AND HOME-BASED PALLIATIVE CARE PROGRAMS	34,609
IOWA DEPARTMENT OF PUBLIC HEALTH 321 EAST 12TH STREET DES MOINES, IA 50319		501(C)3	THE HARNESSING THE POWER OF IOWAS LIBRARIES PROJECT WILL FOCUS ON SUPPORTING AND EQUIPPING IOWAS LIBRARIES WITH THE TOOLS, RESOURCES, AND PROGRAMS THAT WILL FOCUS ON ADDRESSING SDH GAPS AND IMPROVING POPULATION HEALTH	50,000
IOWA HARM REDUCTION COALITION 1216 2ND AVENUE SE CEDAR RAPIDS, IA 52403		501(C)3	THE PROPOSED PROJECT WILL USE AN INNOVATIVE PEER SERVICE DELIVERY MODEL TO PROVIDE HCV TESTING, LINKAGE TO TREATMENT, AND INTENSIVE CASE MANAGEMENT TO ELIMINATE STRUCTURAL BARRIERS TO CARE FOR MARGINALIZED COMMUNITIES OF IV DRUG USERS	50,000
Total			3a	1,791,313

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JEWELS ACADEMY 1620 PLEASANT STREET SUITE 216 DES MOINES, IA 50314		501(C)3	YOUNG EMERGING SCIENTISTS (Y E S) IS A SCIENCE TECHNOLOGY, ENGINEERING, AND MATHEMATICS (STEM) ORIENTATION PROGRAM TARGETED TO SERVE GIRLS (4TH 12TH) IN UNDERREPRESENTED POPULATIONS IN THE DES MOINES METRO THROUGH PARTICIPATION IN MULTIPLE INTERACTIVE, HANDS-ON WORKSHOPS	9,500
LABORATORY TO COMBAT HUMAN TRAFFICKING 1031 33RD STREET SUITE 237 DENVER, CO 80205		501(C)3	IN LINE WITH YOUR HEALTHCARE WORKFORCE DEVELOPMENT PRIORITY AREA, WE PROPOSE TO DESIGN AND IMPLEMENT A SERIES OF TRAININGS FOR HEALTHCARE WORKERS TO ENABLE THEM TO RECOGNIZE AND INTERVENE IN SITUATIONS OF HUMAN TRAFFICKING	50,000
LEGAL AID SERVICES OF OKLAHOMA INC 2915 NORTH CLASSEN BLVD STE 500 OKLAHOMA CITY, OK 73106		501(C)3	TO PROVIDE ONE (1) FULL-TIME ATTORNEY TO BE EMBEDDED AT COMANCHE COUNTY HOSPITAL TO BE PART OF THE HEALTHCARE DELIVERY TEAM TO ADDRESS AND RESOLVE THE SOCIAL DETERMINANTS TO HEALTH AND TO SECURE GOOD HEALTH OUTCOMES AND REDUCE HOSPITAL COSTS	50,000
Total ► 3a				1,791,313

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MACNEAL HOSPITAL 3249 OAK PARK AVENUE BERWYN, IL 60402		501(C)3	THIS PROGRAM WILL SERVE THE HOMELESS POPULATION PRESENTING TO THE MACNEAL HOSPITAL EMERGENCY DEPARTMENT OR THROUGH ADMISSION TO ONE OF THE MACNEAL HOSPITAL IN-PATIENT UNITS	37,500
MARSHALLTOWN YMCA-YWCA 108 WASHINGTON STREET MARSHALLTOWN, IA 50158		501(C)3	HONORARY GRANT FOR THE TELLIGEN COMMUNITY INITIATIVE BOARD OF DIRECTORS SERVICE OF DR DAVID THOMAS	2,500
MEMORY CARE HOME SOLUTIONS 4389 WEST PINE BLVD EAST ST LOUIS, IL 63108		501(C)3	EXPLORING WAYS TO LEVERAGE TECHNOLOGY IN SERVICE DELIVERY TO REACH MORE PEOPLE AND FAMILIES LIVING WITH DEMENTIA IN RURAL COMMUNITIES, ULTIMATELY SCALING OUR UNIQUE DEMENTIA CARE INTERVENTION, INCREASING OUR CLINICIANS CAPACITY BY 25-30%, AND THUS INCREASING THE NUMBER OF FAMILIES SERVED BY 30%	50,000
Total			3a	1,791,313

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MENTAL HEALTH ASSOCIATION OKLAHOMA 5330 EAST 31ST STREET SUITE 1000 TULSA, OK 74135		501(C)3	FUNDING FROM THIS GRANT WILL SUPPORT THE MENTAL HEALTH ASSISTANCE CENTER, WHICH HELPS INDIVIDUALS IN THE COMMUNITY IMPACTED BY MENTAL ILLNESS, SUBSTANCE ABUSE, HOMELESSNESS AND CRIMINAL HISTORIES NAVIGATE OKLAHOMA'S FRAGMENTED MENTAL HEALTH SYSTEM ELIGIBLE PARTICIPANTS WILL RECEIVE PRO BONO COUNSELING SERVICES THROUGH THE SUNBRIDGE PROGRAM	50,000
NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) IOWA 3839 MERLE HAY ROAD SUITE 229 DES MOINES, IA 50310		501(C)3	INCREASE COORDINATION WITH CURRENT NAMI PROVIDER PARTNER, DES MOINES UNIVERSITY WHERE NAMI PROVIDER IS A REQUIRED COURSE FOR ALL THIRD-YEAR MEDICAL STUDENTS TO SHOW EFFICACY OF THE INTERVENTION, AND CONDUCT OUTREACH TO OTHER HEALTH CARE PROFESSIONAL SCHOOLS AND HEALTH SYSTEMS	50,000
NATIONAL ASSOCIATION OF SOCIAL WORKERS ILLINOIS CHAPTER 1500 NORTH HALSTED STREET FLOOR 2 CHICAGO, IL 60642		501(C)3	THERE IS A SIGNIFICANT SHORTAGE OF PROFESSIONAL SOCIAL WORKERS IN THE STATE OF ILLINOIS BOTH IN THE URBAN AND RURAL AREAS TCI FUNDING WILL ENHANCE OUR KNOWLEDGE OF THE KEY SHORTAGE AREAS AND HELP NASW-IL AND THE ENTIRE SOCIAL WORK COMMUNITY TO DEVELOP A STRATEGY TO ADDRESS THIS WORKFORCE ISSUE	50,000
Total			3a	1,791,313

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OKLAHOMA CITY COMMUNITY COLLEGE FOUNDATION 7777 SOUTH MAY AVENUE OKLAHOMA CITY, OK 73159		501(C)3	OKLAHOMA CITY COMMUNITY COLLEGE SEEKS SUPPORT TO LAUNCH THE STATES FIRST ANESTHESIA TECHNOLOGY PROGRAM ONE OF ONLY A HANDFUL OF PROGRAMS NATIONWIDE LEADING TO CERTIFICATION AS AN ANESTHESIA TECHNOLOGIST	44,000
OKLAHOMA HOSPITAL EDUCATION AND RESEARCH INSTITUTE 4000 NORTH LINCOLN BLVD OKLAHOMA CITY, OK 73105		501(C)3	SUPPORT FOR QUALIFIED STAFF TO BECOME NATIONAL CERTIFIED AS A CERTIFIED PROFESSIONAL IN HEALTH CARE QUALITY (CPHQ) AND CERTIFIED IN INFECTION PREVENTION AND CONTROL (CIC)	39,920
OKLAHOMA STATE UNIVERSITY CENTER FOR HEALTH SCIENCES 1111 WEST 7TH STREET TULSA, OK 74107		501(C)3	CREATION OF OKLAHOMA PSYCHOTROPIC MEDICATION TREATMENT GUIDELINES TASK FORCE TO CREATE EVIDENCE-BASED PRACTICE PARAMETERS FOR CLINICIANS PROVIDING PSYCHIATRIC CARE OF YOUTH IN OKLAHOMA	45,060
Total ► 3a				1,791,313

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PROJECT ANGEL HEART 4950 WASHINGTON STREET DENVER, CO 80216		501(C)3	PROJECT ANGEL HEART RESPECTFULLY REQUESTS \$30,000 IN RENEWED FUNDING FROM THE TELLIGEN COMMUNITY INITIATIVE TO SUPPORT OUR EFFORTS TO INTEGRATE FOOD AND NUTRITION SERVICES INTO HEALTH CARE IF AWARDED, FUNDING WOULD SUPPORT THE ESTABLISHMENT OF CLINICAL-COMMUNITY LINKAGES THROUGH OUR MEALS FOR CARE TRANSITIONS (MCT) PROGRAM, AND POLICY REFORM EFFORTS FOCUSED ON INTEGRATING FOOD AND NUTRITION SERVICES INTO HEALTH CARE PLANS AND CURRICULUM FOR CHRONICALLY ILL COLORADANS	30,000
ROSALIND FRANKLIN UNIVERSITY 3333 GREEN BAY ROAD NORTH CHICAGO, IL 60064		501(C)3	ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE SEEKS SUPPORT FOR OUR PIPELINE TO HEALTHCARE CAREERS FOR UNDERREPRESENTED MINORITY STUDENTS PROGRAM (PIPELINE PROGRAM) A MULTI-TRACK WORKFORCE DEVELOPMENT PROGRAM THAT OFFERS HIGHLY MOTIVATED HIGH SCHOOL, COLLEGE AND POST-BACCALAUREATE STUDENTS FROM DISADVANTAGED BACKGROUNDS	50,000
SOUTHWESTERN COLORADO AREA HEALTH EDUCATION CENTER 701 CAMINO DEL RIO SUITE 316 DURANGO, CO 81301		501(C)3	COLLABORATIVE PARTNERS IN 8 COUNTIES OF SOUTHWESTERN COLORADO AIM TO GROW AND RETAIN A DIVERSE HEALTHCARE WORKFORCE	50,000
Total ► 3a				1,791,313

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				
STATUS CODE 4 INC (SC4I) 2860 S CIRCLE DRIVE STE 300 COLORADO SPRINGS, CO 80906		501(C)3	SC4I IS SEEKING FUNDS TO ENHANCE ITS TRAUMA HEALING SERVICES TO LOCAL AND ONLINE CLIENTS SC4I IS IN NEED OF UPGRADING AND ADDING ITS EMDR EQUIPMENT AND ACQUIRING EMDR SOFTWARE FOR OUR ONLINE COUNSELING PLATFORM	10,000
TELLIGEN COMMUNITY INITIATIVE SYNERGY CENTER 501 SW 7TH STREET DES MOINES, IA 50309		501(C)3	WE PROPOSE TO INTENTIONALLY CREATE A CAREFULLY SELECTED GROUP OF EMERGING HEALTH AND HUMAN SERVICE NONPROFITS AND INNOVATORS INTO A SHARED OR POOLED OFFICE SETTING WITH THE INTENTION OF HELPING THEM NURTURE AND GROW THEIR ORGANIZATIONAL CAPACITY WE WOULD PROVIDE THEM WITH WORKSTATIONS, MEETING ROOMS AND A LARGE EVENT/CONFERENCE ROOM AS WELL AS TECHNOLOGY, TELECOMMUNICATIONS, MAINTENANCE AND SECURITY AT NO COST FOR A PERIOD OF TIME AS THEY AND THEIR WORK EMERGE	114,862
THE CIVIC CANOPY 3532 FRANKLIN STREET SUITE H DENVER, CO 80205		501(C)3	IN RESPONSE TO EXPRESSED COMMUNITY INTEREST THIS MODULE WILL HELP BUILD SKILLS AND KNOWLEDGE TO MORE EFFECTIVELY FRAME SOCIAL DETERMINANTS OF HEALTH, EXPAND COMMUNITY DIALOGUE AROUND SOCIAL ISSUES, AND BETTER USE DATA VISUALIZATION AND STORYTELLING TO MAKE THE CASE FOR SYSTEMS CHANGE WELL PILOT THESE TOOLS THROUGH COMMUNITY-BASED TRAINING	45,250
Total			3a	1,791,313

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE FUND FOR A HEALTHIER COLORADO 1536 WYNKOOP STREET SUITE 224 DENVER, CO 80202		501(C)3	THE FUND FOR A HEALTHIER COLORADO IS SEEKING ASSISTANCE TO FUND THE PROGRAMMATIC PIECE OF COLORADOS HEALTH CAPITOL THIS BUILDING IS THE FIRST OF ITS KIND IN THE NATION TO BRING TOGETHER ORGANIZATIONS WHOSE MISSIONS INCLUDE HEALTH POLICY TO INCREASE COLLABORATION, EFFICIENCY, AND STATEWIDE IMPACT	50,000
THE NIGHT MINISTRY 4711 NORTH RAVENSWOOD AVENUE CHICAGO, IL 60640		501(C)3	THE OUTREACH AND HEALTH MINISTRY PROGRAM, WHICH INCLUDES THE HEALTH OUTREACH BUS AND STREET MEDICINE PROGRAM, BRINGS ACCESSIBLE, COMPASSIONATE HEALTH CARE TO INDIVIDUALS AND FAMILIES WHO MIGHT BE UNABLE OR INELIGIBLE TO OBTAIN SERVICES ELSEWHERE	45,000
WILLIAM W BARNES CHILDREN'S ADVOCACY CENTER (MAYES COUNTY DRUG REDUCTION) PO BOX 422 PRYOR, OK 74362		501(C)3	THE DROP TASK FORCE FAITH BASED COMMITTEE IS SEEKING FUNDING TO PROVIDE CORE COMPETENCIES AND OPIOID AWARENESS TRAINING FOR LOCAL PASTORS THIS TWO-DAY TRAINING WILL EQUIP CLERGY WITH INFORMATION ABOUT OPIATE ADDICTION AND THE CORE KNOWLEDGE, ATTITUDES, AND SKILLS ON THE BASIC TWELVE CORE COMPETENCIES	27,036
Total ► 3a				1,791,313

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YOUTH AND SHELTER SERVICES INC 420 KELLOGG AVENUE AMES, IA 50010		501(C)3	YSS IS REQUESTING SUPPORT FROM TELLIGEN TO PURCHASE A RECOVERY SMARTPHONE APP FOR ADOLESCENTS TO USE ONCE THEY ARE DISCHARGED FROM THE RESIDENTIAL ADDICTION TREATMENT PROGRAM AND ARE TRANSITIONING BACK TO THEIR HOMES	50,000
YOUTH EMERGENCY SERVICES AND SHELTER 918 SE 11TH STREET DES MOINES, IA 50309		501(C)3	INCREASE THE TALENT POOL OF QUALIFIED INDIVIDUALS TO WORK WITH CHILDREN AND FAMILIES WHO STRUGGLE WITH MENTAL HEALTH AND TRAUMA THROUGH INTERNSHIP AND CLINICAL PRACTICUM EXPERIENCES PAID INTERNS WILL WORK WITH CHILDREN WITHIN YESS EMERGENCY SHELTER, AND MENTAL HEALTH CLINICIANS WORKING TOWARDS INDEPENDENT LICENSURE	39,800
Total ▶ 3a				1,791,313

TY 2019 Accounting Fees Schedule**Name:** TELLIGEN COMMUNITY INITIATIVE**EIN:** 20-2017785

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	6,000	0		5,370

TY 2019 Investments - Other Schedule**Name:** TELLIGEN COMMUNITY INITIATIVE**EIN:** 20-2017785**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	FMV	14,010,867	14,010,867
EXCHANGE TRADED & CLOSED-END FUNDS	FMV	591,586	591,586
EQUITIES	FMV	20,675,640	20,675,640
CORPORATE FIXED INCOME FUNDS	FMV	1,256,832	1,256,832
GOVERNMENT SECURITIES	FMV	4,152,198	4,152,198

TY 2019 Other Assets Schedule**Name:** TELLIGEN COMMUNITY INITIATIVE**EIN:** 20-2017785**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
OPERATING LEASE RIGHT-OF-USE ASSET		245,910	245,910

TY 2019 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	7,798	0		6,979
ADMINISTRATIVE SERVICES	26,112	0		23,370
INSURANCE	13,522	0		12,102
INVESTMENT FEES	281,806	281,806		0
OFFICE EXPENSES	3,240	0		2,900
MANAGEMENT FEES	3,000	0		0

TY 2019 Other Increases Schedule

Name: TELLIGEN COMMUNITY INITIATIVE
EIN: 20-2017785

Description	Amount
UNREALIZED GAIN/(LOSS) ON INVESTMENTS	3,231,576

TY 2019 Other Liabilities Schedule**Name:** TELLIGEN COMMUNITY INITIATIVE**EIN:** 20-2017785

Description	Beginning of Year - Book Value	End of Year - Book Value
OPERATING LEASE LIABILITY	0	252,953

TY 2019 Other Professional Fees Schedule**Name:** TELLIGEN COMMUNITY INITIATIVE**EIN:** 20-2017785

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER PROFESSIONAL SERVICES	45,144	0		40,404

TY 2019 Taxes Schedule**Name:** TELLIGEN COMMUNITY INITIATIVE**EIN:** 20-2017785

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	10,329	0		9,244
INVESTMENT INCOME TAX	82,396	0		0