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2017

OMB No 1545-0052

## 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.
 ▶ Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public

								Inspection
or	caler	ndar year 2017, or tax year beginnir	ng 07-01-20	)17 , aı	nd er	nding 06-30-	2018	
		indation EINHART CHARITABLE TRUST				<b>A Employer Id</b> 47-2304877	entification numbe	er
Num	her and	street (or P O box number if mail is not delivered t	o stroot addross)	Room/suite				
		LE COURT SE	o street address)	Roomy suite		<b>B</b> Telephone nu (641) 430-4563	mber (see instructio	ns)
		, state or province, country, and ZIP or foreign posta Y, IA 50401	al code				application is pendir	g, check here
								₽ ∟
si Ch	песк аг		nended return	former public charity			ganizations, check h ganizations meeting	▶ ∟
			ame change				k here and attach co	
ı Ch	neck tv	pe of organization Section 501(c)(3) es		foundation			undation status was n 507(b)(1)(A), chec	
_	•	_	_	e private foundation		under sectio	11 307(D)(1)(A), Clie	Killere - —
			ng method	☑ Cash ☐ Accru	al		ation is in a 60-mont	
			er (specify)	be on cash basis )		under sectio	n 507(b)(1)(B), ched	ck here
				Te on cash basis )			<b>r</b>	T
Pa	rt I	Analysis of Revenue and Expenses of amounts in columns (b), (c), and (d) may not nequal the amounts in column (a) (see instructions	necessarily	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (a schedule)	attach					
	2	Check ► ✓ If the foundation is <b>not</b> required Sch. B	d to attach					
	3	Interest on savings and temporary cash inve	estments	48,424		34,909		
	4	Dividends and interest from securities		81,386		75,365		
	5a	Gross rents		7,500		7,500		
d)	b	Net rental income or (loss)	5,732					
Revenue	6a	Net gain or (loss) from sale of assets not on	line 10	39,813				
eve	b	Gross sales price for all assets on line 6a				20.012		
α̈	7   8	Capital gain net income (from Part IV, line 2  Net short-term capital gain	(1)			39,813		
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	ь	Less Cost of goods sold						
	c	Gross profit or (loss) (attach schedule) .						
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11		177,123		157,587		
	13	Compensation of officers, directors, trustees	s, etc	17,000		2,000		15,00
	14	1 /						
ses	15	Pension plans, employee benefits		<b>75.1</b> 2.000				2.00
Ē	16a	Legal fees (attach schedule)		3,000				3,00
EXD	Ь	Accounting fees (attach schedule)		1,275				1,27
Λe	_ c	Other professional fees (attach schedule)						
Operating and Administrative Expenses	17 18	Interest		1,619	$\vdash$			+
<u>:</u>	19	Depreciation (attach schedule) and depletion	n	2,023				
<u>=</u>	20	Occupancy		1,768		1,768		
A	21	Travel, conferences, and meetings		2,133				
ב ב	22	Printing and publications		299				29
<u>5</u>	23	Other expenses (attach schedule)		<b>9</b> 188		22		16
at I	24	Total operating and administrative expe	enses.					
<u>5</u>		Add lines 13 through 23		25,149	L	3,790		19,74
)	25	Contributions, gifts, grants paid		213,507				213,50
	26	<b>Total expenses and disbursements.</b> Add 25	lines 24 and	238,656		3,790		233,24
	27	Subtract line 26 from line 12				•		
	a	Excess of revenue over expenses and disbursements		-61,533				
	ь	Net investment income (if negative, enter	r -0-)			153,797		
	c	Adjusted net income(if negative, enter -0	-)					
_				1			l .	

1,817,807

1,025,000

843,926

800,614

4,753,666

4,753,666

4,753,666

4,753,666

100,009

800,000

843,926

652,169

4,692,133

4,692,133

4,692,133 4,692,133

2

3

4

5

4,753,666

4,692,133

4,692,133

Form **990-PF** (2017)

-61,533

2,160,225

100,000

743,462

843,926

611,741

4,616,437

2,181,504

Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule) . . . . . . .

Investments—corporate bonds (attach schedule) . . . . . . . . .

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

Foundations that follow SFAS 117, check here

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds . . . . . . . . . .

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Analysis of Changes in Net Assets or Fund Balances

Less accumulated depreciation (attach schedule) ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe ▶\_

Unrestricted

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Investments—land, buildings, and equipment basis ► 843,926

	4	Pledges receivable -
		Less allowance for doubtful accounts ▶
	5	Grants receivable
	6	Receivables due from officers, directors, trustees, and oth
		disqualified persons (attach schedule) (see instructions) .
	7	Other notes and loans receivable (attach schedule)
		Less allowance for doubtful accounts ▶
ž	8	Inventories for sale or use
set	9	Prepaid expenses and deferred charges

9 10a

b

C

11

12

13

14

15

16

17 18

19 20

21

22 23

24

25

28

29

31

Part III

2

3

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30

Page **3** 

Capital Gains	and Losses for Tax on Invest	ment Income			
	<b>(a)</b> the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1a</b> See Additional Data Tabl	e				
b					
С					
d					
e					
	(f)		(g)	,	h)
<b>(e)</b> Gross sales price	Depreciation allowed (or allowable)	Cost or	other basis ense of sale	Gain	or (loss) ) minus (g)
a See Additional Data Tabl	e				
b					
С					
d					
e					
	s showing gain in column (h) and ow	nod by the foundation	on 12/21/60		713
Complete only for assets		<u> </u>	(k)		( <b>I)</b> h) gain minus
<b>(i)</b> F M V as of 12/31/69	( <b>j)</b> Adjusted basis as of 12/31/69	Excess	sofcol(i) l(j), ifany	col (k), but not	less than -0-) <b>or</b> om col (h))
a See Additional Data Tabl	e				
b					
С					
d					
 e					
	1	If gain, also enter in F	Part I line 7		
2 Capital gain net income		If (loss), enter -0- in l	'	2	39,813
•	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	. ,	)-	3	-853
Part V Qualification	Jnder Section 4940(e) for Re	educed Tax on Net	Investment In	come	
For optional use by domestic p	private foundations subject to the sec	ction 4940(a) tax on ne	et investment incon	ne )	
f section 4940(d)(2) applies, le	eave this part blank				
	ie section 4942 tax on the distributa			?	es 🗹 No
·	ot qualify under section 4940(e) Do				
1 Enter the appropriate an	nount in each column for each year,	see instructions before	making any entrie	S	
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab	ole-use assets	( <b>d)</b> Distribution rat (col (b) divided by o	
2016	230,194		4,703,548	, , , , , , , , , , , , , , , , , , , ,	0 048941
2015	20.747		4,444,298		0 004668
2014	•		598,712		
2013			000,7.22		
2012					
2 Total of line 1, column (	d)		2		0 053609
<b>3</b> Average distribution ratio	o for the 5-year base period—dividendation has been in existence if less	the total on line 2 by 5			0 026805
	ndation has been in existence if less incharitable-use assets for 2017 fron		: : : :   <del>3</del>		4,600,760
5 Multiply line 4 by line 3		•	5		123,323
. , ,	ent income (1% of Part I, line 27b)		6	<del> </del>	1,538
	,				· · · · · · · · · · · · · · · · · · ·
			7	1	124,861
	ions from Part XII, line 4 ,			10/ 5-	233,247
If line 8 is equal to or gre instructions	eater than line 7, check the box in Pa	art VI, line 1b, and com	npiete that part usir	nga 1% tax rate Se	e the Part VI

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

					Form 990-PF (2017)
Employees,	nagers, Highly Paid E	ees, Foundation Ma	ers, Directors, Trust	ormation About Offic I Contractors	
	(see instructions).	d their compensation	oundation managers an	rs, directors, trustees, f	1 List all officers, di
	(d) Contributions to employee benefit plans and deferred compensation	(c) Compensation (If not paid, enter -0-)	Title, and average hours per week <b>b)</b> devoted to position		(a) Name and a
				Table	See Additional Data Table
ione, enter "NONE."	.—see instructions). If no	nose included on line 1	mployees (other than th	n of five highest-paid e	2 Compensation of
Expense account, (e) other allowances	Contributions to employee benefit plans and deferred (d) compensation	(c) Compensation	Title, and average hours per week (b) devoted to position	(a) s of each employee paid han \$50,000	Name and address of e
					NONE
			-	er employees paid over \$5	
(c) Compensation	e of service	<b>(b)</b> Typ	d more than \$50,000	address of each person pai	
					NONE
		· · · · · · · ·	<u>'</u>	<del>-</del>	
Expenses	nation such as the number of		rities during the tax year Inclu	r largest direct charitable active beneficiaries served, conferen	List the foundation's four larg
Expense account (e) other allowance  DNE".  (c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	(c) Compensation  services (see instruction (b) Type (b) Type (b) Type (c)	Title, and average hours per week  (b) devoted to position  50,000	er employees paid over \$5  paid independent contra address of each person paid  ers receiving over \$50,000  mmary of Direct Chair ir largest direct charitable activ	Name and address of e more than s  NONE  Total number of other en  3 Five highest-paid (a) Name and addre  NONE  Total number of others re  Part IX-A Summa

		_			
Total number	of other employees hald ever	\$50,000		<b>.</b>	
		tractors for professional sei			ıe"
	and address of each person p		(b) Type		(c) Compensation
NONE	and address of each person p	ald more than \$50,000	(b) Type	or service	(c) Compensation
NONE					
		00 for professional services.			
Part IX-A	Summary of Direct Ch				
		tivities during the tax year Include ences convened, research papers pi		on such as the number of	Expenses
1	,		•		
-					
2					_
-					
3					
4					
Part IX-B	Summary of Program-	Related Investments (Se	ee instructions)		
	<del>-</del>	ments made by the foundation during	·	d 2	Amount
<b>1</b> N/A		,			
2					

All other program-related investments See instructions

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

3

4

5

2

3a 3h

4

5

233.247

1.538

231.709

Form **990-PF** (2017)

19,740

208,760

Form **990-PF** (2017)

213,507

Page 9

Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) Years prior to 2016 2016 2017 Corpus Distributable amount for 2017 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2017

213,507 a Enter amount for 2016 only. . . . . . **b** Total for prior years Excess distributions carryover, if any, to 2017 a From 2012. . . . .

**b** From 2013. . . . .

c From 2014. . . .

d From 2015. . . . . e From 2016. . . . . f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2017 from Part

XII, line 4 ▶ \$ (Election required—see instructions). . . . .

required—see instructions). . . . . . . . . .

**b** Applied to undistributed income of prior years c Treated as distributions out of corpus (Election **d** Applied to 2017 distributable amount. . . .

same amount must be shown in column (a) )

e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

6 Enter the net total of each column as

be distributed in 2018 . . . . . 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) . . . . . . . . . 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a . . . . . .

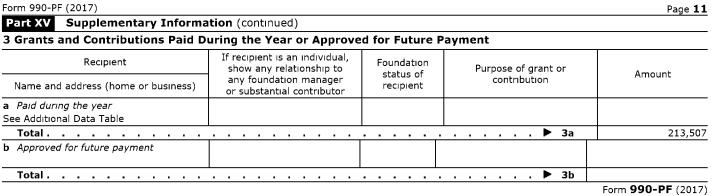
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must

indicated below:

a Applied to 2016, but not more than line 2a

CHILDREN

F	art XIV Private Operating Found	lations (see instri	uctions and Part \	VII-A, question 9)		rage 10
1a	If the foundation has received a ruling or de foundation, and the ruling is effective for 20					
b	Check box to indicate whether the organizat	ion is a private opera	atıng foundatıon de:	scribed in section $\Box$	] 4942(j)(3) or $\Box$	4942(յ)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	(c) rotar
	year listed					
	85% of line 2a			-		
С	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			+		
-	for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(1)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3					
	of minimum investment return shown in					
c	Part X, line 6 for each year listed "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					
Dа	rt XV Supplementary Information			organization had	d \$5,000 or more	e in
1	assets at any time during th Information Regarding Foundation Man		ructions.)			
	List any managers of the foundation who have		than 2% of the tota	al contributions receiv	ed by the foundation	1
	before the close of any tax year (but only if					
b	List any managers of the foundation who ow ownership of a partnership or other entity)				arge portion of the	
	, , , , , , , , , , , , , , , , , , ,					
2	Information Regarding Contribution, Gr	ant, Gift, Loan, Scl	holarship, etc., Pr	ograms:		
	Check here ▶ ☐ If the foundation only make	es contributions to t	preselected charitab	le organizations and	does not accept	
	unsolicited requests for funds If the foundation other conditions, complete items 2a, b, c, a	tion makes gifts, gra				der
а	The name, address, and telephone number	or e-mail address of	the person to whom	n applications should	be addressed	
	BETH E REINHART CHARITABLE TRUST					
	55 MARBLE COURT SE MASON CITY, IA 50401					
	(641) 424-3877					
	SB4155@HOTMAIL COM					
b	The form in which applications should be su			•		
	THE TRUST HAS A GRANT APPLICATION FO MUST DEMONSTRATE THE NECESSITY AND COPY OF ITS IRS TAX EXEMPT DETERMINAT	FEASIBILITY OF THE				
С	Any submission deadlines					
	GRANTS MUST BE SUBMITTED BY AUGUST	31 OF EACH YEAR				
d	Any restrictions or limitations on awards, su factors		al areas, charitable	fields, kinds of institu	utions, or other	
	FUNDS MUST BE USED TO BENEFIT SPECIA RECREATIONAL ACTIVITIES, YOUTH PROGR					



Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section	Excluded by section 512, 513, or 514		
_	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	function income (See instructions )	
		<del>                                     </del>					
-	and contracts from government agencies						
_	ership dues and assessments						
	est on savings and temporary cash						
	ments			14	48,424 81,386		
	ntal income or (loss) from real estate			14	01,300		
	financed property						
	ebt-financed property			16	5,732		
	ental income or (loss) from personal property						
Other i	nvestment income						
Gain	or (loss) from sales of assets other than						
	tory	<u> </u>		14	39,813		
	ome or (loss) from special events profit or (loss) from sales of inventory						
	revenue <b>a</b>						
	evenue u						
с							
d							
е							
	al Add columns (b), (d), and (e)				175,355		
	Add line 12, columns (b), (d), and (e)			13	l	175,355	
	orksheet in line 13 instructions to verify calcu  -B Relationship of Activities to the		ment of Exem	npt Purposes			
ine No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex instructions )						
	INCLUDES MUNI BOND INTEREST EXCLUDE	D BY IRC SEC 103	}				

orm 9	90-PF (	<u> </u>							Pa	ge <b>13</b>
	XVII	Exempt Organi	zations				onships With None			
		ganization directly or in Code (other than sectio						n 501	Yes	No
a Tra	nsfers f	rom the reporting foun	dation to a no	ncharitable (	exempt organization	n of				
(1	) Cash.							1a(1)		No
(2	<b>)</b> Other	assets						. 1a(2)		No
		sactions								1
•	•	of assets to a nonchari	•	-				. 1b(1)		No
-		ases of assets from a n						. 1b(2)		No
•	•	l of facilities, equipmer	•					. 1b(3)		No
-		oursement arrangemen or loan guarantees.						1b(4) 1b(5)		No No
•	•	mance of services or m						. 1b(5)		No
•	•	facilities, equipment, n		_				. 1c		No
of	the good any tran	ver to any of the above ds, other assets, or ser saction or sharing arra (b) Amount involved	vices given by ngement, show	the reportir w in column	ng foundation. If the	e foundation receiv e goods, other ass	ed less than fair mark	et value ed	ngemen	nts
(-,		(=,	(-,			(=, = ====			.,,	
		dation directly or indire	•					. 🗆 Yes	<b>✓</b>	No
b If	Yes," co	omplete the following so	chedule							
		(a) Name of organization	n		<b>(b)</b> Type of organizat	ion	(c) Description o	of relationship		
	of m	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, cor							
Sign Here		****	-		2018-08-28	*****		May the IRS direturn with the prepare		
	5	Signature of officer or ti	rustee		Date	Title		below (see instr )?	_	
		Print/Type preparer's	name I	Preparer's S	ignature	Date	Check if self-	TIN		
Paid		ERIC J GOGERTY				2018-08-28	employed ▶ □	P00231	.240	
	arer Only	Firm's name ► KEVI	N DOLPHIN CI	PA PC			Fı	ırm's EIN ▶20-	-03836	507
	•	Firm's address ► 10	3 EAST STATE	SUITE 619						
		M	MASON CITY IA 50401						423-8	8000

MASON CITY, IA 50401

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) Date sold How acquired Date acquired P-Purchase (mo, day, yr) (mo, day, yr) D-Donation UIT FIRST TRUST SELECT Ρ 2017-07-20 UIT FIRST TRUST SELECT Р 2017-07-20 KAWEAH DELTA HEALTH Р 2014-03-21 2017-12-21 SOCIETE GENERALE Р 2016-03-31 2017-12-22 Ρ **GOLDMAN SACHS GROUP 5 95%** 2017-11-17 Ρ 2016-11-21 2017-11-17 GOLDMAN SACHS GROUP 5 95% Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Gain or (loss) (e) Gross sales price Depreciation allowed Cost or other basis (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 7,512 7,165 347 334,928 301,012 33,916 4,708 392 5,100 225,000 225,000 48,250 49.999 -1,74949,753 48,900 -853 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(1)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (1), if any 347 33,916 392 -1.749-853

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, Contributions to (e) other allowances hours per week not paid, enter (b) devoted to position -0-) employee benefit plans and deferred compensation SANDRA BENSON 5,000 TRUSTEE 0 5 00 EE MADDLE COUDT CE

MASON CITY, IA 50401				
CHARLENE STRAIN	TRUSTEE	3,000	0	0
1022 N MONROE AVE MASON CITY, IA 50401	2 00			
GARY BENSON	TRUSTEE	3,000	0	0
	T 2 00			

1022 N MONROE AVE MASON CITY, IA 50401				
GARY BENSON	TRUSTEE	3,000	0	0
55 MARBLE COURT MASON CITY, IA 50401	2 00			
ROBERTA ANDERSON	TRUSTEE	3,000	0	0
204 S CAROLINA				

55 MARBLE COURT MASON CITY, IA 50401	2 00			
ROBERTA ANDERSON	TRUSTEE	3,000	0	
204 S CAROLINA MASON CITY, IA 50401	2 00			

MASON CITY, IA 50401				
ROBERTA ANDERSON	TRUSTEE	3,000	0	
204 S CAROLINA MASON CITY, IA 50401	2 00			

204 S CAROLINA MASON CITY, IA 50401	2 00			
ROBERTA CORNELIUS	TDUSTEE	3 000	ا م	

2 00

424 S VERMONT AVE MASON CITY, IA 50401

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CENTRAL GARDENS NORTH IOWA PC **EDUCATIONAL PROGRAMMING** 2,500 800 2ND AVE N

CLEAR LAKE, IA 50428			
CERRO GORDO FAMILY PRESERVATION CT 220 N WASHINGTON MASON CITY, IA 50401	PC	FAMILY SERVICES	500

220 N WASHINGTON MASON CITY, IA 50401			
CUB CADET CHILDHOOD CENTER 1441-A GULL AVENUE LATIMER, IA 50452	PC	OPERATIONAL - YOUTH ACTIVITIES	

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MASON CITY, IA 50401			
CUB CADET CHILDHOOD CENTER 1441-A GULL AVENUE LATIMER, IA 50452	PC	OPERATIONAL - YOUTH ACTIVITIES	5,00

CUB CADET CHILDHOOD CENTER 1441-A GULL AVENUE LATIMER, IA 50452	PC	OPERATIONAL - YOUTH ACTIVITIES	5,000
Total	 		213,507

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FLOYD COUNTY PHEASANTS FOREVER PC YOUTH ACTIVITY - ANNUAL 2.500 1938 GIL AVE OUTDOOR DAY CHARLES CITY, IA 50616

FOSSIL & PRAIRIE CONSERVATION FOUND PO BOX 495 ROCKFORD, IA 50468	PC	EQUIPMENT FOR YOUTH ACTIVITIES	13,028
FRANKLIN COUNTY FAIR ASSOCIATION PO BOX 442	PC	EDUCATIONAL - YOUTH ACTIVITIES	5,000

213,507

PO BOX 495 ROCKFORD, IA 50468			
FRANKLIN COUNTY FAIR ASSOCIATION PO BOX 442 HAMPTON, IA 50441	PC	EDUCATIONAL - YOUTH ACTIVITIES	5,00

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Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
FRIENDS OF THE LIBRARYPO BOX 280 GREENE, IA 50636	PC	SUPPLIES FOR CHILDREN'S PROGRAMS	
GROW ROCKFORD TOGETHER	PC	EDUCATIONAL - OUT OF	

2028 RED BALL RD ROCKFORD, IA 50468		SCHOOL PROGRAMS	
JUVENILE DIABETES RESEARCH FOUND 915 9TH ST NE	PC	MEDICAL - JUVENILE DIABETES RESEARCH	

NOCKI OND, IA 30400			
JUVENILE DIABETES RESEARCH FOUND 915 9TH ST NE MASON CITY, IA 50401		MEDICAL - JUVENILE DIABETES RESEARCH	

3a

JUVENILE DIABETES RESEARCH FOUND 915 9TH ST NE MASON CITY, IA 50401	PC	MEDICAL - JUVENILE DIABETES RESEARCH	

UVENILE DIABETES RESEARCH FOUND D15 9TH ST NE MASON CITY, IA 50401	PC	MEDICAL - JUVENILE DIABETES RESEARCH	7,000
Total			213,507

1,500

3,000

UVENILE DIABETES RESEARCH FOUND 15 9TH ST NE 1ASON CITY, IA 50401	PC	MEDICAL - JUVENILE DIABETES RESEARCH	7,0

15 9TH ST NE	PC	RESEARCH	7,0
ASON CITY, IA 50401			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MARBLE ROCK LIBRARY105 S MAIN ST 10,000 OPERATIONAL FUNDING -MARBLE ROCK, IA 50463 YOUTH AREAS

MARBLE ROCK FIRE DEPARTMENT PO BOX 232 MARBLE ROCK, IA 50653	PC	SAFETY DAY CAMP ACTIVITIES FOR YOUTH	10,000
MARBLE ROCK PARK BOARDPO BOX 308 MARBLE ROCK, IA 50653	PC	EQUIPMENT - YOUTH ACTIVITIES	10,000
		The state of the s	

Total . 3a 213.507

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MARBLE ROCK VETERANS MONUMENT PC **EDUCATIONAL** -5,000 ASSOC HISTORY/VETERAN APPREC **PO BOX 308** MARBLE ROCK, IA 50653

MASON CITY SOCCER CLUB 662 E STATE ST MASON CITY, IA 50401	PC	ATHLETICS - YOUTH SOCCER EQUIPMENT	26,654
MASON CITY YOUTH TASK FORCE 308 S PENNSYLVANIA AVE MASON CITY, IA 50401	PC	SUBSTANCE ABUSE/MENTAL HEALTH ED	10,000

Total . . . .

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213,507

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NIACC FOUNDATION PC EDUCATIONAL - YOUTH SUMMER 15,000

500 COLLEGE DRIVE MASON CITY, IA 50401		CAMPS	
NORA SPRINGS PUBLIC LIBRARY PO BOX 337 NORA SPRINGS, IA 50458	PC	EDUCATIONAL - YOUTH PROGRAM/ACTIVITY	2,000

PO BOX 337 NORA SPRINGS, IA 50458		PROGRAM/ACTIVITY	
NORA SPRINGS ROCK FALLS PTO 509 N IOWA ST NORA SPRINGS, IA 50458	PC	EDUCATIONAL - PROGRAMS/PRESENTATIONS	500

NORA SPRINGS ROCK FALLS PTO 509 N IOWA ST NORA SPRINGS, IA 50458	PC	EDUCATIONAL - PROGRAMS/PRESENTATIONS	500
Total	 		213,507

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

a Paid during the year			
NORTH CENTRA IOWA AG IN CLASS 65 STATE ST GARNER, IA 50438	PC	EDUCATIONAL PROGRAMMING	5

2,000

NORTH IOWA CASA220 N WASHINGTON MASON CITY, IA 50401	PC	SERVICES FOR ABUSED CHILDREN	
NORTH IOWA COMMUNITY ACTION ORG	PC	YOUTH MENTORING PROGRAM	

or substantial contributor

3a

MASON CITY, IA 50401		CHILDREN	
NORTH IOWA COMMUNITY ACTION ORG PO BOX 131 OSAGE, IA 50461	PC	YOUTH MENTORING PROGRAM	

NORTH IOWA COMMUNITY ACTION ORG PO BOX 131 OSAGE, IA 50461	PC	YOUTH MENTORING PROGRAM	4,000
Total	 		213,507

NORTH IOWA COMMUNITY ACTION ORG	PC	YOUTH MENTORING PROGRAM	4,
PO BOX 131			
OSAGE, IA 50461			
		•	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NORTH IOWA YOUTH FOR CHRIST PC EDUCATIONAL - HOMEWORK 10,000 PO BOX 243 ASSISTANCE MASON CITY, IA 504020243

OSAGE COMMUNITY DAYCARE 915 PINE ST OSAGE, IA 50461	PC	EQUIPMENT FOR YOUTH OUTDOOR ACTIVITY	3,200
RIVER CITY AND NOON KIWANIS CLUBS 525 HEMLOCK	PC	PLAYGROUND EQUIPMENT FOR PARK	5,000

OSAGE, IA 50461			
RIVER CITY AND NOON KIWANIS CLUBS 525 HEMLOCK MASON CITY, IA 50401	PC	PLAYGROUND EQUIPMENT FOR PARK	5,00
		·	

Total .

3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

RRMR SCHOOL DISTRICT 1460 210TH ST ROCKFORD, IA 50468	PC	READINESS (STEM)	15,000
RRMR SCHOOL DISTRICT 1460 210TH ST	PC	ATHLETICS - WEIGHTLIFTING/NUTRITION	5,000

ROCKFORD, IA 50468		WEIGHTLIFTING/NUTRITION	
RRMR SCHOOL DISTRICT 1460 210TH ST ROCKFORD, IA 50468	PC	EDUCATIONAL - SCIENCE CLUB ACTIVITY	

RRMR SCHOOL DISTRICT 1460 210TH ST ROCKFORD, IA 50468	PC	EDUCATIONAL - SCIENCE CLUB ACTIVITY	

3,000

Total . 213,507 За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

15,000

700

213,507

a Paid during the year			
RRMR SCHOOL DISTRICT1460 210TH ST ROCKFORD, IA 50468	PC	EDUCATIONAL - YOUTH FRONTIER RETREAT	
SPIN DEVELOPMENT JUNIOR CYCLING	PC	OPERATIONAL - YOUTH SPORTS	

or substantial contributor

Total . 3a

7 BOULDER RD MASON CITY, IA 50404		EQUIPMENT	
ST PAUL'S LUTHERAN SCHOOL	PC	EDUCATIONAL PROGRAMMING	

ST PAUL'S LUTHERAN SCHOOL PO BOX 609 LATIMER, IA 50452	PC	EDUCATIONAL PROGRAMMING	

ON CITY, IA 50404			
AUL'S LUTHERAN SCHOOL OX 609 MER. IA 50452	PC	EDUCATIONAL PROGRAMMING	

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year STACYVILLE PUBLIC LIBRARY PC **EDUCATIONAL - YOUTH** 500

Total .

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PO BOX 219 STACYVILLE, IA 50476		LITERACY PROGRAM	
STEBENS CHILDRENS THEATRE 616 N DELAWARE AVE MASON CITY, IA 50401	PC	EQUIPMENT FOR TRAVELING SHOWS	2,500

213,507

efile GRAPHIC print - DO NOT PRO	OCESS A	As Filed Data -		DI	LN: 93491241009118
TY 2017 Accounting Fee	s Sched	lule			
,	Name: B	3ETH E REINH	HART CHARITA	BLE TRUST	
ı	<b>EIN</b> : 4	47-2304877			
Accounting Fees Schedule					
Category	Amour		Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

ACCOUNTING FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491241009118
TY 2017 Investments Corporat	e Bonds Sche	dule

Name: BETH E REINHART CHARITABLE TRUST

**EIN:** 47-2304877

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Investments Corporate Bonds Schedule		
Name of Bond	End of Year Book Value	End of Year Fair Market Value
FORD MOTOR CO LLC 7/20/17		
FORD MOTOR CO LLC 7/20/2026	200,000	181,654
GOLDMAN & SACHS GROUP INC 11/25/16	200,000	189,594
JP MORGAN CHASE 11/25/22	200,000	187,520
SOCIETE GENERALE 3/21/17		
WELLS FARGO & CO 3/21/19	200,000	184,694

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491241009118
		_
TV 2017 Investments Cornorat	to Stock School	مايياد

Name: BETH E REINHART CHARITABLE TRUST

EIN: 47-2304877					
Name of Stock	End of Year Book Value	End of Year Fair Market Value			
AT&T INC	96,860	80,275			
CAPITAL INCOME BUILDER	187,268	199,378			
FRANKLIN INCOME SERIES	479,859	485,318			
FRANKLIN RISING DIVS FD	215,627	251,042			
GOLDMAN SACHS 5.95%					
ISHARES US UTILITIES ETF	181,739	197,909			
LORD ABBETT SHORT DURATION	500,000	490,805			
PIMCO INCOME FUND CLASS A	300,000	281,177			
WELLS FARGO & COMPANY 5.25%	98,909	99,200			
WELLS FARGO & COMPANY 5.50%	99,963	96,400			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491241009118
<b>TY 2017 Investments Govern</b>	ment Obligat	ions Schedule	
Name:	BETH E REINH	IART CHARITABLE TRUST	
EIN:	47-2304877		
US Government Securities - End of Year Book Value:			
US Government Securities - End of Year Fair Market Value:			
State & Local Government Securities - End of Year Book Value:		100,009	
State & Local Government Securities - End of Year Fair Market Value:		100,000	

TY 2017 Investments - Land Schedule	
TY 2017 Investments - Land Schedule	

Name: BETH E REINHART CHARITABLE TRUST

**EIN:** 47-2304877 Cost/Other **Accumulated** Category / Item

Basis

843,926

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FARMLAND

Depreciation

End of Year Fair

DLN: 93491241009118

843,926

**Book Value** 

843,926

Market Value

efile GRAPHIC print - DO NOT PRO	CESS   AS FIIED Data -	DLN: 93491241009118

## TY 2017 Investments - Other Schedule

Name: BETH E REINHART CHARITABLE TRUST

**EIN:** 47-2304877

EIN T/ 230	34077		
Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
UIT FIRST TRUST SELECT PORT	AT COST		
UIT FIRST TRUST PFD INCOME PORT	AT COST	120,294	108,445
UIT FIRST TRUST ELECTION PORT	AT COST	51,435	54,551
UIT VAN KAMPEN BUILD AMER BNDS	AT COST	55,462	52,231
UIT FIRST TRUST TAX EXEMPT	AT COST	30,467	26,980
UIT FIRST TRUST INSURED TAX EX 247	AT COST	42,113	37,037
UIT FIRST TRUST COMBINED SER 248	AT COST	33,870	31,234
UIT FIRST TRUST COMBINED BUILD AMER	AT COST	46,070	47,597
UIT FIRST TRUST COBINED TAX EX 271	AT COST	67,682	67,596
UT FT BALANCED INCOME SER 59	AT COST	204,776	186,070

efile GRAPHIC print - DO NOT PROCES	PROCESS As Filed Data - DLN: 93491241009118						
TY 2017 Legal Fees Schedule							
Nan	ne: BETH E REIN	NHART CHARITABL	E TRUST				
EIN: 47-2304877							
	111. 47-2304077			1			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
LEGAL FEES	3,000			3,000			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491241009118	
TY 2017 Other Expenses Sche	edule				
Name:	BETH E REINHA	RT CHARITABLE	TRUST		
<b>EIN:</b> 47-2304877					
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
EXPENSES					
BANK SERVICE CHARGES	12	12			
COURT COSTS	10	10			

		· ·	
Description	Revenue and Expenses per	Net Investment Income	Adjusted N Income
	Books		

POSTAGE AND PO BOX

efile GRAPHIC print - DO NOT PR	ROCESS	As Filed Data	-	DLN	N: 93491241009118			
TY 2017 Taxes Schedule								
Name: BETH E REINHART CHARITABLE TRUST EIN: 47-2304877								
Category	А	mount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

INCOME TAXES